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EDITORIAL.

AN INTERNATIONAL STANDARD OF NURSING EDUCATION.

As the date of the meeting of the International Council of Nurses at Cologne rapidly approaches it becomes apparent that its success is assured.

The International Council of Nurses is a consultative body, and in accordance with the decision of the Committee on Nursing Education which met in London in July, 1909, the Hon. Secretary, Miss J. C. van Lanschot Hubrecht, of Amsterdam, will present reports on Preliminary Education of Nurses sent in by the various National Councils. That from the United Kingdom has been prepared by Miss Margaret Breay, and demonstrates the unanimity of the Matrons of the hospitals where such courses have been fairly tested as to their great value both from the point of view of the pupils, and the training schools, secondly that practically the same subjects are taught in all the schools, thirdly the desirability of a three or six months' course in place of the more usual six or seven weeks, and fourthly the surprisingly few training schools which have inaugurated such schools since it is now nearly 20 years that the first (in connection with the Glasgow Royal Infirmary) was founded, and from the first proved its value. The reasons no doubt are the expense of maintaining these schools, that of the one in connection with the London Hospital being estimated at £1,200 per annum, and the fact that in the smaller hospitals there is a difficulty in forming a class sufficiently large to obtain the best educational results.

The alternative, as we have from the first pointed out, is the establishment of preliminary training courses in connection with educational colleges in London and other large centres, and until this is achieved, and the cost borne by the pupils themselves,

preliminary training of probationers, greatly as it is to be desired, is unlikely to become general. Hospital committees hesitate to expend their funds on schemes of a purely educational character in connection with preliminary training, although, no doubt, they obtain a financial return in the increased efficiency of their nursing departments.

In a pamphlet published in the United States by the Bureau of Education, by Miss M. Adelaide Nutting, whose services to nursing education are magnificent, and who will be one of the most illustrious and welcome visitors at the forthcoming International Congress of Nurses at Cologne, the value of preliminary courses for nurses is emphasised.

Miss Nutting, who is Director of the Department of Nursing and Health at Teachers' College, Columbia University, New York, shows that the result of the establishment of a preliminary course at the Johns Hopkins Hospital, Baltimore, was to afford great encouragement to those who had urged it as an improvement in educational methods. The general principles underlying this plan of work are now approved by the Education Department of the State of New York, and Schools of Nursing, to be registered by the Regents, must be prepared to provide for their pupils a preliminary course of instruction and probation of not less than four months, during which term the pupils receive the theoretical and practical instruction necessary before undertaking any actual nursing in the wards. Teachers' College has for the last two years offered an eight months' course, and a number of hospitals deduct six to nine months from their regular course in recognition of such preparation. It will therefore be of extreme interest and profit to the delegates of the National Councils of Nurses, and others, to hear from Miss Nutting and other American Delegates something of the practical working of these courses.

GONORRHEA OF THE EYE FROM ACCIDENTAL INFECTION.

Some very enlightening articles have recently appeared in the *Dietetic and Hygienic Gazette* on Gonorrhœal Infection, and, writing editorially in last month's issue, the *Gazette* says:—

Gonorrhœal infection by means of clothing or other contaminated articles is regarded by some wise people as either impossible or very unlikely. But evidence is accumulating to prove the contrary, and those who are uncharitable enough now to maintain that there is only one way in which the venereal diseases can be transmitted, will be obliged to modify this opinion in the light of many recent observations.

A case that has been decided by the Supreme Court of Michigan, reported in the *Journal of the American Medical Association*, is of special significance to nurses and physicians, as an illustration of the constant peril of infection to which these professions are subjected—a peril far more imminent than that of the washerwoman who was the victim in this case.

Mrs. S., the plaintiff, claimed that, while doing her family washing, with a washtub and washboard, and while washing some flannels, some water from the tub was accidentally splashed into her right eye; that she rubbed her eye at the time; that it became and continued painful, and that it became much inflamed; that she called a physician, who found the eye badly inflamed, and advised her to consult a specialist; that one took charge of the case, and very soon sent her to a hospital, where she remained between two and three weeks, and finally suffered the total loss of the eye. The physician diagnosed the case as inflammation of the mucous membrane of the eye caused by gonorrhœal infection.

The woman claimed indemnity for the loss of her eye, and her claim was contested by the company in which she was insured. The lower court awarded judgment in her favour and was sustained by the Supreme Court.

This judicial decision affirms the reality of a danger that has long been recognized by all intelligent people. It is a warning which we will all do well to heed, and especially those of us who are exposed to more than the ordinary amount of indirect infection.

It is not enough for the nurse to say that if she had known her case was infected with venereal poison she would have taken precautions to save herself and others from the certain consequences of contagion. It is not her business primarily to know the nature of the disease that she is caring for—perhaps no one, not even the doctor, recognizes it at first. It is her business, primarily and all the time, to realize that the case is a possible source of infection; and if she keeps this suspicion in the foreground until she is justified in abandoning it, she will not fail to practise the strictest prophylaxis until all danger is over, if such a time ever comes. The physician and midwife do not wait for positive evidence before treating the eyes of

the newborn for the prevention of a possible gonorrhœal infection; if they did there would be many more blind babies than there are to-day.

CLINICAL NOTES ON SOME COMMON AILMENTS.

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

INFLUENZA.

Some few weeks ago I was asked to write a few notes on the subject of influenza, and it was pointed out to me then—the suggestion, I may say, came from a nurse—that influenza seemed to have almost every symptom under the sun, so that it was often difficult to see the wood for the trees. Inasmuch as there is at first sight some truth in this remark, I have thought it advisable to give a short sketch of the main features of the subject in this series. The details can easily be filled in from any text book of medicine.

Now, so far from influenza being, as it was suggested, a heterogeneous collection of symptoms, it is really a very definite disease indeed. It has a bacillus all to itself, which can be fairly easily found in the vast majority of cases, provided that it be looked for in the proper way, and it also has a claim to some antiquity, epidemics of the illness having appeared at definite times and with the same symptoms in various parts of the world since the fourteenth century. It is by no means the modern fashionable innovation that some would have us believe. What does complicate matters, however, is that it may attack almost any organ in the body, so that unless we keep a clear idea of its pathology before us we shall run the risk of becoming somewhat confused.

Its history is interesting. In the year 1510 we have a very clear account of an illness which "raged all over Europe, not missing a family and scarce a person. . . . A grievous pain of the head, heaviness, difficulty of breathing, hoarseness, loss of strength and appetite, restlessness, watchings, from a terrible tearing cough. . . . In some it went off with a looseness, in others by sweating. . . . Where blood was let, the disease proved malignant and pestilential, being attended with a violent, cruel malignity, and made bad work" (the importance of this last phrase will be clearer later on).

From time to time during the succeeding centuries we have records of epidemics, but nothing of any interest occurred till 1889-90, when the disease appeared in Bokhara, in Central Asia, and rapidly spread from there

over almost the whole globe. Since then, as far as Britain is concerned, it has practically come to stay.

The organism to which the disease is due is a very small bacillus which was discovered by Pfeiffer of Berlin in 1892, and can be found in the sputum in the early stage of almost every case, though it is sometimes mixed with other germs.

Inasmuch as these infective particles are very small and light, the disease travels through the air with great ease, and, in fact, is one of the most "catching" illnesses that we know. Generally, however, we can trace infection from one case to another.

After an incubation period of two days only, it attacks suddenly, so that the affected person is stricken down very rapidly. He has a violent headache—quite different, incidentally, from the dull headache of typhoid fever—with intense pain at the back of the eyeballs, spreading thence to the neck and back. His temperature is high—103 degrees or so—and there is intense prostration, so that the patient goes to bed at once. In almost every case there is a loathing for food, and the sufferer thinks that he is very ill indeed. He has a constant, ineffectual cough, without any expectoration to speak of.

Such are the initial symptoms of influenza, and they are due to the fact that the organisms are growing and multiplying in the respiratory tract (throat, nose, windpipe, and lungs) and are producing toxins, which are being absorbed into the blood and carried to all parts of the body. It is intoxication, in fact, but more remains. All the toxins are not burnt up and destroyed in the initial fever, but some remain in the system and produce damaging effects on certain organs, so that when the general symptoms which have been described pass away, certain complications succeed which really constitute the serious part of the complaint. Very few people indeed, except amongst the aged, infirm, and drunkards, succumb straight away to influenza, but very many die of its complications.

Probably the best explanation of these is that the influenza poison attacks nerves, and if we bear this in mind, we shall see how the complications come about. The effect of a poison on the nerves of a part is to lower the resistance of that part. So we can have various types of what is really the same disease.

The commonest is the pulmonary type, when the chief effects are felt in the lungs; there is at first violent cough without much expecta-

tion, which ushers in an attack of what is apparently an ordinary bronchitis, and the sputum, at first thick and scanty, becomes thinner and profuse until the disease begins to clear up, when it gradually diminishes, leaving the patient, however, with a great tendency to relapses. Or the bronchitis may go on to a broncho pneumonia, or sometimes a lobar pneumonia, but as a rule without a crisis: generally in influenzal pneumonias there is a great tendency to spreading, so that one part of the lung is attacked as soon as another part clears up. There is also great prostration.

Then there is the gastro-intestinal type, in which, after the initial symptoms, vomiting sets in, which may be accompanied by either constipation or diarrhoea, but almost always by some abdominal pain; the loss of appetite is complete and persistent, and the tongue is thickly coated. There may even be some distension of the abdomen; this type is often mistaken for typhoid fever. Or we may have the febrile type, where the temperature keeps high—sometimes very high—and there are no accompanying signs except the pains in the head and limbs, which persist for four or five days instead of subsiding. One hunts in all the organs for physical signs of disease, but without success; there is simply an excess of general poisoning.

These are the main types, but one has to consider in addition the after-effects which the poison may have on various organs. Of these the most important is the heart, which may be attacked in two ways. Most commonly the chief effect is a prolonged weakness of the circulation, the pulse being of very low tension, the blood stream, that is to say, flowing but feebly in the vessels. This accounts for the prolonged convalescence which is so characteristic of the disease. The patient feels no inclination whatever to leave his bed, and evinces not the smallest anxiety to have anything to do with his work or profession. As he has no appetite, and often no sense of taste either, it is difficult to feed him adequately.

But there is another and much worse effect than this, and that is sudden failure of the heart from paralysis of its nerves; the left side of the heart gives out in a few moments, and instead of contracting on the blood it contains, stretches so that the circulation is suddenly enfeebled: not infrequently sudden death results.

Then we have effects on the nervous system itself, and these may be principally in the nerves going to various parts, or mainly in the brain, or in both. Thus there may be intense

and persistent neuralgias in the face or limbs, or the depression which characterises almost every attack of influenza may pass on into various forms of mental disturbance, melancholia, hysteria, and the like. Or we may get a definite inflammation of the membranes covering the brain—meningitis, that is to say. Long persistent deafness from paralysis of the auditory nerve, or loss of smell and taste, are not very uncommon after-effects of influenza.

The treatment of influenza does not only consist in the administration of drugs, though these often have a very beneficial effect. Careful nursing is very essential also, but is not sought, even by the well-to-do, nearly as often as it should be, chiefly because familiarity with the disease has bred a certain amount of contempt in the minds of the general public. One so often hears the expression "Only an attack of influenza." And yet one would think that 1890 and the succeeding three years ought to have taught us a lesson! Most of us who were in and about hospitals in those days remember how the worn-out tramps staggered into the casualty rooms with temperatures of 103 and double pneumonia, and how time after time it was impossible to take them in because the wards were full already. And then the crowds of weakly, depressed people in the out-patient departments taking tonics by the bottle-full, but never seeming to pick up at all!

Generally, the general public doses itself for influenza with tablets from the chemist—usually the wrong ones—and does not think nursing necessary unless the patient has pneumonia.

There are many useful drugs; but, inasmuch as their actions are mostly entirely different from each other, it is necessary to adapt the treatment to the patient and get the right one. This is impossible with the tablet method, it being generally a case of "the tablets that did my aunt so much good," but which may be altogether wrong for the nephew!

In the acute stage, salicylate of soda and quinine are both useful. Quinine is best if the patient can take it, but it is of no use giving it to a patient with a much disordered digestion, for instance. If a patient can take quinine from the first he usually does well, but very many people cannot. The laity usually fly to antipyrin, phenacetin, or aspirin, all of which are very depressing, and usually relieve the headache at the cost of an extra week in bed later on. Probably the most valuable drug after the acute stage has passed—and in severe cases before—is strychnine given hypodermically.

But the great point is to feed the patient, and inasmuch as he strongly objects to being worried with food, it follows that he must be persuaded by careful trained nursing, which often has to include a good deal of invalid cookery and rather more of the capacity to suffer fools gladly!

The essential is never to overload the stomach, and to vary the food, so that we aim at administering very light, easily digestible food at frequent intervals. Some of the numerous varieties of concentrated proteid are useful, as they can often be added to a little milk or beef tea without altering its flavour. Some of them, however, taste nasty and are therefore inadmissible. A nurse often comes in very handy in persuading the patient that he has to stay in bed when he would otherwise get up and attempt to work. The only real remedy for post-influenzal depression of spirits is bed until the patient has an appetite, and then overfeeding, and strychnine, until he becomes cheerful again.

It is not surprising to read that bleeding proved ineffectual in influenza!

HOW TO CONDUCT AN INFANT CONSULTATION.*

By ERIC PRITCHARD, M.D.

I have been asked to address this meeting and describe how, in my opinion, an Infant Consultation should be conducted. In view of the fact that some of the best practical exponents of the work are present, it is painfully borne in on me that this is a very invidious undertaking.

For the last 15 years or more a number of experiments have been made, generally on quite a small scale, with a view to discovering the most practical and most economical method of dealing with the general problems of infant mortality. We have tried the principle of "Gouttes du Lait," or "Milk Depôts," a method which has met with considerable success in France, Belgium, and other Continental countries. But this method has not proved an unqualified boon in England. The reasons are obvious. The method is expensive, it cannot be sufficiently individual, and there is always the eternal problem of delivering or fetching the milk. Further, it is a method which has no stimulating influence on the resourcefulness, intelligence, or self-respect of the mothers, but perhaps its weakest feature is that it lays itself

open to the charge of offering a premium on artificial feeding. Then we have the experience of the Huddersfield experiment, a system of direct encouragement, one might almost say of bribery, to induce mothers to take a keen or even a selfish interest in the welfare of their babies. Personally I have great belief in the efficacy of prizes, and the stimulus of rivalry, as a means of inducing mothers to do their best for their infants. I very much doubt whether, in my initial efforts to make an Infant Consultation a working success, I should ever have accomplished my purpose without this sordid appeal to self-interest. This system of bribery, combined with home visitation, has, as all the world knows, proved a monumental success in Huddersfield. But as a system it has not proved generally workable in the same way that Infant Consultations have done. The Consultation acts as a material focus at which all interests converge; it is to the health worker an ever-present help in time of trouble, especially in its dealings with refractory cases; it acts as a centre for the dissemination of knowledge, not only to the mothers, but for the health workers also. The Consultation should be quite as much a school for health workers as a school for mothers, and I would go even further and claim that it has become a school for doctors. If I can speak from my own experience, I should say that an Infant Consultation is the only school in which a medical man can gain experience of the feeding of more or less normal infants on a sufficiently large scale to make him familiar with all the emergencies and difficulties with which at one time or another he is certain to be faced.

Some little time since a few of the more energetic workers in this new department of medicine banded themselves into a society for the exchange of experiences and the dissemination of knowledge. The idea was that a central association of this kind might serve as a clearing-house of statistical records, and in the light of its collective wisdom help in the formation of new societies when such were needed. This association, which some eighteen months ago was a very modest concern, is now incorporated with the National League for Physical Education and Improvement, and constitutes one of its most active departments. To this central society are now affiliated some 50 local centres, while a very large number of other societies, although not directly affiliated, regard the central society *in loco parentis*, and appeal to it for advice and instruction. To prove that the Infant Consultation fulfils a genuinely useful function as an instrument for combating infant mortality, I may mention that between the time

of the foundation of the first Infant Consultation in May, 1906, and the time when the first census of such institutions was taken—an interval of four years—no fewer than 89 independent centres were established. A year later there were no fewer than 115, and to-day their number totals 153, exclusive of 14 baby clubs working under the Woman's National Health Association in Ireland. At the present moment our society can scarcely keep pace with the demands that are made upon it for information and assistance in the formation of new units.

The association has drawn up a short list of cardinal rules or principles, which it earnestly commends to the notice of all conducting, or proposing to conduct, Infant Consultations. These have such a direct bearing on what we conceive to be the best lines on which such undertakings should be conducted that I quote them *in extenso* :—

(1) That curative medical treatment, as apart from advice on the ordinary care, feeding, &c., of mothers and infants, does not come within the scope either of the Consultations or of the schools.

(2) That Infant Consultations should form the basis of every school for mothers, and should be aimed at as the basis of all infant visiting and similar associations.

(3) That all Consultations should be conducted by properly qualified medical practitioners.

(4) That no cases should be brought to the Consultations if they are already being attended by their own medical attendant, except by desire of the latter.

(5) That the indiscriminate distribution of printed matter giving instructions for artificial feeding is not to be recommended, and that this form of advice should be given in each individual case by the medical officer at the Consultation.

(6) That all cases should be investigated, to ascertain their suitability from the social and economic point of view before admission to the services of either institution.

Personally, I feel very strongly that the purely medical aspects of this department of paediatrics—I mean the work of Infant Consultations—should attract men and women of high standing in the profession. In the past there has been a tendency to regard the feeding of infants and the general management of children as work which was not worthy of the highest medical efforts. In Germany this conception has long since been dissipated, and now in Berlin and other large cities there have

grown up new schools or branches of medicine, which are concerned with the speciality of the preventive treatment of infants and children. Surely this is a very much higher branch of the profession than that which is merely concerned with the cure of symptoms. It is on these grounds that any debasement of the Infant Consultation to the level of mothers' meetings, with tea for the mothers and a weighing-machine for the babies, is strongly to be deprecated. The medical inspection of school children is, to my mind, entirely comparable to the aims and objects of the Infant Consultations, and I should very much like to see the two systems linked up and made into one comprehensive whole, with continuity of aim and continuity of records. The school clinic, where it exists, is obviously the place at which an Infant Consultation should be held; and I consider that the medical men or women who conduct the Consultations should be paid in the same way that is usual in the case of school doctors. They might well combine the two functions.

The Infant Consultations have now passed out of the experimental stage, and can be safely taken over by the State or municipality. In Berlin the municipality contributes nearly £17,000 a year towards the upkeep of some 77 centres for Infant Consultations. London would lose nothing in the long run if she contributed £50,000 a year for the same purpose.

Until there is a general municipalisation of Infant Consultations it is advisable for many reasons that the latter should continue, as they have done in the past, to confine themselves to the instruction of mothers and the general hygienic management of the infants; difficulties at once crop up as soon as any definite medical treatment is attempted; such a proceeding brings the Infant Consultation into conflict with the interests of the medical practitioner.

On the other hand, the range of usefulness of Infant Consultations is at once restricted if minor symptoms as thrush or constipation cannot be treated by the medical officer in charge; if for minor symptoms of this kind the infant is referred to the hospital, dispensary, or relieving officer, it is clear that complications must frequently arise. For this reason I think there will be a gain all round when Infant Consultations cease to be run on a voluntary basis, and are connected with school clinics, dispensaries, or maternity hospitals, where the medical treatment of the ordinary ailments of infancy can be treated without restriction or without giving offence.

(To be concluded.)

OUR PRIZE COMPETITION.

DESCRIBE THE DIFFERENT WAYS IN WHICH DRUGS MAY BE INTRODUCED INTO THE SYSTEM?

We have pleasure in awarding the prize this week to Miss Alice Rhind, West Mayfield, Edinburgh, for her paper on the above subject.

PRIZE PAPER.

Drugs may be introduced into the system by (1) mouth, (2) rectum, (3) hypodermic injection, (4) inhalation, (5) rubbing.

1. By mouth. In giving medicines use a measure glass or spoon; shake the bottle; pour away from the label; give punctually; replace the cork.

Disagreeable drugs are sometimes given in cachettes of rice paper; moisten in water.

2. Rectum. (a) Suppositories should be greased and introduced as far as possible into the rectum. They are only efficacious when the lower bowel is empty.

(b) Enemata. Have the patient on the left side if possible, knees well drawn up; if this is impossible, patient must be on back. A Higginson syringe is still in frequent use for enemata for evacuating purposes, but for small quantities for nutrient and other purposes, such as for controlling hæmorrhage, allaying thirst (after abdominal section), relieving distention, easing pain, allaying diarrhoea (as in typhoid), the tube and funnel apparatus is the best. This form ought also to be used in continuous and gravitation enemata, as it is readily controlled and the flow regulated.

The points to be most carefully watched for in administering enemata are (a) that the point of insertion of the instrument should be well lubricated; (b) that the bulk has been correctly measured; (c) that the temperature is correct to begin with (98 degrees to 100 degrees Fahr.), and is kept correct in dealing with larger quantities. This is best managed by having at hand a vessel with some of the fluid at a much higher degree, and adding a small quantity from time to time. A thermometer ought always to be in place in the fluid being injected, and consulted frequently.

(c) There is a small vulcanite syringe specially manufactured for glycerine, and it ought, when obtainable, to be used.

3. Hypodermic Injection. This should be done with aseptic precautions. See that the fluid is clear, no bubbles; press fluid to point of needle to prevent the injection of air. Withdraw the needle a little before injecting fluid; press spot with finger afterwards.

4. Inhalation. Nitrite of amyl capsules should be broken in little pads of wool to prevent the glass fragments becoming scattered.

There are many varieties of insufflators on the market, and these must be used as directed, according to their construction.

Liquid inhalers should have a thick towel pinned tightly round them, to prevent burning the patient; and they should never be more than two-thirds full.

5. Unguentum hydrargyri is sometimes administered by rubbing. The parts usually selected are the axillæ and groins, a different area being used daily in rotation. Previous to application the part should be shaved, if necessary, and well washed. A good plan is to put the ointment on a warmed bottle, which saves the hands from coming into contact with the drug.

Cod liver oil, olive oil, &c., are sometimes rubbed in, in cases of malnutrition and wasting.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss S. Simpson, Miss L. Nunnerley, Miss M. Punchard, Miss L. M. Ridgewell, Miss G. Hind, Miss E. F. Stokes, Miss J. M. Stevens, Miss E. C. O'Brien.

Miss J. M. Stevens mentions that drugs may be introduced into the system endermically by means of dressings applied to wounds (well-known instances of this are the carbolic acid, and iodoform poisoning which sometime occur when these drugs are used continuously).

Miss Stevens also refers to anti-toxins, which, although not classed as drugs, are given hypodermically. Before an injection of anti-toxic serum, which may be injected deeply into the subcutaneous tissues, the muscular tissues intravenously, or into the nervous tissues, the skin should be prepared as for a surgical operation, a compress wrung out of antiseptic lotion being applied 12 hours beforehand if possible.

A local anæsthetic may be used for intravenous, intra-muscular, or spinal injections, but for an injection into the cerebrum a general anæsthetic is given.

All punctures must be sealed with sterile gauze and collodion.

Miss Nunnerley states that when the patient is unconscious and unable to swallow, drugs may be given in the form of a nasal feed. Mydriatics and myotics may be applied to the eye by means of a dropper, the throat can be painted or sprayed, and drugs which act upon the membrane of the nose, throat, and bronchial tubes can be added to boiling water and inhaled. Drugs can be passed into the uterus and vagina by means of douching, and for local

treatment tampons soaked in glycerites of ichthyol, iodine, &c., are used; the use of cotton-wool applicators is another method.

In some bladder diseases it is necessary that drugs should be introduced into that organ. This is done by means of the ordinary apparatus for washing out the bladder, and a certain quantity allowed to remain. The pelvis of the kidney can also be reached in this manner, by means of a proper apparatus for the purpose, and a urethral catheter.

QUESTION FOR NEXT WEEK.

What are some of the complications to be watched for during pregnancy, and their causes? Mention methods you have seen used to combat them.

NURSES' REGISTRATION.

Trained nurses have to thank the editor of the *Standard* for not excluding the question put last week by Dr. Chapple to the Prime Minister on Nurses' Registration, and only printing his reply. This reprehensible method of boycott was adopted by the Holland-Harnsworth Anti-Registration Press in their unfair suppression of the demand upon the part of trained nurses that the public shall be protected from unqualified persons posing as skilled and qualified nurses—for that is what Nurses' Registration means.

THE QUESTION.

As we reported last week, Dr. Chapple asked the Prime Minister whether his attention had been called to the fact that the Nurses' Registration Bill was now supported by 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, and that Acts providing for the State registration of nurses had been passed in South Africa, in Queensland, in New Zealand, in Ontario, in 34 of the States in the American Union, in Germany, and in Belgium; and whether, in view of the necessity for the protection of the sick from unqualified nursing which assumes to be qualified, he would give facilities for the passage of the Bill already passed by the House of Lords or some other.

THE REPLY.

Mr. Asquith: I was not aware of all the facts cited by the hon. member, but in any case I fear I cannot give facilities for the passage of a Bill on this subject.

The important part of this reply is not that facilities cannot now be given—during constitutional turmoil and revolution constructive social legislation is bound to be crowded out—

but that although on various occasions official information on the progress of the movement has been sent to the Treasury, it has not apparently reached the Prime Minister.

Our duty is plain. The Central Committee for State Registration of Nurses must now take active measures to instruct the Prime Minister on the urgent need there is for the protection of the sick in the United Kingdom, for which trained nurses have worked, paid, and pleaded for a quarter of a century. An excellent article from the logical pen of Miss M. Breaux appeared in the *Standard* on Friday, 28th ult., pointing out how, in spite of Mrs. Humphry Ward's assertion to the contrary, legislation demanded by voteless women is ignored.

NURSES AND THE NATIONAL INSURANCE ACT.

A FEW ITEMS.

The Insurance Act comes into force on the 15th of July.

Insurable persons have till the 15th of October next to choose the society in which to insure, so no need to rush into a society without consideration.

As small societies, which can be self-managed and each individual considered, are often the most successful, there is no need for trained nurses to join large societies, which they cannot possibly control, and where they will be treated in the lump with untrained persons, whose special needs are not identical with their own.

Co-operation nurses must at all costs avoid irritating private patients by presenting cards for stamping weekly, otherwise their society will suffer loss of patronage, and work will be given to hospitals and institutions who employ nurses on a small salary, and who have to insure the staff and stamp the cards.

The Registered Nurses' Society Committee hopes to adopt a system to help the nurses on the staff to avoid appealing to patients for contributions as employers. No one appears to know who is the employer of co-operative private nurses not associated or organized for profit. The following letter has been received from the Commissioners (England) by the Secretary of the Registered Nurses' Society:—

MADAM,—I am directed by the National Health Insurance Commission (England) to inform you that they have had under consideration the position of nurses under the National Insurance Act, and particularly the question as to who will be liable to pay contribution in respect of nurses sent out by an institution to attend cases in private

houses. They consider that this question is one which will depend on the degree of control retained by the institution under whose auspices they work. The Commissioners understand that in many cases the nurse is amenable to control by the institution, and is therefore to be regarded as in their employment. In cases, however, where the institution merely acts as an agency for nurses, without any disciplinary powers, the patient is to be regarded as the employer, as would be the case if the nurse were working entirely on her own account. The only case in which a nurse, generally speaking, will not have to be insured is the case where she receives patients into her own home for treatment.

I am, madam,

Your obedient servant,
L. G. BROCK.

The Metropolitan Asylums Board at their meeting last Saturday decided to put all their employees under the Insurance Act. The Finance Committee recommended that the Managers should apply to the Insurance Commissioners for a certificate of exemption, and Mr. Jackson Hunt expressed the opinion that the adoption of the recommendation would effect a saving of £2,400 a year, but the recommendation was rejected.

THE LEAGUE OF ST. BARTHOLOMEW'S HOSPITAL NURSES.

The summer General Meeting of the League of St. Bartholomew's Hospital Nurses was held in the Clinical Lecture Theatre on Saturday last. The President, Miss R. Cox-Davies, was in the chair.

The first report presented was that of the Treasurer, Miss Whitley, who reported a balance in hand at the close of the financial year on May 9th, of £47 7s. 9d., and in the reserve fund a balance of £51 12s. 3d.

Mrs. Lancelot Andrews then presented the General Secretary's report, announcing that copies of three resolutions passed at the last meeting had been sent to the members of the Cabinet, the formation of the Isla Stewart Memorial Committee, the appointment of Miss M. E. Hunter as a fraternal delegate to the International Congress of Nurses at Cologne, and the work done by Miss M. Sleigh in connection with *League News*.

A vote of thanks was passed to Miss Sleigh. The President announced the report of the scrutineers, that Miss G. R. Hale, Superintendent of the Nurses' Home, Miss E. J. Carver (Sister Rahere), Miss G. Lardner (Sister Stanley), and Miss J. Curtis (late Sister Stanley) had been appointed members of the Executive Committee in place of the four retiring members to whom a vote of thanks was passed.

The report of the Benevolent Fund showed that £14 os. 0d. had been granted to a member, and

that there was a balance at the bank of £34 2s. 9d.

Miss Waind was elected a Vice-President in place of Mrs. Walter Spencer, who retired in rotation. The President spoke warmly of Mrs. Spencer as a "strong rock" of help and support during her term of office, and of the pleasure with which Miss Waind would be welcomed as her successor.

Mrs. Shuter, Hon. Secretary to the Isla Stewart Memorial Committee, reported that she had received to date over £200, £65 18s. 6d. being annual subscriptions. Mrs. Bedford Fenwick said that £200 was a very satisfactory nest-egg to invest; she pointed out that it included a number of comparatively large donations, but, if the memorial was to be that of the League, subscribers of small amounts were also needed. She asked for subscribers of 1s., 2s. 6d. and 5s. This was endorsed by the President.

RESOLUTION.

The following resolution moved by Mrs. Bedford Fenwick and seconded by Miss Beatrice Cutler was carried unanimously:

"The Members of the League of St. Bartholomew's Hospital Nurses, in General Meeting assembled, protest against the exclusion of the Trained Nurses' Organizations from direct representation on the Advisory Committees under the National Insurance Act, and consider this exclusion the more unjust as every other class of women whose interests are affected by the operation of the Act have been accorded this privilege by the Insurance Commissioners, through their Professional Organizations or Trades' Unions.

"This Meeting begs respectfully to bring this grievance to the personal knowledge of the Chancellor of the Exchequer, in the hope that he will at once direct that it shall be removed."

It was agreed that the Resolution be sent to the Prime Minister, the Chancellor of the Exchequer and Mr. Masterman.

On the proposition of Mrs. Shuter, seconded by Mrs. Sturdy, it was agreed that a course of lectures should be arranged on Child Labour, Women in Sweated Industries, and Eugenics, the details being left to the Executive Committee.

The Social Gathering was held in the Great Hall, where a sumptuous tea was prettily arranged. The guests were received by Miss Cutler, Vice-President, in the absence of the President owing to family bereavement, for whom much sympathy was expressed. Amongst the members were Miss Milne, from Philadelphia, on her way to Cologne, and Miss Pritchard, from Calcutta, Miss Gretta Lyons, a member of the Council of the Royal Victorian Trained Nurses Association, was warmly welcomed as a guest and had much of interest to tell of nursing matters at the antipodes. Mr. Algernon Clarke's quartette played charmingly during the afternoon and added greatly to the pleasure of this annual reunion of Barts. nurses.

APPOINTMENTS.

MATRON.

The Royal Infirmary and Children's Hospital, Leicester.—Miss Clara E. Vincent has been appointed Matron. She was trained at the Nightingale School of St. Thomas' Hospital, London, in which institution she has held the position of Night Superintendent from 1904-1905, Sister in medical and surgical wards from 1905-1908, Housekeeping Sister from 1908-10, and Assistant Matron from 1910-11.

The Isolation Hospital, Hinckley.—Miss Florence Bellinger has been appointed Matron. She was trained at St. George's Infirmary, Fulham Road, S.W., and has held the position of Matron at the Barnes Isolation Hospital, and has been Day Sister and Night Superintendent at the Enfield Isolation Hospital, and has done temporary duty at the Borough Hospital, East Ham, taking complete charge.

The Isolation Hospital, Newton-in-Makerfield.—Miss E. G. Evans has been appointed Matron. She was trained at the General Infirmary, Leeds, and has held the position of Night Superintendent at the Northern Hospital (M.A.B.), London N., Assistant Matron at the Taunton and Somerset Hospital, Matron at the Chorley Joint Hospital, and Matron at the Mastin Moor District Hospital, Staveley

NIGHT SISTER.

Union Infirmary, Wakefield.—Miss G. M. Morgan has been appointed Night Sister. She was trained at the Eversfield Hospital, St. Leonards, and the Royal Infirmary, Bradford, and has been Charge Nurse at the Fever Hospital, Bucknall, Stoke-on-Trent, and has also had experience of private nursing.

SISTER.

West Suffolk General Hospital, Bury St. Edmunds.—Miss Grace Warner has been appointed Sister. She was trained at the Borough Hospital, Birkenhead, where she has also held the position of Sister. She has also held the position of Night Sister at the Dorset County Hospital, and of Ward and Night Sister at the Staffordshire General Infirmary, Stafford.

SUPERINTENDENT NURSE.

Chichester Workhouse.—Miss Ethel Reeves has been appointed Superintendent Nurse. She at present holds the position of Senior Charge Nurse and Deputy Superintendent Nurse at the Eastbourne Workhouse.

ASSISTANT RELIEVING OFFICER.

Leicester Corporation.—Miss Fanny Sprigg has been appointed Assistant Relieving Officer for Leicester. She was trained at the Crumpsall Infirmary, Manchester, and the Borough Fever Hospital, Leicester. She has held the position of Sister at Crumpsall Infirmary, and has also had experience both of private and of district nursing. She is a certified midwife.

QUEEN VICTORIA'S JUBILEE INSTITUTE.
INSPECTOR.

Miss Margaret Hardman, Superintendent at Leicester, is appointed "Inspector" for Queen Victoria's Jubilee Institute. She was trained at the London Hospital and at the Hackney Children's Hospital, received midwifery training at Gloucester and District training at Westminster. She has since held the following appointments: Queen's Nurse at Chatham, Assistant Superintendent at Gloucester, Superintendent at Darwen, Superintendent (temporary) at Hertfordshire Training Home, Watford, Superintendent of Leicester D.N.A.

Transfers and Appointments.—Sarah E. Bailey is appointed to Middlewich, Miss Catherine Higginson to Bosham and Fishbourne, Miss Ellen Isherwood to Burscough Bridge, Miss Mary A. Moss to Sheffield.

PRESENTATION.

A handsome silver tea-service has been presented to Miss Hambrook, district nurse in South Oxford, on her resignation on account of her approaching marriage. The presentation was made in the St. Aldate Rectory Room by the Rector, the Rev. G. Foster Carter, who presided, in the presence of a large number of friends and well-wishers. In the course of a very appreciative speech the Rector hoped that Miss Hambrook's successor would be "just as she was."

EXAMINATIONS.

The examinations for the "Brevet" have just been finished at the Training School of the Assistance Publique of Paris, at the Salpêtrière, and fifty-three pupils successfully passed it. The members of the jury who do not belong to the school have declared themselves very satisfied with the training, and have addressed their congratulations to the new matron, Miss Clément. Most of these pupils will pass three months in the Hospital St. Jean in Brussels, and will take their positions on October 1st in the Paris Hospitals.

Since its foundation the School of the Salpêtrière has trained 249 pupils, of whom 41 to-day are chief nurses, and two have the direction of a department.

THE PASSING BELL.

It is with regret we record the death of Miss Maria E. Goff, who passed away on June 16th after nine months suffering patiently borne. Sister Goff was trained at St. Thomas' Hospital, and for over seventeen years was Home Sister for the private staff of the Royal Sussex County Hospital, Brighton, a position she resigned only fifteen months ago. Her nurses and all who came in contact with her will always remember her with respect and affection for her kindness and great devotion to her work. She was personally known to the late Miss Florence Nightingale, from whom she received a tribute to her worth and skill.

NURSING ECHOES.

Miss J. C. Child has arrived from Basuto-land with much useful information concerning nursing in South Africa for the benefit of the Cologne Congress. She writes from Brighton:—"I must tell you of a delightful surprise I had on arriving in Brighton yesterday. Miss K. Scott, matron of the Royal Sussex County Hospital, where I was trained, was At Home to the past and present nurses, and I met many old fellow-workers, and there were present, including myself, four from Africa! These social gatherings prove how very valuable are Leagues of Hospital Nurses, both socially and educationally, and ere long I hope a League of Royal Sussex County Hospital Nurses may be started. Yesterday we had a delightful time—tea and games, cricket on the tennis court, &c. The gathering ended with a service in the dear old chapel, or rather I must say new chapel, for since my time it has been beautifully repaired and decorated; there is now a fine organ, and the choir of nurses is fortunate to possess some lovely voices, including those of the resident doctors. I shall carry back to Africa a delightful memory of this happy day."

The Founders' Day Garden Party was held at the Lady Margaret Hospital, Bromley, on Saturday, June 29th, from 4 to 8 p.m. The hostesses were Lady Earnshaw Cooper, Lady Louisa Fielding, Lady Muriel Watkins, and Mrs. Douglas-Hamilton. An address was given by Dr. Josiah Oldfield on "Diet and Health." Nurses' certificates were presented, and a chapel window unveiled and dedicated by the Rev. Dr. Langford-James.

A probationer nurse at the Camberwell Infirmary who visited a ward in the gymnastic costume in which she was going to appear at a dance got up by the third-year nurses has had tender her resignation, which has been accepted by the Guardians by 13 votes to 7.

The circumstances were peculiarly flagrant. One might suppose that the nurse's own sense of propriety would have prevented her from entering a ward in such a costume, and the reason alleged that she had promised a patient who had helped her to make the costume to see her in it is no excuse; but further, on her own statement, as she was entering the ward she "ran into" the Superintendent on duty, who ordered her out of the ward, and specially directed her not to return. Notwithstanding, she again returned to the ward, and was caught

in the act by the Superintendent, and rightly reported for insubordination. Were such conduct permitted, there would be an end to all discipline in the Infirmary.

The best way to obtain a suitable staff of nurses in any institution is for the matron to select the probationers, and the Committee of Management to elect them; too many cooks spoil the broth, and where either Boards of Guardians or other lay authorities set about interviewing and selecting probationers, there sure enough other than the one reason of suitability may be advanced. The Preston Board of Guardians have decided that its Nursing Committee shall suggest at least two candidates for each vacancy, so that it may select them. "Why go to the expense," pointed out Mr. King, "of bringing two candidates before the Board merely that members may look at their faces?" Why, indeed, waste the ratepayers' money? If the matron and the Nursing Committee cannot select the probationers, what use are they?

We are sorry to note that there has been such a poor response to the appeal for funds to the citizens of Liverpool in aid of the District Nursing Association, the annual expenditure of which is £600 per annum short of its income. Surely in a city where so much wealth is produced it is a great reflection upon the generosity of those who acquire it that this great work is not adequately supported. As the mother city of district nursing, Liverpool owes it to itself to maintain its reputation for kindness to the poor.

The Garde-Malade Hospitalière issued a special number last month, as a memorial to its founder and firm friend and counsellor, Dr. Lande, including an excellent inset portrait of this distinguished medical man, upon whom the highest honours in France were conferred. The nurses who mourn him have rendered him the highest homage possible in demonstration of their gratitude by devoting a whole number of their journal to his memory. His name will henceforth be inscribed at the head of the journal, in order that future generations in the hospital world may remember the first doctor in France who officially applied the principles of Florence Nightingale, and foresaw the future of the French nurse. Dr. Anna Hamilton, in a most sympathetic article, reviews the life and distinguished career of the deceased, quoting the widespread public testimony to his worth, and demonstrating especially his services to the cause of nursing and

his influence on the nursing schools of Bordeaux.

Mlle. A. Gallienne, *Chefaine* in the Tondou Hospital, writes an account of the funeral which took place at Bordeaux, and was, by the invitation of the Mayor, of a public character, thousands of people attending to pay their last tribute of respect. Miss Gallienne writes:— "On the 22nd of April we learnt, through the daily papers, of the sudden indisposition of Dr. Lande. The following morning we saw him once more in Paris, lying in the little chapel of the Maison de Santé in the Rue Sergent-Hoff—he had scarcely been dead for two hours. He whom we had known active, indefatigable, struggling incessantly for the triumph of his cherished ideas, was there before us, perfectly calm, perfectly insensible to our grief. He was at rest—it remained to us to take up the task where he has laid it down."

One point Miss Gallienne notes—that for the first time the pupils of the Tondou Hospital wore their outdoor uniform at Dr. Lande's funeral. It had been one of his last wishes to see his pupils in this uniform. No one imagined the sad circumstances under which they would first wear it.

"When the body of Dr. Lande had been lowered near to that of his father in the family vault the crowd slowly dispersed. Only the nurses remained to gather once more around the grave of him who was to them as a father, and their best defender. And there they drew fresh inspiration and took new courage for the work to come."

The orations spoken at the funeral by the Mayor and distinguished public men in Bordeaux are also included in this number. Could Dr. Lande but know, he would be appreciative of the work and grateful for the affection of his pupils.

A correspondent writes:—

"We had a notable example of Bart's *esprit de corps* in Calcutta recently when an "Old Bart's" dinner was given at the United Service Club. It was by no means the first dinner of the kind in Calcutta, but there was a new departure this year in that it was not confined to men only, their wives and all old Bart's nurses in the neighbourhood being also invited.

There were twenty-two people at the dinner five of the eight ladies present being old Bart's nurses, and the evening was a great success. Love of the old hospital was a sufficiently strong bond to turn strangers into friends and to make it a genial re-union. Taken altogether the remini-

scences of those present covered the history of the hospital pretty well from the seventies to within the last year or two, and many were the anecdotes told of the old sisters—now, alas! no longer a part of Bart's—and many were the "Do you remember's?" heard around.

"The chairman was the Hon. Surgeon-General Sir C. P. Lukis, K.C.S.I., and in proposing the toast of the old hospital he touched lightly on the fact that at the present moment nearly every medical post of any importance in India is held by an old Bart's man, adding that while we are all proud of our old hospital, he thought the hospital had no cause to be ashamed of her sons in India.

"We all cordially endorsed his wish that this dinner may now become an annual function."

Nurses have many titles, but Prairie Nurses is something new, and the new development of the Railway Mission in Canada in providing for a staff of nurses has been possible by a grant from the Archbishop's Fund of £500.

The Colonial Nursing Association are supplying the first three nurses, and they sailed on Friday last week by the *Empress of Ireland*. To anyone who knows Western Canada, and has experienced the hardships incident to pioneer life in the prairie, this scheme will at once commend itself. It will certainly strengthen the work of the Railway Mission, which has already become very popular with the settlers.

Besides these nurses, two other ladies—Miss Pownoll-Wright and Miss Mudge, both well-known educationists—sailed for Regina on Saturday last. They are to work in connection with the Railway Mission also. Their special work will be the establishment of a hostel in Regina, where the young girl teachers who are taking their courses at the Normal School may live.

THE AMERICAN NURSES' ASSOCIATION.

The Annual Meeting of the American Nurses' Association, recently held at Chicago, was immensely successful. The Secretary writes:—"The Chicago Conference was all so big and wonderful, and we never have had such a meeting. The Visiting Nurses' Society organised, and it was great."

The Superintendents' Society has now affiliated with the American Nurses' Association, so that matrons and nurses form one national association—as we have under the Constitution of our National Council of Nurses—thus the old American Federation ceases to exist; but the President, Miss Adelaide Nutting, has been appointed an official delegate to the International Council meeting in Cologne, and will be welcomed with the greatest pleasure.

REFLECTIONS.

FROM A BOARD ROOM MIRROR.

During the visit of the King and Queen to Wales, they inspected the Royal Hamadryad Seamen's Hospital, at Cardiff, when the matron, Miss Davis, had the honour of being presented to Their Majesties.

At the visit paid to the King Edward VII. Hospital at Cardiff, the King and Queen went through the wards under the guidance of Miss Wilson, the matron. They talked with many of the patients and remarked upon the brightness of the wards, in which were several bouquets that the Queen had caused to be sent to the institution. Both hospitals were *en fête*.

The Royal Infirmary, Bristol, which the King and Queen next visited, to open the King Edward VII. Memorial, was founded in 1735, and it has dealt with 2½ million patients in its long career. Amongst the senior officials presented was Miss Baillie, the matron, and the nursing staff presented a charming appearance. The King and Queen expressed admiration of the arrangements of the hospital and nurses' home.

The King, patron of the Seamen's Hospital Society, has announced his intention of laying the foundation-stone of the new wing of the London School of Tropical Medicine on the occasion of his visit to the branch of the Dreadnought Hospital, in the Albert Dock, on July 17th.

An anonymous gift of £20,000 was announced at the annual prize distribution of St. Thomas's Hospital Medical School, at which the Lord Mayor and Lady Mayoress were present.

The matron of St. John's Hospital, Twickenham, has instituted a million farthing scheme, to provide a convalescent home for the patients.

The President and Committee of the Royal West of England Sanatorium at Weston-super-Mare, require £700 to rebuild the sea-water collecting tank and for fixing a new Pulsometer boiler to pump up the sea water for the baths.

The Committee would emphasize the great benefits derived from the baths since they were opened in 1889 in almost all cases, especially gout, rheumatism and nerve affections. Over 7,000 baths were given to the patients last year.

Under the very able superintendence of Miss Edith Mawe this institution enjoys a widespread popularity.

The Gas Light and Coke Company, which was incorporated by Royal Charter on April 30th, 1812, celebrated its centenary year last week, and in a well-written and copiously illustrated book issued by the company the history of this vast undertaking is set forth.

LORD MAYOR TRELOAR'S CRIPPLES' HOSPITAL AND COLLEGE, ALTON, HANTS.

An invitation to view this institution means enjoyment, education, liberal hospitality and thankfulness. Thankfulness for the inspiration of a good man, who conceived the idea of so beneficent a scheme, and who has, by his energy and prodigality, made it so great a success. The splendid work achieved is shown by the fact that since the foundation in 1908 no less than 495 children have been discharged cured.

It is claimed that no similar institution in the world can claim, as this one does, 90 per cent. of cures. Sir William Treloar, during his year of office at the Mansion House, made a very successful appeal for help to found a hospital for children suffering from the sadly common complaint known as surgical tuberculosis. The appeal was made at the psychological moment, for at that time the Princess Louise Hospi-

tal, which had formerly served for convalescent soldiers after the Boer War, had become vacant. The Government made a present of the whole estate, consisting of 68 acres, with its buildings and plant to Sir William and his co-trustees for the purpose which it has so admirably served. This group of bungalows is situated in the most beautiful country, on a gently sloping hill facing south.

About 169 invited guests boarded a special train from Waterloo on June 20th. Upon arrival we formed ourselves into small parties and were "personally conducted" over every department of this institution by nurses wearing a distinguishing mark for our guidance. Everything we saw was deeply interesting and, for those who had eyes to see, very instructive. The wards are built in two groups of ten, in semi-circular formation; each

ward is a separate building, connected by outside corridors. The spinal cases were all treated with the swing "back-door" splint, which provides twofold extension by placing the head and legs lower than the trunk. The treatment for surgical tuberculosis is necessarily long; the average length of stay at this hospital is 405 days. The injection of bismuth into the spine in cases of tubercular sinus is largely used here.

Sad as the sight is, of so many little children strapped down upon mechanical beds in unnatural positions, yet the compensating factors loom so large, showing the gain all on their side, that there is not much room left for sadness of thought

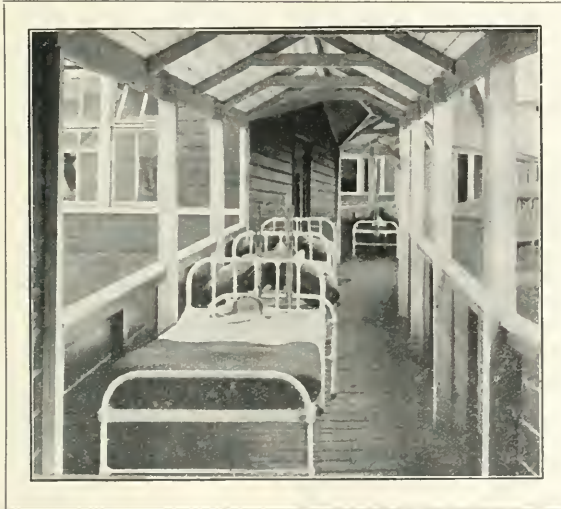
when one realizes that almost every one of them is on the high and straight road to complete recovery. The hospital, which is the largest of its kind in the United Kingdom, will accommodate 220 children, and every bed is always occupied. The Alton has under her charge a staff of about sixty nurses and ten sisters.

THE COLLEGE.

This is not the least important part of the scheme. It exists for

the object of giving industrial training to crippled boys between the ages of fourteen and eighteen, to enable them to earn their own living. Accommodation is afforded to sixty boys, who are being taught leather work, boot making and tailoring—according to their inclination and ability. They do not leave until they have become proficient in their trade and able to earn good wages.

One of the most interesting features of the institution is the "Observation Wards." Their purpose is best described by quoting the words of one of the authorities:—Here patients on admission are treated in quarantine for a period of at least one fortnight; each patient occupies a separate cubicle; during his stay in this cubicle he is gradually acclimatized, his case is worked up, notes written and appropriate splints manufactured



THE OPEN AIR TREATMENT FOR CRIPPLES.
LORD MAYOR TRELOAR'S CRIPPLES' HOSPITAL, ALTON, HANTS.

This system has prevented the occurrence of any infectious disease. It may be noted that such a condition as a cold is classed as infectious, and children suffering from colds are detained in the "Observation Ward" until the cold is cured. One side of each cubicle is of glass, a fact which emphasizes their purpose in a literal and practical manner.

After we had completed the tour of the settlement we assembled in the great hall and watched a musical drill by the senior crippled boys. Several of them had only one leg, and it was marvellous to watch them balancing themselves as perfectly as those with two.

Sir William Treloar then gave an informal address, showing what progress had been made and thanking all those whose services had contributed to the satisfactory maintenance of the work.

The Lady Mayoress, who was the principal guest, was presented with the badge of the "Queen Alexandra League" and asked to become a Vice-President, for which she returned thanks in a few well-chosen words. A few other speeches followed. Probably the Rev. Dr. Donaldson from Cambridge University expressed the feeling of the meeting when he said that his pleasure and surprise at all he had seen made him feel like the Queen of Sheba; for behold, "the half was not told him"!

The object of the League is principally to bring healthy and happy boys and girls into practical sympathy with the little sufferers. Every member pledges himself or herself to collect a certain sum of money. There are now 5,000 juvenile members, besides adults, who are called Associates of the League. Many of the cots are supported by the various local Associations.

The yearly sum of £15,000 is required to maintain this magnificent and beneficent work, which is greatly in need of funds; it is regrettable to learn that there was a balance on the wrong side last year to the tune of over £5,000. Here is one of the finest opportunities for millionaires! I trust this will meet the eyes of some of them! If wishes were deeds one may be quite certain that the Hospital and College would have received endowment in perpetuity by Saturday's honoured guests.

BEATRICE KENT.

DR. LAHMANN'S COTTONWOOL UNDERWEAR.

We regret that by a printer's error a wrong number should have been given for the address of the Lahmann Agency in High Holborn for Dr. Lahmann's Cottonwool Underwear. The address is 245, High Holborn, and nurses cannot do better than go to see these delightful undergarments there.

This Reform Cottonwool Underclothing is of vegetable origin, and consequently cannot shrink or become felted like wool or flannel. It is also moth proof—an advantage to be appreciated in tropical countries.

OUTSIDE THE GATES.

WOMEN.

The crowded meeting at the Church House last week, over which the Archbishop of Canterbury presided, to celebrate the jubilee of the revival of the Ancient Order of Deaconesses by the late Archbishop Tait, was evidence of the interest in this revival. The Archbishop said that before long there must now be one service for the ordination, or setting apart of women for the Order, something like one standard of qualification for the women to be ordained, and uniformity of rule as to the age at which women are to be set apart for the work. Provision must also be made for deaconesses when their working days are ended.

Deaconess Knapp, of New York, spoke of the group of devoted women banded together as deaconesses under the Bishop of Maryland in 1855; but, on examination of the circumstances, the Order must be admitted to be the creation of a new ideal rather than the revival of an ancient one.

The Dean of Wells said that the work of deaconesses in the early Church was universal at the end of the second century; and in succeeding centuries they played an important part in Church History in the East. The barbarian invasion sent them into seclusion, and after the eighth century the Order died out. This coincided with the darkness which fell on Church and world alike.

A meeting is to be held in the Kensington Town Hall on July 10th at 8.15 p.m., organised by the "Pass the Bill Committee" in support of the Criminal Law Amendment (White Slave Traffic) Bill. Adeline Duchess of Bedford will preside, and Mrs. Philip Snowden will be amongst the speakers. The more determinedly the public demand legislation on this terrible traffic the more hope there is of reform.

The National Health Insurance Commission (England) have issued a circular inviting applications from women for the posts of (a) inspectors (salary, £300 rising to £400); (b) assistant inspector (£100 rising to £300); (c) health insurance officer (£80 rising to £150). Many of the salaries for men are much higher.

At a meeting addressed by Mr. Lloyd George, at Woodford, last Saturday, it was announced from the platform that "the stewards had been fully instructed." This threat did not, however, deter the male friends of votes for women from asking "Why not?" It was a wise provision that ambulance men were stationed outside the marquee, as the "instructions," apparently, were to hurl the questioners outside with infuriated violence. Resistance produced a violent uproar, during which chairs were upset, umbrellas smashed, and ladies lost their hats; and more than one man was exhausted and bleeding, when liberated by the stewards "with instructions." A very scandalous

condition of affairs, when a *simple question* at a public meeting, may not be asked without brutal assault. It is high time these assaults were contested in a court of law.

The Irish Women's Franchise League have sent a letter to Mr. Asquith requesting him to receive a deputation of Irish woman suffragists on his visit to Dublin. They remind him that when he spoke to their Irish representatives at a deputation that he received in London in November, 1911, he said that the case of Irish women needed special consideration. They ask him, therefore, to take this opportunity of hearing Irish women in the capital of their own land put their special claim before him to be included in the Hlome Rule Bill.

Recognising that the demand for trained nursery nurses is largely in excess of the supply, the Stockbridge Committee of the Edinburgh Day Nurseries Association have recently purchased and equipped a house—9, St. Bernard's Crescent—as a training centre, and recently a meeting of those interested in the project was held at the house, when an explanation of the scheme was given. Dr. Dingwall Fordyce, who occupied the chair, said that the school was the first of its kind in Scotland.

One of the most celebrated women in Italy, says the *Standard*, who is fighting in the cause of women's independence and political enfranchisement, is Signora Italia Garibaldi, granddaughter of the famous patriot, General Giuseppe Garibaldi. Signora Garibaldi, who is a native of Rome, identified herself early with the woman's movement. As a member of the Council of Italian Women, she made a thorough investigation into the conditions of women's labour, and found them in great need of reform, the conditions in the south being particularly unfavourable. At the present time she is lecturing in the United States in the interests of the working women of Italy.

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READ.

"The Life of Cardinal Newman." By Wilfrid Ward.

"The Daughters of Ishmael." By Reginald Wright Kauffman.

"Padre Synacio." By Owen Wister.

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COMING EVENTS.

July 5th.—Association for Promoting the Training and Supply of Midwives. Annual Gathering, 4, Princes Gardens, S.W., 3 p.m.

July 8th.—Irish Nurses' Association, Lucan. Cyclists' Meet, Park Gate, 4 p.m.

July 10th.—Pass the Bill Committee (White Slave Traffic) Meeting, Kensington Town Hall, 8.15 p.m. Admission free.

July 11th.—Guy's Hospital, S.E. Garden Party. 3 p.m.

July 16th.—The Bishop of London "At Home" to members of the Nurses' Missionary League, Fulham Palace, 3.30-6.

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.

PRIVATE NURSES AND THE NATIONAL INSURANCE BILL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I note that the Chancellor considers us all actuated by political bias if we venture to disapprove of the effect of the National Insurance Act upon our special conditions. It seems to me it would be very extraordinary if millions of workers, especially women who are governed entirely without their consent, did not criticise a measure which was drawn by men for industrial male *outside* workers, and compulsorily thrust upon professional women *inside* workers, whose conditions and interests cannot be compared. The principle of National Insurance may be wise, but the flat rate, and the compulsion for all on the same conditions, whether beneficial or not, is both unwise and unjust, and no class of workers will suffer more than the class to which I belong, the private co-operative nurse. Once again a great nail is hammered into the coffin in which liberty to work without paying the middleman (the hospital committee or proprietor) must ultimately be buried.

Under the Act the hospitals and institutions which make money out of their private nursing staffs are compelled to insure their servants—for that is what the nurses legally are—and it only means a little less profit, for which I have personally no regret; but the co-operative nurse not only has to pay her threepence tax, but of course she also pays through the committee of management, the employer's contribution also; that is to say, if she hopes, through the central office, to continue to get work.

In the present temper of the public, is it probable that they will get nurses from a co-operation if they are to be classed as employers? I am very sure they will not be worried and bothered over insurance cards and stamp sticking, so the result will be that all our work will be given to hospital committees and proprietors, who are compelled to stick the stamps and pay for the same themselves, of course out of the profit made on the nurses' work. If we are to continue to get any work at all we must by some means pay (as hospital private nurses will practically do) our own double insurance, as our societies are not profit making businesses. How can this be done?—that is the question. Hawk round a threepenny card like a "char" I will not!

YOURS truly,

A VOTELSS AND HELPLESS WOMAN WORKER.

(We quite agree with our correspondent that the public who employ private nurses will not pay the

insurance tax, and to avoid doing so they will get nurses through a middleman who is compelled to pay it. Thus independent professional co-operation will die out and a private nurse must either work "on her own" as a midwife does, and be exempt, or *pay more for her work*. It just comes to that.

A nurse at the London Hospital practically pays about 50 per cent. for her work, and the $7\frac{1}{2}$ computation for which nurses in co-operation could in the past earn a fair income, will have to be raised now that the Government has passed two Insurance Acts—the Employers' Liability Act and the National Insurance Act—which compels them to pay for both, although they may only draw a few shillings from *one at a time!* We quite agree that patients will not be worried stamp-sticking for private nurses, and that should a society arrange for its nursing staff to take the threepenny cards with them that society will soon lose custom. We learn that many large business concerns are putting on one per cent. on the cost of all goods, and in consideration of the fact that insured persons will have to pay *more for everything they require*, sooner or later the public will have to pay more for its nursing as it will have to do for other necessities. But just here we find the tooth-print of injustice. Trained and skilled nurses, unlike the medical profession, midwives, and pharmacists, have no legal status (and therefore no direct representation on the Advisory Committees in England and Ireland under the Act); so that they can be under-sold, as they are, by all and sundry who put on a cap and apron and pose as trained nurses. They are therefore unable to protect themselves. Does not our degrading position under the Insurance Act drive home the lesson of how helpless a wage earner is without a vote? How impossible to rise out of the slough of competition and exploitation without Registration and legal status?

Trained nurses not only add greatly to the economic stability of the State, but enormously to the well-being of the community. What does the State do for them in return. Absolutely nothing. And why not? Because men hold cheap—and legislators in contempt—unfranchised workers. And, frankly, what is the position of the unfranchised wage-earner? Without doubt, the position of the slave. The self-supporting, either male or female, must have political power to be recognised as citizens—and woe betide the women who, without it, depend upon their own exertions for support: sooner or later in the economic struggle their class gets pushed down lower and lower; and it is thus we manufacture the class whose bodies are their only asset. Therefore let us fight with might and main for the only power—the political vote—by which we can save our souls from the pit.—(E.D.)

REPLIES TO CORRESPONDENTS.

We regret that we have not space to insert several lengthy letters received on the same

subject. They contain questions: (1) If I evade the law, how can I be punished? We do not think the Act provides for your punishment—if you are a *conscientious resister*: you must not be merely *contumacious*. We can't explain the difference.

(2) If with emoluments I earn £160 a year need I insure? No, but you will then have to pay income tax. Where insurance tax ends—income tax begins.

(3) If unmarried women insured in the same society have illegitimate children is it true I have to help to pay the maternity benefit? Yes—the maternity benefit, 30s. per birth, for illegitimate children must all be paid by respectable insured women. There is no provision for paternal responsibility for unmarried fathers. A clause, of course, should have been inserted in the Act making it compulsory upon the grant of an affiliation order that the maternity benefit should be refunded by the father's society to the society in which the mother of his child is insured. This is one of the most unjust provisions in the Act and is one of the strongest reasons why a highly moral class like trained nurses should have their own Approved Society.

Miss M. Thompson.—Write to the Hon. Secretary, Trained Women Nurses' Friendly Society, 431, Oxford Street, W., for a proposal form.

Miss A. Donald.—Nursing in Homes in British Columbia differs considerably from that in this country. We should advise you to write in the first instance to the Lady Superintendent of the General Hospital, Vancouver, asking her for information as to the best methods of getting into touch with the work you desire. We are glad to know that you find this journal helpful.

Canadian Born.—Write to Lady Superintendent, General Hospital, Winnipeg, Canada. Conditions of living are so different, we feel sure you are wise to wish to train in Canada, if you intend to work there.

OUR PRIZE COMPETITIONS FOR JULY.

July 13th.—What are some of the complications to be watched for during pregnancy, and their causes? Mention methods you have seen used to combat them.

July 20th.—How should a specimen of urine be prepared, and how examined?

July 27th.—What are the common sources of bacterial infection?

NOTICE.

THE TRAINED NURSES' FRIENDLY SOCIETY.

Miss Mollett, Hon. Secretary, will be at 431, Oxford Street, W., daily, and will be pleased to give all information possible to those desiring to join a Friendly Society of *professional* nurses.

The Midwife.

POST-GRADUATE WEEK AT THE MATERNITY NURSING ASSOCIATION.

The first Post-Graduate course held by the Maternity Nursing Association—whose headquarters are at 63, Myddleton Square, E.C., proved a distinct success.

The Committee of that Association have for some years past felt that they would like to arrange to have past nurses back, at prescribed intervals, for a few days at least, to help them to keep in touch with the latest midwifery methods, which, like all other scientific subjects, are constantly being improved upon.

Many nurses availed themselves of the kind invitation, which reached them in plenty of time to enable them to arrange for their holidays, or leave of absence, for the few days set aside for the course.

On Monday, June 24th, the nurses were received by certain members of the committee and staff, and after tea assembled for the first lecture, which was most ably given by Dr. Bright Bannister, on "Hæmorrhage."

Each morning the nurses accompanied the midwives on their district work, and so were able to see the present nurses at work in the patients' homes. They were also allowed to attend a case with a midwife if they chose.

On Tuesday afternoon there was a lecture given on "Sanitation" by Mrs. Greenwood, sanitary inspector for Finsbury, and in the evening an up-to-date lecture on "Infant Feeding" by Dr. Bannister was much appreciated.

Wednesday was the great day of the week, although there were no lectures, as on this day the annual re-union of past and present nurses was held.

The "At Home" began at 3 o'clock, when nurses who had been scattered to all parts of the country met and joined forces again. Many ladies of the Committee and their friends were present at the large party in the garden, where tea was served at 4.30.

At 5.30 everyone assembled at All Saints Mission, where a special service was held by the Rev. T. Preedy. The little church was well filled with happy nurses in in-door and out-door uniforms, who were reminded of the high calling of their work and the good they could do wherever they went.

On Thursday, after the morning district work and an early lunch, the visitors were taken to Shakespeare City at Earl's Court, which outing far exceeded their expectations, and was thoroughly appreciated.

Home again on top of a 'bus to the last of the series of lectures by Dr. Bannister. This time on "Sepsis," when a hearty vote of thanks was given

to Miss Blunt (the Hon. Treasurer and Chairman, the Committee, the Matron and staff, and Dr. Bannister for arranging and carrying through the programme which had proved so enjoyable to all.
L. S.

THE CENTRAL MIDWIVES' BOARD.

THE REGULATIONS GOVERNING THE TRAINING OF MIDWIVES.

The Board has recently had under consideration several cases of the improper signing of the schedules of examination candidates by those engaged in the training of pupils. The necessity of literal compliance with the rules laid down by the Board for regulating the training of pupil midwives appears to be imperfectly appreciated by some of those to whom the Board has accorded permission to carry on the work of training. The certificates of training required from candidates for examination (Rules, Schedule, Forms III, IV, and V) are explicit in language and plain in intention, and afford no reasonable ground for misapprehension of their effect.

In particular the Board desires to emphasize some points which have been disregarded in the signing of some recent certificates.

(1) Responsibility for the truth of a certificate attaches to the signer from the moment of signature. To certify that a pupil has personally delivered or nursed twenty cases, or has attended fifteen lectures, when in fact she has not done so *before the signing of the certificate*, is to make an untrue statement, and none the less so though the pupil completes her cases or lectures before the day of the examination.

(2) "Three months" (Rule C. 113) and Schedule Form V means *three calendar months*, and not twelve weeks, or any other period of time.

(3) The minimum number of fifteen lectures is to be spread as evenly as possible over the minimum period of three months. Under no circumstances may more than one lecture in one day be counted.

(4) Demonstrations—however helpful to the pupil—are not to be counted as lectures.

(5) No lecture should be for a shorter period than forty-five minutes at the least.

(6) It is highly desirable that every person responsible for the training of pupils should see that each pupil reads over and understands, before she begins her training, the whole of the schedule which she has to countersign at the end of her training.

As the training of examination candidates is subject to the approval of the Board, it is hoped that this intimation will prove sufficient to prevent future irregularities.

G. W. DUNGAN,
Secretary.

LIST OF SUCCESSFUL CANDIDATES.

At the Examination of the Central Midwives Board, held in London, on June 11th, 556 candidates were examined, and 469 passed the examiners—the percentage of failures was 15.6.

LONDON.

British Lying-in Hospital.—E. F. Dobson, P. B. Jones, F. Laishley, E. Taylor.

City of London Lying-in Hospital.—M. Cooke, I. C. Croll, W. L. Everingham, A. E. Lambert, R. Roberts, F. A. Taylor, E. E. Walker.

Clapham Maternity Hospital.—J. M. E. Gribble, L. O. Hawkes, G. A. C. Minto, H. F. Nichols, A. C. Taylor, M. Thompson.

Fast End Mothers' Home.—M. R. Boniface, E. S. M. Forrester, E. Frost, M. G. Hume, E. M. Matthews, A. B. Sissons, M. K. Wearing.

General Lying-in Hospital.—M. L. Astorri, E. M. Campbell, F. Cresswell, A. E. Edwards, M. W. Lapsley, M. M. Linton, M. E. Pike, L. Randall, E. M. Stead.

Guy's Institution.—J. Allen, U. Kinsman, M. M. Mullan, L. E. Turner, A. M. M. Willcox.

Holborn Union Workhouse.—M. K. Bentham, H. A. Rutter.

Kensington Union Infirmary.—E. N. Cannons.
London Hospital.—F. M. Allison, D. F. Finch, M. H. Godwin, M. S. Langford, N. R. Montgomerie, B. G. Smith, G. Wiltshire.

Middlesex Hospital.—M. K. Brennan, N. A. Carter, W. M. Reinold, G. Santler.

Plaieston Maternity Charity.—C. H. Bacon, G. L. Barber, J. E. Benbow, M. H. Bye, E. H. Cunliffe, E. A. Dale, F. A. Gallop, N. Gillam, N. Hines, M. A. Horne, A. B. Horsman, M. A. James, E. M. Lane, J. R. Lloyd, E. H. Maddern, J. F. Miller, E. L. Phillips, F. M. Phillips, F. K. B. Porteous, E. Porter, A. Pratt, E. Rayment, A. B. Reid, H. G. Richards, A. M. L. Saunders, L. G. Stephens, S. Thomas, M. Wootton.

Queen Charlotte's Hospital.—J. D. A. Birch, M. Cooney, L. A. Cross, K. D. Dawson, E. J. Drew, F. R. Dunbabin, A. E. Freeth, M. F. Irons, S. A. Mulley, A. L. Pritchard, W. M. Roys, M. A. Scott, G. A. Smith, E. B. Taylor, H. G. H. Walker, F. M. Whitehead, E. G. Wilson.
"Regious Beyond" *Missionary Union*.—F. R. Keeble, D. Saunders, F. Walmsley.

St. Marylebone Infirmary.—F. L. Chapman, H. D. Clarke.

Salvation Army Maternity Hospital.—W. Cracknell, K. Diegel, F. A. Nicklen, F. E. West.

University College Hospital.—

Woolwich Home for Mothers and Babies.—E. A. Kendon.

Woolwich Military Families' Hospital.—O. M. E. Howell.

PROVINCES.

Aldershot, Louise Margaret.—N. Andrews, J. E. Hancock, J. H. Matthew, D. Poirce, G. M. Penley.

Birkenhead Maternity Hospital.—M. J. Booth, S. Green, J. MacGregor, F. Mayson, E. S. Pugh.

Birmingham Maternity Hospital.—L. N. Allington, V. Austm, O. T. Dietz, E. Doloughan, L.

Eyres, N. W. Horton, M. C. Jordan, D. E. Porter, E. Price, M. E. Roberts, M. A. Salisbury, A. Saville, M. G. Van Wart.

Birmingham Workhouse Infirmary.—M. H. Andrews, A. Craig, E. Jennings, A. M. Kearney.

Blackburn Union Infirmary.—E. Aspin, M. Warren.

Bradford Union Hospital.—E. Brennan, S. Davison, M. E. Middlebrook.

Brighton and Hove Hospital for Women.—M. J. Hamilton, E. Lane, D. Lloyd, E. E. Manser, H. F. G. Piper, D. Storrs.

Bristol General Hospital.—H. R. Dennis, E. M. Dunsford, J. G. Jeffreys, M. A. Lepper, E. M. Luce, A. Morgan.

Bristol Royal Hospital.—E. Livingstone, E. D. Mann, L. Terry.

Chatham Military Families' Hospital.—L. Barrett.

Cheltenham District Nursing Association.—S. Evans, C. Geoghegan, J. P. Walker.

Chester Benevolent Institution.—M. Jones, M. Partington, I. Phillips, H. Simpson.

Croydon Union Infirmary.—M. H. Lockyear.

Derby: Royal Derby Nursing Association.—M. E. K. Built, E. J. Chipchase, M. Comer, O. English, M. A. Harrison, M. Henshaw, T. E. King, I. Wood.

Devon and Cornwall Training School for Nurses.—S. E. Baldwin, E. L. Finning, M. A. G. Saunders, L. M. Toms, M. Wood.

Dewsbury Union Workhouse.—A. Fisher, E. M. Shaw.

Ecclesall Bierlow Union Workhouse.—M. Chisholm, B. Gebhard, E. Harrison, A. Mappin, H. Weir.

Essex County Cottage Nursing Society.—A. F. Alder, M. L. Bore, M. F. Brown, M. Digby, E. T. Hall, S. H. Hulse, A. S. Nash, A. M. Readings, M. E. Smith.

Gloucester District Nurses Society.—L. M. Parnell, M. E. Richards, E. Whalley.

Hull Lying-in Charity.—C. S. Clarke.

Hull, Sculcoates Workhouse, and Hull Lying-in Charity.—M. Thomson.

King's Norton Union Infirmary.—A. E. Bryant, E. J. Field, F. R. Parkes.

Kingston-on-Thames Union Infirmary.—M. Wheeler.

Leeds Maternity Hospital.—E. Fawcett, E. M. Homeyer, C. Laidlaw, A. M. Montgomery, H. E. Purvis.

Leeds Union Infirmary.—L. Cash, A. Hadfield.

Leicester Maternity Hospital.—M. E. Allison, M. A. Richards.

Leicester, North Evington Infirmary.—A. Long.

Liverpool Maternity Hospital.—M. Balbirnie, M. S. Blair, S. G. Broughton, M. Chambers, L. Clark, C. Clarke, M. K. Coad, E. A. Dawson, J. M. H. Emsley, G. K. Gallier, D. Harris, L. M. Johnson, F. L. Leece, W. Lewis, M. Linaker, I. M. Moore, F. M. G. Partridge, R. H. Puckering, A. I. Shaw, E. Thornley, G. Wolfson, F. R. Dunbabin.

Liverpool Workhouse Hospital.—J. Bremrose, J. Dunsmore, A. H. Maclaren, C. Pickles, L. M. Ruscoe, E. E. Shorter.

Manchester, St. Mary's Hospitals.—E. Baguley, H. Betley, A. Boles, J. M. Clarke, A. M. H. Greenhalgh, E. Hancock, H. A. Hassall, F. Hill, B. E. Hunt, F. Isherwood, G. Lomas, L. M. Miller, M. A. Morgan, A. C. Muir, F. K. Pinson, E. Preston, A. M. Smith, A. M. Webb.

Manchester, Township of South Manchester.—A. M. Brindle, E. Dorning, A. Smith.

Manchester Workhouse Infirmary.—L. Hammond, L. Jordan.

Monmouthshire Training Centre.—A. E. Hamer, H. Hiscott, C. J. Landman, E. M. Russell, S. Saunders, M. A. Smith, E. A. Thomas, A. A. Watts.

Monmouthshire Training Centre and Newport Infirmary.—B. Davies.

Newcastle-on-Tyne Maternity Hospital.—I. A. E. Edger, P. G. Gibson, A. R. Haywood, G. Wilkinson, F. S. Wright.

Newcastle-on-Tyne Union Hospital.—E. J. Traynor.

North Bierley Union Workhouse.—M. A. Close.
Nottingham Workhouse Infirmary.—O. M. Adams, M. A. Barnes, G. E. Rawlinson.

Norwich Maternity Charity.—L. M. Betts, M. E. Larwood, H. H. A. Oakley, E. M. Wilkins.

Oldham Union Infirmary.—M. Ashworth, M. Scholes.

Preston Union Workhouse.—M. Benson, I. C. Shorrocks, M. L. Swallow.

Rotherham Union Workhouse.—M. A. Gibson, M. Ledger.

Sheffield, Jessop Hospital.—E. Eyre, H. Naylor, F. Newlands, E. P. Parker, M. Stubbs.

Sheffield Union Hospital.—E. Digby, A. O. Peach, E. M. Setchfield, E. M. Terry.

Shorncliffe, Helena Hospital.—M. J. Moffitt.
Stockport, Stepping Hill Hospital.—B. Lowe.

Walton, West Derby Union Infirmary.—A. G. Brooks, A. D'Arcy, E. A. Draper.

Walsall Union Workhouse.—E. A. Bourne, H. A. Danks, S. L. Payne, C. L. Shortman.

Windsor, H.R.H. Princess Christian's Maternity Home.—M. N. Travers.

Wolverhampton, Q.V.N.I.—L. H. Buck, D. J. Bull, E. Hodgkins, A. E. Miller, E. Ogden.

York Maternity Hospital.—B. C. Bale, D. F. Chapman, A. F. Fawcett, E. Houseman.

York Union Workhouse.—A. R. M. Atkinson, E. Coulston, M. S. Nuttall.

WALES.

Cardiff, Q.I.N.I.—E. E. Bounds, E. Greening, S. Llewellyn, C. M. Matthysens, S. J. Robertson.

Merthyr Tydfil General Hospital.—N. Woosnam.

SCOTLAND.

Dundee Maternity Hospital.—M. G. Bruce, E. Campbell, J. Gibson, J. G. McKittrick, M. Sachs, M. G. Simpson, J. L. Wilson.

Edinburgh Royal Maternity Hospital.—E. C. Buxton, M. Macintyre, J. T. Paterson, J. Stirling, J. Sturrock, W. A. Tolmie.

Glasgow Maternity Hospital.—V. M. Achard, E. Atkinson, E. T. Borrie, A. Boswell, J. Brown, M. D. Dushfield, I. Collicie, R. Craw, M. E.

Henderson, M. MacKinnon, E. L. May, I. S. Miller, M. M. Miller, D. G. Wilson, M. A. Wray.
Glasgow Western District Hospital.—M. K. Colquhoun.

IRELAND.

Belfast Union Maternity Hospital.—F. J. Boyle, K. Brady, C. B. Brennan, E. McVeigh, E. Paul, S. E. A. Rusk.

Dublin, Rotunda Hospital.—F. Chamney, F. L. McKee, I. M. Sayce, M. Siddall, E. M. Talbot, E. M. Thompson.

ABROAD.

Bombay, Bai Mollibai Hospital.—H. Lamb.

PRIVATE TUITION AND INSTITUTIONS

Queen Charlotte's Hospital, B. Alsbop; *Kingswood Nurses' Home,* E. G. Baker, C. J. Bran; *Worcester County Nursing Association,* A. Brown; A. Close, K. Cox, R. Cresswell, M. A. Stratton; *Belfast Union Maternity Hospital,* M. Dodds; *St. Mary's Hospitals, Manchester,* E. Eastham, M. Evans, A. M. Handley, M. J. Lynch, J. Parnell, E. Ponsonby, M. A. Price, M. A. Reeds, M. Williams; *Salvation Army Maternity Hospital,* N. C. Fothergill; *Cheltenham District Nursing Association,* A. F. Griffin; *Bradford Union Hospital,* L. Livermore, M. E. Rodgers; *Fulham Union Infirmary,* A. McMonagle; *Leeds Maternity Hospital,* E. L. Ogilvie, J. Cumberbeach; *Birkenhead Maternity Hospital,* A. Smith; *Norwich Maternity Charity,* D. E. M. A. Stonehouse; *University College Hospital,* E. D. Vicary; *East End Mothers' Home,* M. E. Walker; *Puddington Workhouse Infirmary,* E. M. Weir.

PRIVATE TUITION.

E. E. Adamson, E. J. Austin, E. Ayres, M. Baddeley, A. E. Bailey, K. E. Baker, E. L. Batterson, L. E. Berc, L. E. A. Berry, A. Birkin, A. J. Blyton, M. G. Bradwood, E. Bridgwood, E. F. C. Brown, I. M. Calthrew, M. Christie, A. M. Dean, H. Enright, M. J. Fairley, L. G. Franks, G. Gallivan, F. Gardner, E. F. Gore, E. C. Graham, S. I. Green, J. A. Hobbs, E. M. Hobson, M. Hogg, I. H. G. Jack, G. M. James, M. Japp, H. E. Johnson, E. Jones, C. E. L. Kelly, M. A. Killacky, A. C. Kirk, F. E. Lambert, E. Lewington, L. M. H. Lynch, I. C. Macaskill, M. McConchy, M. M. Macdonald, A. M. E. McLardy, H. S. McLeay, S. Morgan, I. Murray, F. W. Nash, M. A. Norton, F. M. Palmer, J. H. M. Park, E. H. Paxton, E. Porter, M. Ramsay, W. D. Ramsey, M. M. Reid, M. A. Richards, I. Richardson, E. A. Roberts, K. Shaw, A. Sidley, E. Silvester, A. L. Sparrow, S. A. Symonds, M. Taylor, C. C. Tyms, S. A. Walker, A. E. Williams, W. M. Wright, C. Young.

FORTHCOMING FIXTURES.

The next examination of the Central Midwives Board will be held in London on August 1st, 1912, the Oral Examination following a few days later.

The Monthly Meeting of the Board will be held on July 25th.

A meeting of the Board to deal with all penal cases then ready for hearing will be held on July 23rd.

THE GENERAL MEDICAL COUNCIL ON THE MIDWIFERY TRAINING OF STUDENTS AND MIDWIVES.

Sir Donald MacAlister, President of the General Medical Council, has communicated with Sir Robert Morant, Chairman of the National Health Insurance Joint Committee, transmitting to him a Memorandum, prepared by its National Insurance Committee. Sir Donald MacAlister points out that the Council is by statute entrusted with the duty of maintaining the standard of proficiency in respect of midwifery required of candidates for medical qualifications; and it is advised that the regulations for the administration of maternity benefit, which the Insurance Commissioners are empowered to approve, may possibly have the effect of interfering seriously with the important functions of lying-in hospitals and maternity institutions, in relation to the promotion of obstetrical knowledge and skill. The Council's Committee, however, has formed the opinion that the danger may in great measure be obviated, if the regulations in question are suitably framed.

The Committee state their reasons for believing that under the Act there is no insuperable obstacle to the admission of women to a maternity hospital without loss of benefit.

The second point of difficulty, the Committee states, arises in connection with the outdoor departments of maternity institutions, which enable candidates for admission to the *Medical Register*, to complete their obstetrical training by attending some or all of the twenty cases which the regulations of the General Medical Council require; it also arises in connection with the training of midwives.

We may point out, however, that difficulty does not arise in the case of out-door midwifery pupils, who attend their cases accompanied by and under the supervision of a certified midwife; and this practice, both in the interests of the patient and the pupils, should always be observed.

THE SALVATION ARMY MOTHERS' HOSPITAL.

Princess Louise (Duchess of Argyll), on July 4th, lays the foundation stone of the Mothers' Hospital, Lower Clapton Road, to be established by the Salvation Army.

The site is about three acres in area, with a frontage of six semi-detached houses which are to be linked together in a façade. Behind this, four model bungalow wards are being erected, each to provide accommodation for twelve mothers. At present, it is proposed to use one bungalow for unmarried mothers, another for special cases, another will be reserved exclusively for married women; while one will, it is hoped, be used by Jewish mothers. In addition to the wards, an Administration Block will be provided, and quarters for the staff. Eventually the hospital will accommodate 100 patients, but a beginning will be made with half that number: £60,000 is estimated as the

cost of the entire undertaking, £26,000 of which is required for the present scheme, towards which Mrs. Booth has received £20,000.

THE NATURAL FEEDING OF INFANTS.

Dr. Harold Scurfield, Medical Officer of Health for Sheffield, in a paper on "The Importance of the Natural Feeding of Infants," said the medical profession must lay it down that it was a crime for any woman, be she princess or peasant, who was able to do so, to refuse to feed her own baby; and so expose it to risks of digestive disturbances, rickets, tuberculosis, and premature death from diarrhoea. At medical schools teachers were wanted who combined the experience and knowledge of the doctor, the mother, and the monthly nurse. All maternity hospitals did not sufficiently impress on their students the importance of breastfeeding; and nothing was said in the Rules of the Central Midwives' Board on the subject.

ST. MARY'S HOSPITAL, MANCHESTER.

The Lord Mayor of Manchester, Mr. S. W. Royle, who was accompanied by the Lady Mayoress, presided at the Annual Meeting of the friends and supporters of St. Mary's Hospital last week. The report of the Board of Management showed that the number of patients treated during the year was 19,305, an increase of 800 over the preceding year. Twenty-one students resided in the hospital, and 70 midwifery nurses were trained. It is satisfactory that the income for the year has increased by nearly £900, chiefly in new and increased annual subscriptions; but it is less so that there is a deficit of over £2,000.

The new building was opened on April 18th, 1911, in accordance with the terms of the gift of Mr. Edward Hopkinson, and other generous donors, by the opening of the children's ward (25 beds); and the transfer of the gynaecological department in July, accommodation being provided for 85 patients. At the Whitworth Street West Hospital, 50 beds are now used for maternity patients, and accommodation provided for 11 medical students and 28 midwifery pupils. It is hoped that before long this branch may be fully developed, and the number of beds brought up to 60 at least.

THE NATIONAL MATERNITY HOSPITAL, DUBLIN.

At the Annual Meeting of Governors of the National Maternity Hospital, Holles Street, Dublin, at which the Master of the Rolls presided, the Right Hon. M. F. Cox, M.D., said if the hospital's work of succour were not done, it would leave an inferno of human suffering. In consequence of the Insurance Act, its resources would be crippled very seriously; and it behoved the public to bear in mind that women must not be left to suffer because the benefits of the Act did not apply to hospitals.

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EDITORIAL.

THE INTERNATIONAL EUGENICS CONGRESS.

There are no classes of the community to whom the question of eugenics is of greater interest than to trained nurses and midwives; for eugenics is the study of agencies under social control that may improve or impair the racial qualities of future generations, either physically or mentally; and nurses are only too well aware of the need for the improvement of the physical conditions of the race, with its predisposition in many instances to tuberculosis, to alcoholism, its heritage of syphilis with all its terrible and far reaching effects, and the influence of environment, as exemplified in the stunted stature and impaired constitutions of the slum dwellers. As to the need for improvement of mental conditions, they know that the questions of the feeble-minded, whose powers of fecundity are in excess of those of the normal individual, of epilepsy, and insanity form some of the most pressing problems with which this nation is confronted.

As a new social consciousness is awakened in nurses, they realize that a most important part of the service which they are called upon to render to the community is concerned with the prevention of disease as well as with the care of the sick, but, to render such service effectively, they need instruction and information.

The first International Eugenics Congress is to be held at the University of London from July 24th to 30th, and is an opportunity of which all who can should avail themselves. The main object of the Congress is to bring the whole subject of racial improvement before the general public, and, if possible, to induce it to take

into consideration the biological question of soundness of stock in all matters of social reform.

The Congress will be opened in the Great Hall of the University of London, Imperial Institute Road, South Kensington, by the President, Major Leonard Darwin, at 10 a.m. on the morning of Thursday, July 25th, and on the previous evening there will be an Inaugural Banquet at the Hotel Cecil, when speeches will be made by the President, the Lord Mayor of London, Mr. A. J. Balfour and others, followed by a Reception of Welcome to all members and associates of the Congress. The subjects discussed will be considered under the following sections: Biology and Eugenics, Practical Eugenics, Education and Eugenics, Sociology and Eugenics, Medicine and Eugenics, and a very full programme, embracing papers presented by Eugenists of many nationalities has been arranged. The Membership fee is £1, and Associate Membership fee 10s., application for which may be made to the Secretary, Eugenics Education Society, 6, York Buildings, Adelphi, W.C. Associates are entitled to all the privileges of members except that they have no vote, and will not receive the Report when published.

Tickets for the banquet can be obtained, price 7s. 6d., from Mrs. Alec Tweedie, Hon. Secretary, Entertainments Committee, 30, York Terrace, Harley Street, W. The hospitality arranged includes receptions by the Duchess of Marlborough, the Lord Mayor, the American Ambassador and Mrs. Whitelaw Reid, and the President and Mrs. Leonard Darwin.

In addition to the Congress there will be an Exhibition which the Committee hope to make as fully representative as possible of the past history and present state of the sciences of Heredity and Eugenics.

MEDICAL MATTERS.

THE CLASSIFICATION AND PREVENTION OF DEAFNESS.

Dr. Kerr Love, in the course of a lecture on the above subject, given at the Royal Sanitary Institute, under the auspices of the National Bureau for Promoting the General Welfare of the Deaf, pointed out, as reported in the *Lancet*, that acquired deaf-mutism was due chiefly to three diseases—scarlet fever, measles, and meningitis, the last being the most important. Meningitis also caused over 10,000 deaths annually in England; it was almost always infectious, and, except when it was epidemic, and was called spotted fever, it was never notified. Dr. Kerr Love pointed out that though municipalities spent large sums of money in isolating and treating cases of scarlet fever and measles, they seldom thought it worth while paying for special skill in treating the ear complications of these diseases whilst the child was in hospital, and children were often dismissed with discharging ears, which were infectious and which gave rise later in life to complications which killed them. Referring to the medical inspection of school children, the lecturer gave it as his belief that in dealing with ear discharge the greatest good would be done by having aural school clinics within the school and under the supervision of specialists. The present system of taking such cases to hospital dispensaries was wasteful of the time of the child, wasteful of the time of the mother who had to leave her home, and the results were poor because the visits to the hospital were irregular and the treatment badly carried out at home between the visits to the hospital. Summing up, Dr. Kerr Love indicated the immediate steps to be taken for the prevention of acquired deafness to be: (1) The management of the ear complications of the infectious diseases by otologists. (2) The notification, for the purpose of study and treatment, of all forms of meningitis. (3) The medical inspection and treatment of the ear diseases of school children by otologists.

Passing on to the classification of deafness for the purposes of prevention, the lecturer divided deafness into: (1) Cases in which the deafness is undoubtedly acquired after birth. (2) Cases of sporadic congenital or infantile deafness. In these there were no cases of deafness either in the direct line or in the collateral branches of the family. (3) Cases of true hereditary deafness. These were all congenital, and the deafness was present in other branches of the family.

HOW TO CONDUCT AN INFANT CONSULTATION.*

By ERIC PRITCHARD, M.D.

(Concluded from page 6.)

I now propose to leave the general consideration of the constitution of Infant Consultations, and to confine myself for the time that remains at my disposal to the consideration of certain practical points in the conduct of such undertakings. Our central association has drawn up a leaflet of directions for the help of those who are proposing to start an Infant Consultation. In this we anticipate most of the difficulties that are likely to arise. We give instructions as to the constitution of such Consultations; we describe the duties of the medical officers, the nurses, health workers, and others who carry out the various offices incidental to such undertakings. We also give directions for the furnishing of the clinic, and for the practical duties of note-taking, but inasmuch as this valuable information can be obtained for a small consideration from the central association, I do not propose to interfere with this legitimate source of revenue by giving you gratuitous information on these points. I would particularly draw your attention to the "case papers" which have been drawn up by the association. The manner of arrangement and the details of these papers represent the result of much patient deliberation and collective experience. If they are used as intended they will teach both health visitors and medical officers to become thorough and systematic in their methods, and will afford a great wealth of statistical material which it will be one of the important functions of the central association to digest, assimilate, and redistribute for the benefit of all. It is greatly to be hoped that new societies will work on these uniform lines, and thus promote the interests of the common cause. Moreover, they will find it much cheaper to buy stock stationery of this kind than to have special forms printed for themselves. The use of these forms does not exclude individual centres from undertaking special lines of inquiry and research; indeed, it is most devoutly to be hoped that each branch, by individual lines of research work, will make some small contribution to the solution of the innumerable problems that wait solution.

In my opinion it is the first duty of an Infant Consultation to encourage the practice and to teach the best principles of breast feeding. Far too little attention is paid to this subject.

The popular idea is that breast feeding is an

* Read at the Health Conference, London, June, 1912.

automatic method of nourishing an infant; all that has to be done is to put any odd scraps of food into the maternal machine, and out comes the only absolutely perfect food for infants that has yet been invented, a food not only perfect in quality, but also perfectly adjusted in quantity to the infant's needs. There never was a greater mistake, and it is only those who have never had any real experience of the management of breast feeding, and have never watched its effects carefully, who speak in this way. After many years' careful study of the two systems, I have definitely come to the conclusion that it is far more difficult to manage breast feeding than it is to manage artificial feeding; but the things in this world which are most worth getting are not usually most easily attained. Because breast feeding is difficult, and in the end gives the best results, surely that is why we should put all our energies into its management. Breast feeding is, of course, the best method, but I repeat it is the most difficult method. I cannot place statistics before you, but I am sure I shall not over-state the case when I say that more than 50 per cent. of all infants who are started on the breast are taken off it before the fifth month, either because the milk entirely fails or the infant does not thrive, and this is due to mismanagement somewhere or somehow. Infants thus seriously handicapped at the start of life are necessarily referred to artificial methods, which, however good or however bad, almost invariably get the blame for the unhappy results. Such results can largely be avoided if breast feeding is conducted on scientific lines, on the lines that can easily be followed at an Infant Consultation. If a breast-fed infant is brought to us at an Infant Consultation because of wasting, there is no need to wring our hands and despair, and resort to artificial feeding. Each case should be regarded in the light of an interesting problem: Why is it wasting? Is it fed too often? Is the food insufficient in quantity or excessive, or is the quality bad? Too frequent feeding is a most prolific source of trouble. We often find that with a gradual extension of the intervals of feeding the child improves in condition without making any other material change. Insufficient feeding is also a very common cause, very much more frequent than excessive feeding. Every breast-fed infant, whether it is doing well or badly, should be given a test feed—that is to say, it should be weighed before it is fed and again after it has been fed, and by the difference between the two weighings estimated in this way, and in this way alone, can we become acquainted with the amount of milk an infant obtains from its mother. I show you

here certain tables, which prove that the amount of breast milk which infants of the class who attend at the Consultations in London obtain is enormously below the generally accepted standards. These tables show why the nutrition of breast-fed infants is often so bad, and why they go from bad to worse when they are referred to artificial feeding which is based on the ordinary estimates with regard to quantity. One of the great essentials in the management of breast feeding is to know under what conditions and to what extent the natural supply should be supplemented by artificial feeding. In my own clinics I should say that more than 80 per cent. of breast-fed infants receive supplementary feeds before they are five months old. I would particularly commend to your notice the scales shown in the St. Marylebone Dispensary's exhibit in the hall. These scales are particularly designed to weigh accurately to one drachm avoirdupois, or, in other words, to half a teaspoonful of milk—but they are not so delicate as to make it a tedious or difficult matter for unskilled persons to use them.

Now with regard to the quality of the milk supplied by the mother, I feel tempted to speak at great length, for it is due to this that infants often fail to thrive. The management of the health of the mother is a most important duty of the medical officer, and a most difficult one unless he or she sets about acquiring the necessary knowledge with system and determination. My own personal experience shows that constipation and anæmia on the part of the mother are prolific sources of bad milk and malnutrition in the infant.

Now with regard to the artificial feeding of infants brought to our Consultations. I take it that one of the most important functions of such institutions is to treat the infant individually; not to feed it by rule, by formula, custom or weight, but to feed it as an individual with specific requirements. Infants will not shape themselves into standard moulds, and consequently cannot be fed by average tables. One of the objects of Infant Consultations is to give a decent and respectable quietus to leaflets on infant feeding, for under cover of these many a conscientious and persevering mother unknowingly does her infant to death. To a certain extent I believe leaflets on infant feeding are necessary evils, but they are evils which should be reduced to a minimum, and they should contradict one another as little as possible. Our association has been at considerable trouble to draw up a leaflet which shall offend against as few of the cardinal principles of feeding as possible. It is not too dogmatic, and in cases

where there are no Consultations I think it will be of real use to mothers. It has been adopted by all the medical officers of health in the Metropolitan area. I hope that all societies will also adopt this leaflet to the exclusion of all others.

Now a few words with regard to the methods of artificial feeding. Which is the best? Which is the one we are to recommend? That is the very question we want to be able to answer, and in order that we may be able to do so we want statistics—accurate unbiassed statements with respect to results obtained.

For my part I greatly favour the principles of different Consultations adopting different methods, and recording their results; and it is very gratifying to know that while Dr. Carter, in Kensington, is getting splendid results with the citrated whole-milk method, Dr. Naish and others, in Sheffield, are doing equally good work with dried milk. I am myself inclined to think that no method, no quality of the food, no factor in the environment, no anything, can replace the personal element, the individual skill and experience of the physician, and the single-hearted patience and devotion of the mother. In my own Consultations, which largely serve the purpose of a teaching centre, we use all methods with complete impartiality, and if the mothers can be worked up to a sufficient pitch of enthusiasm—a most important factor—we get good results with all methods. On the whole, I think we get the best results with a new variety of dried milk which we have been using very largely during the last 15 months—with, however, this special “proviso,” that we always give some antiscorbutic to counteract the inherent disadvantages of a dead food, such as a dried milk undoubtedly is. It naturally becomes a very important consideration to know how to provide milk of this kind without competing with local trade, or rendering the Consultation too much of a relief centre. No doubt the best way is to arrange with local tradesmen to supply the required variety of milk at a reasonable price.

Although there are many other points on which I should like to touch, and which are very germane to the matter under consideration, I will conclude by inviting your attention to our exhibit in the hall below, where most of the paraphernalia requisite for conducting an up-to-date Consultation are displayed, and would make a final appeal to all those who are responsible for the conduct of Infant Consultations to make the standard of their scientific aims as high as possible, and not to allow these truly useful institutions to become degraded to the level of weighing-stations and centres for the distribution of relief.

OUR PRIZE COMPETITION.

WHAT ARE SOME OF THE COMPLICATIONS TO BE WATCHED FOR DURING PREGNANCY, AND THEIR CAUSES? MENTION METHODS YOU HAVE SEEN USED TO COMBAT THEM.

We have pleasure in awarding the prize this week to Miss Lucie Maulton, Nurses' Home, St. Bartholomew's Hospital, E.C., for her paper on the above subject.

PRIZE PAPER.

Some of the complications to be watched for during pregnancy are:—

1. Incarcerated Retroverted Gravid Uterus.
2. Hæmorrhage occurring early in Pregnancy, due to (a) Threatened or (b) Inevitable Abortion.
3. Ante-partum Hæmorrhage, Accidental Hæmorrhage.
4. Placenta Prævia, Unavoidable Hæmorrhage.
5. Albuminuria, Pyelonephritis, Eclampsia.
6. Pernicious Vomiting.
7. Nervous Disorders—Hysteria, Insanity, Chorea.
8. Varicose Veins, Hæmorrhoids.
9. Intra-uterine death of fœtus.
10. Hydramnios.
11. Contracted Pelvis.

1. INCARCERATED RETROVERTED GRAVID UTERUS.

Complication.—Retroverted uterus presses on the urethra, and causes over-distension of bladder, which prevents uterus from rising out of pelvis.

Method of Treatment.—Catheterisation four-hourly: if this is not effectual, uterus has to be replaced.

2. HÆMORRHAGE DUE TO (a) THREATENED OR (b) INEVITABLE ABORTION.

Causes.—Disease of mother, placenta, membranes or fœtus; shock, blows or falls; use of certain drugs.

Method of Treatment.—(a) Absolute quiet and rest in bed. Light diet. (b) Same as above, and if cervix is dilating rupture the membranes, give liquid extract of ergot 1 drachm (under medical direction), and apply a tight binder.

3. ANTE-PARTUM HÆMORRHAGE.

Causes.—(a) Injury or disease. (b) Accidental hæmorrhage.

Method of Treatment.—(a) Absolute rest in bed. Raise foot of bed. Apply pressure to bleeding point if it can be got at, or plug. If bleeding continues it may have to be sutured.

(b) Absolute rest in bed, if hæmorrhage is severe, empty bladder and rectum, and plug vagina by the Dublin method. If hæmorrhage still persists and os is dilated, Bi-polar version may be done, or membranes may be ruptured and delivery hastened.

4. PLACENTA PRAEVIA, UNAVOIDABLE HÆMORRHAGE.

Cause.—Abnormally situated placenta.

Method of Treatment.—Absolute rest in bed, quiet. Light diet. Raise foot of bed. If os is not dilated, plug by the Dublin method. If os is dilated and membranes are unruptured, Bi-Polar version may be effected. If os is dilated and membranes have ruptured, insert Champetier de Ribe's bag.

5. (a) ALBUMINURIA, (b) PYELONEPHRITIS, (c) ECLAMPSIA.

Causes.—(a) Previous kidney disease, specific fevers, heart disease, eclampsia. (b) Infection of pelvis of kidney from bladder or uterus. (c) Toxæmia of pregnancy.

Method of Treatment.—(a, b) Rest in bed. Light diet, no meat, plenty of fluids, and urotropin. (c) As above, sedatives given, and to eliminate toxic products, croton oil, intravenous injection of saline and sodium acetate. Venesection is done sometimes. During a fit, prevent patient from hurting herself, keep head turned on one side. If condition does not improve, uterus has to be emptied.

6. PERNICIOUS VOMITING.

Cause.—Toxæmia of pregnancy.

Method of Treatment.—Very light digestible food. Rectal feeding. If vomiting persists uterus may have to be emptied.

7. NERVOUS DISORDERS, (a) HYSTERIA, (b) INSANITY, (c) CHOREA.

Cause.—(a and b) Emotional. (c) Rheumatic fever or previous attacks of chorea.

Method of Treatment.—Absolute quiet and rest in bed if necessary. Sedatives given, uterus emptied if condition does not improve.

8. VARICOSE VEINS, HÆMORRHOIDS.

Cause.—Pressure.

Method of Treatment.—Rest, in bed if necessary. For hæmorrhage, local pressure and styptics.

9. INTRA-UTERINE DEATH OF FÆTUS.

Causes.—Disease of mother, placenta or fœtus.

Method of Treatment.—Uterus has to be emptied if condition of mother indicates it.

10. HYDRAMNIOS.

Cause.—Not really known; probably due to disease of mother or fœtus.

Method of Treatment.—If pressure symptoms are very severe, membranes may have to be ruptured high up, and allow the liquor amnii to drain away slowly, or labour may have to be induced.

11. CONTRACTED PELVIS.

Cause.—Rickets, deformities.

Method of Treatment.—Induction of premature labour, pubiotomy, Cæsarean section.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. James, Miss Goodin, Miss M. Evans, Miss E. C. O'Brien.

Miss James draws attention to the absolute suddenness with which eclampsia occurs, and emphasises the necessity for testing the urine of every patient before delivery in order that the albumen may be discovered where present and the necessary treatment, or precautions, be adopted. This should be a routine practice, and never omitted. Its importance is obvious.

QUESTION FOR NEXT WEEK

How should a specimen of urine be prepared, and how examined?

NURSES REGISTRATION BILL.

Many nurses are still very ignorant about the provisions of the Bill now before Parliament, and the majority look at the question from a purely personal attitude. Narrow, yet human. A few misconceptions might be removed if they read the Bill. (1) It provides for a Three Years' Term of Grace, during which time nurses in practice can register *without passing an examination* if they choose, and therefore they would only have to pay a fee for registration, and not the additional fee for examination. Parliament never makes an Act retrospective—and thus protects the vested interests of the workers for a specified time. Nurses should procure a copy of the Bill, price 2d., through any bookseller, or from Messrs. Wyman, Fetter Lane, London, E.C., and study its simple yet far-reaching provisions.

A VALUABLE OFFICER.

We notified last week that the structural improvements at the Royal West of England Sanatorium this spring would cost £700. We now have pleasure in reporting that the whole of this amount has been collected by Miss Mawe, the Hon. Lady Superintendent. This is splendid. Congratulations to all concerned.

THE INTERNATIONAL COUNCIL OF NURSES AT COLOGNE.

Only three weeks, and the nurses from all parts of the world will have assembled at Cologne to attend the meetings of the International Council of Nurses, and to take part in the Congress organised by the German Nurses' Association, whose President, Sister Agnes Karll, has, by her loyal and untiring work, accomplished splendid results for the status of nurses in Germany and, incidentally, for the nurses of the world. Sister Agnes Karll has been one of the great bridge builders in the international nursing movement, and as such will be honoured by the nurses of all nations when they meet as her guests at Cologne. Those of us who since 1899 have taken part in the consolidation of the nursing profession, alone realise what superhuman devotion has been expended by the present President of the International Council of Nurses.

THE PROGRAMME OF THE INTERNATIONAL MEETING.

The Triennial General Assembly of the International Council of Nurses, over which Sister Karll will preside, will open on Monday, August 5th, at 9.30 a.m., in the historic Gürzenich, to the sound of the magnificent organ. The Address of Welcome will be spoken by the President, to be followed by the Watchword on Aspiration by Mrs. Bedford Fenwick. The Minutes will be read by the Hon. Secretary, Miss L. L. Dock, and the Financial Report will be presented by the Hon. Treasurer, Miss M. Breay. The Reports from the Federated Councils will then be received, after which loyalty and gratitude to the President will find expression in recognition of her services to the nursing profession at large.

The Affiliation of National Associations will follow—(1) The Trained Nurses' Association of India, (2) the New Zealand Trained Nurses' Association—when the British National Anthem will be played. The President will speak in honour of the dead—Isla Stewart, Isabel Hampton Robb, Jeanie Kildare Treacy, Louis Lande—when exquisite solemn music will be heard.

The election of Hon. Officers will follow, and Resolutions in support of the Enfranchisement of Women, and the State Registration of Trained Nurses will be submitted.

At 12.30 o'clock there will be an interval for luncheon, and at 2 p.m. the Council will re-assemble to consider the Report of the Inter-

national Committee on Nursing Education—(a) on the Preliminary Training of Nurses, to be presented by Miss J. C. van Lanschot Hubrecht, of Holland, in which Miss Nutting, R.N., and other experts will take part; (b) the Result of State Registration in those countries in which it has been introduced. On both of these important questions there will be a discussion. At 5 p.m. the members of the Congress will attend the Festival given in their honour by the Municipality of Cologne in the Floral Town Gardens.

DELEGATES AND GUESTS.

From Great Britain more than a hundred matrons and nurses will attend. Our foundation members are: Mrs. Bedford Fenwick, Hon. President I.C.N.; Miss M. Breay, Hon. Treasurer I.C.N.; Miss Mollett, Councillor I.C.N. And Miss Cutler, Miss Forrest, Miss Rogers, and Miss Kelly are the four official delegates of the National Council of Nurses. These delegates from Great Britain and Ireland have votes in the International Council meetings.

REPRESENTATIVES AND GUESTS.

Many of the societies which compose the National Council of Nurses have specially nominated fraternal delegates, and have in several instances paid their expenses.

Mrs. Fenwick will represent the Society for State Registration of Nurses; Miss Mollett, the Matrons' Council; Miss M. E. Hunter, League of St. Bartholomew's Hospital Nurses; Miss Macfarlane, General Hospital, Birmingham, Nurses' League; Miss H. L. Pearse, the School Nurses' League; Miss M. Burr, St. John's Home Nurses' League; Miss Carson Rae, the Irish Nurses' Association; and as we have already announced, many analogous societies have accepted the invitation to appoint representatives. Vouchers for all names sent in to Miss Cutler will be sent to Berlin this week to facilitate arrangements for invitations, badges, &c. Miss M. Burr, Miss B. Kent, Miss Macvitie, Miss C. Lee, and Miss Cutler will arrive in Cologne in time to help with the Nursing Exhibition.

Sister Agnes Karll writes that the German municipalities "have come nobly to the front." Dortmund, Rheydt, Leitz, and Brandenburg, and both the large Berlin Hospitals: Moabit and Rudolph Virchow, are sending their matrons and a head nurse to the Congress, paying their expenses very liberally. And all the French railways are issuing tickets at half-price.

THE QUEEN'S JUBILEE INSTITUTE.

THE DINNER.

ORGANISED BY THE DUKE AND DUCHESS OF PORTLAND.

The Dinner organized by the Duke and Duchess of Portland on behalf of the Queen Victoria's Jubilee Institute for Nurses, and held at the Hotel Cecil on July 3rd, was a very successful and well-attended function. Unfortunately recent bereavement prevented the Duchess of Portland from being present to receive the guests with the Duke, but this office was charmingly discharged by the Countess of Minto—most gracious and graceful of hostesses, who also presided conjointly with the Duke of Portland at the high table, at which Miss Amy Hughes, General Superintendent, and Miss Lowe, Secretary, were allotted seats. A number of ladies interested in the work of the Institute ably acted as hostesses at the twenty-two tables set at right angles to it. We could have wished that some of the Superintendents who, with a number of nurses, were occupying the rôle of lookers-on in the gallery, had presided at the opposite ends of the tables, both in recognition of the great services which they are rendering to the community, and because they could, during dinner, have interested the guests in the work of the Institute in which they are engaged, in a way in which only those possessing practical experience and knowledge can do. We throw out the suggestion to the organizers of future dinners.

The special nature of the function was evident in the menu, which included amongst its items *consommé Reine Alexandra*, *crème Institut Victoria*, *selle d'agneau Florence Nightingale*, and *pêche Amy Hughes*, a compliment no doubt appreciated by the Institute.

MESSAGE FROM QUEEN ALEXANDRA.

The loyal toasts having been honoured, the Chairman read the following telegram from Queen Alexandra, Patron of the Institute:—

Please convey to your party assembled to-night my best wishes and grateful thanks for all your kind efforts on behalf of Queen Victoria's

Jubilee Nurses, whose welfare and prosperity I have so much at heart.

Proposing the toast of the evening, "Success to Our Cause," the Duke of Portland expressed his great pleasure at seeing so many old friends of the Institute present, and also in welcoming many new friends who were absolutely necessary to its welfare. Their presence, he said, testified to the importance of the work which the Institute undertakes and carries out, and to their realization of the fact that efficient nursing is absolutely necessary and essential to the sick and suffering. Whatever our sphere in life, one of the most important facts confronting us was the presence of pain, suffering, and disease, and the duty of mercy, and the alleviation of suffering among the poor took precedence over most other duties.

Queen Victoria had many titles to remembrance, and not least amongst them the large-hearted benevolence which inspired her to allot the women's Jubilee offering to a purpose calculated to do the greatest good to the community at large by the foundation of the Queen Victoria's Jubilee Institute. Manifold had been the blessings to the sick and suffering from that noble, generous, and unselfish action.

The duties of a nurse were concerned with most grave and serious issues, and demanded not merely high skill and a knowledge of technicalities, but tenderness and disinterestedness. This extremely philanthropic service was supplied by Queen's Nurses, and he was de-



THE COUNTESS OF MINTO.

lighted to see so many present. His Grace said he was sure he was fulfilling the desire of all present in assuring these devoted women that both they and the country in general warmly appreciated their earnest and self-sacrificing labours.

The Duke then appealed for funds to carry on the work, and in this connection read the following letter from the Right. Honble. A. J. Balfour, M.P. :—

I am very sorry I cannot be present at your great banquet in aid of the Queen's nurses. Next to competent medical advice, competent nursing is the most pressing necessity for the sick, and any institution which brings such nursing within reach of the poor does something material to diminish human suffering. I wish you all success, and beg to enclose a small donation.

The Hon. J. L. Griffiths, Consul-General of the United States of America, supported the resolution in a sympathetic speech, and said that there was no stronger tie between two countries than the common claim on their sympathy and help. Nurses therefore helped to abolish discord, for nations having as a mutual aim the alleviation of suffering were not easily separated by flamboyant statements. There was no more useful or honourable profession than that of the trained nurse. She was one of the most significant economic factors in our present-day civilization and a transforming influence in the home; she was a powerful factor in reducing infantile mortality, and taught young mothers how to rear strong, healthy, virile boys and girls.

The Hon. Harry Lawson, M.P., also supported the motion.

A cordial vote of thanks to the Chairman and the Hosts and Hostesses was then proposed by Viscount Goschen, Chairman of the Council of the Institute, who referred to the immense strides made by medicine and surgery, making it incumbent on the Nursing Profession to advance and make themselves more efficient in order to meet their greater responsibilities.

Mr. Harold Boulton, Hon. Treasurer, and Mr. D. F. Pennant, Chairman of the Executive Committee, supported the motion.

The Duke of Portland, responding, announced that the total amount of contributions received on behalf of the Institute amounted to £2,929.

During dinner the music was supplied by the String Band of the City of London Yeomanry, under the direction of Bandmaster J. Wilson, by the kind permission of Lieut.-Col. G. J. Scott, D.S.O., and the officers.

M. B.

THE TRAINED WOMEN NURSES' FRIENDLY SOCIETY.

During the past week lively interest has been evinced in the above Society, and many nurses have informed Miss Mollett that they intend to join as soon as it is approved by the Commissioners. Miss Mollett has had a very busy week, and has every hope of making this self-governing Society of professional nurses satisfactory. As soon as the many applications already received can be formally accepted, a meeting will be held for the election of officers and committee by the members. The Act provides for self-government, although it can be evaded, and it is this principle of management the provisional committee are determined to emphasise. Care will be taken that the financial help shall be of a thoroughly reliable and disinterested character.

THE APPROVAL OF SOCIETIES.

We have received the following, says the *Times*, from the National Health Insurance Commission (England) :—

The Commissioners desire to correct a misunderstanding which appears to exist in many parts of the country. No society need suffer in membership or otherwise by reason of the fact that it is not approved by July 15th. A society may be approved at any time. The Commissioners are daily receiving fresh applications for approval, which must be dealt with in order, and provided a contributor has a society to which he can hand in his card on or before October 15th, he will not suffer any loss or harm by the fact that the society of his choice was not approved on July 15th.

Thus it will be seen that all nurses wishing to join the Trained Women Nurses' Friendly Society should get their cards from the Post Office by July 15th, so that they can be stamped and in order by the time (at an early date, we hope) when the Society is approved. Anyway, no need to rush into unsuitable societies, as October 15th is the date by which a choice must be made.

LEAGUE NEWS.

The summer meeting of the Hendon Branch of the Central London Sick Asylum Nurses' League was held on Thursday, July 4th.

The members of this League are fortunate in being connected with an institution having extensive grounds, and the month being July, tea on the lawn had been contemplated, but the

weather seemed so doubtful that tables were set indoors, which was afterwards a matter of regret, for just when tea commenced there was a burst of sunshine which heralded a beautiful evening. However, as a delicious tea had been provided, most members consoled themselves, and after partaking hastened out on the lawns to indulge their several inclinations in tennis, croquet, and bowls. Nothing in the way of formal entertainment was attempted. It was just a summer gathering, and is there not always lots to talk about when old friends meet?

From as far apart as Scotland and Cornwall members sent messages of regret that they could not run up for an afternoon. Not nearly as many were present as those who planned the meeting would like to have seen, but they know how many are the difficulties a nurse has to surmount before she can leave her work even for a League meeting.

K. B.

APPOINTMENTS.

MATRON.

Yorkshire Home for Incurables, Harrogate.—Miss Mary Benrose has been appointed Matron. She was trained at the General Infirmary, Leeds, and has been Matron of the Newark Hospital.

The Children's Convalescent and Cripples' Home, Henchurch.—Miss Thirza M. Turner has been appointed Matron. She was trained at the Brownlow Hill Infirmary, Liverpool, where she subsequently held the position of Charge Nurse. She has also been Sister in the Children's Wards in the Birmingham and Midland Eye Infirmary and Assistant Matron for the last eight years at the Convalescent Home, Woodthorpe Lodge, Sherwood, Nottingham.

ASSISTANT MATRON.

Crumpsall Infirmary, Manchester.—Miss Annie Burgess has been appointed Second Assistant Matron. She was trained at the Crumpsall Infirmary, where she has held the position of Ward Sister. She is also a certified midwife.

SISTER.

Burgh Hospital, Falkirk.—Miss Bessie McAllister has been appointed Sister and Deputy Matron. She was trained at the Bolton Infirmary and Dispensary, the Royal Victoria Hospital for Consumption, Edinburgh, and the City Fever Hospital in the same city. She has since been Sister at the City Hospital, Lodgemoor, Sheffield.

West Ham and Eastern General Hospital, Stratford.—Miss P. Sykes has been appointed Sister. She was trained at the Clayton Hospital, Wakefield.

HEALTH VISITOR.

County of Berkshire.—Miss Dwyer, school attendance officer, Ashford, a trained nurse, has been

appointed health visitor for the schools in the county of Berkshire. The services of a lady school attendance officer are to be continued at Ashford.

City Union, Birmingham.—Miss Sherrington has been appointed Health Visitor under the Birmingham City Union. She was formerly nurse at the Culcheth Cottage Homes, and for five years deaconess at the Congregational Church, Newton-le-Willows, and has taken a very active interest in the cause of temperance. She will commence her new duties on July 17th.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Miss Constance W. Mann and Miss Gertrude D. Morris, Staff Nurses, resign their appointments.

QUEEN VICTORIA'S JUBILEE INSTITUTE, TRANSFERS AND APPOINTMENTS.

Miss Caroline Sowden is appointed to Hebdon Bridge, as Senior Nurse; Miss Jane Andrews, to Pentre Voelas; Miss Lizzie Boyd, to Goole; Miss Bessie Broad, to Liverpool (North); Miss Sarah Evans, to Baschurch; Miss Leontine Küffer, to Huddersfield; Miss Jane Walker, to Norton-in-the-Moors; Miss Elizabeth Whalley, to Higher Sutton.

EXAMINATIONS.

The Examination of Nurses at the Royal Sussex County Hospital, Brighton, in medical and surgical nursing has lately taken place. It was conducted by Mr. Russell Howard, M.S., Surgeon to the London Hospital, and Examiner of Nurses to the London and Westminster Hospitals. Out of fourteen nurses who were examined the following thirteen passed, viz.:—Misses Livens, Jeffrey, Linton, Brownlow, Chatfield, Turner, Pritchard, Mattox, Green, Maude, Woodhams, Pratt, Moore. The excellence of the training given at the Royal Sussex County Hospital is widely recognised, and the result of the present examination must be gratifying to all concerned.

PRESENTATION.

Miss Lea, who has resigned the Matronship of the Beaconsfield Memorial Hospital at High Wycombe, has been presented with an illuminated address and a purse of gold.

BEQUEST TO A NURSE.

Mr. Arthur Bolden Davison, formerly Registrar of the Chancery Division of the High Court of Justice in Ireland, has bequeathed £200 to his nurse, Thomas Alexander, if in his service at the time of his decease.

THE PASSING BELL.

We regret to record the death of Mrs. Hancock, the first certificated nurse to take up duty in the Southend district over twenty years ago, where her work has been greatly appreciated. Mrs. Hancock was the daughter of Mr. William Cox, formerly an officer in the Royal Irish Constabulary.

NURSING ECHOES.

The Education Committee of the London County Council, in connection with the visit of London Elementary School Children to Paris at Whitsuntide, on the invitation of the Paris Municipal Council, formally reported, at Tuesday's meeting of the Council, that two teachers from each school, eight French-speaking teachers to act as guides, five nurses, two doctors, and fourteen members of the organizing staff accompanied the children. They stated that it must be obvious that so large an undertaking could not have been carried out but for the hearty co-operation of all concerned in the organization. To all (including the doctors and nurses who kept the children's health under close and constant supervision) the highest praise, they stated, is due, and they suggested that, to mark the Council's appreciation of the personal services and sacrifice of time on the part of all the teachers concerned, they should be granted a week's leave of absence on full pay, and stated that at their request the Establishment Committee were submitting a similar recommendation in regard to the doctors and nurses in the public health department.

A meeting representative of some of the largest approved societies under the Insurance Act and of nursing associations, held at the offices of the Queen Victoria's Jubilee Institute for Nurses, Victoria Street, S.W., resolved "That it is desirable that for the purposes of nursing under the National Insurance Act there should be close association between approved societies and duly recognised nursing associations." A small committee was appointed to draw up a scheme for submission to approved societies

and nursing associations generally as to how this could best be effected.

Mr. R. B. D. Acland, K.C., presided, and those present included Messrs. R. W. Moffrey and A. Pinhorn (Manchester Unity Friendly Society), J. N. Lee (Hearts of Oak Benefit



"SISTER SURGERY" ON DUTY.

Society), W. A. Vincent (Ancient Order of Foresters), R. Thompson (National Deposit Friendly Society), W. G. Wright (Rational Association Friendly Society), F. Kingsley Wood, L.C.C., Charles Bathurst, M.P., D. F. Pennant (Hon. Secretary, Queen Victoria's Institute), Mrs. Hobhouse and Miss Puxley (nurs-

ing associations not working in connection with the Queen's Institute), Lady Mabel Howard and Lady Mabelle Egerton (County Nursing Associations), Lady St. Davids (South Wales), and Sir Archibald Williamson, M.P. (Liverpool District Nursing Association).

By the kindness of the Editor of *St. Bartholomew's Hospital Journal*, we are able to present to our readers the accompanying portrait of Miss I. Armitage, better known to Bart's men and nurses as "Sister Surgery," whose resignation of the position she has held with distinction for so many years we recently reported. The above journal contains this month a very appreciative note of Miss Armitage's work, her "overt and dramatic feats in the sphere of administration; her capacity for controlling mobs; her intuitions concerning hospital abusers and humbugs generally; her whimsical genius for dispensing court-martial justice to delinquents without hurting their feelings; as, for instance, by summarily degrading the talkers to the bottom of the queue of waiting patients; of many minor triumphs of administrative technique which have held the attention of the most casual observers of her system of government." Her biographer writes further: "I, contemplating what I am happy to think is now a long friendship, find myself wondering rather at the ingrained fineness of a character which has survived without loss so close an acquaintance with human nature in its least appealing phases, whether represented by the besotted and animal patient, or by the assertive and self-opinionated young resident of two hours' standing—and most of us have been that. Yet I can say that neither I nor anyone I know of has ever seen Sister Surgery put out of temper, though goodness knows she has been exposed hourly for years to circumstances calculated to aggravate the saintliest."

Miss Macintyre, the Matron, and the nursing staff of the Royal Albert Edward Infirmary, Wigan, came in for well-deserved thanks at its recent Annual Meeting, for their organization of the bazaar for furnishing the new Nurses' Home, the result of which, as we have recorded, was to raise a sum of about £500 for this purpose. Mr. Mawson, Chairman of the Board, in moving the adoption of the report, said the bazaar was entirely the Matron's idea, and she went heart and soul into it. The splendid success was only obtained by much hard work and anxiety on the part of Miss Macintyre and Sister Fletcher, and the Board owed them a deep debt of gratitude for all their

self-sacrifice and hard work. Had Miss Macintyre accepted many offers of help from her numerous friends the bazaar would have been on much larger lines, but from the first she refused all outside aid, and the work was all done by the staff, past and present. Mr. James Brown moved a vote of thanks, saying that a great number of people came to the Infirmary for the bazaar, and he believed those who visited it remained its friends for ever after. The Matron had assistance from nurses who were now scattered all over the globe. It showed the maintenance of an excellent feeling, and the Board ought to emphasize their appreciation of it. The Mayor said he would like the privilege of seconding the motion, which was carried with applause.

There can be no greater mistake than to permit sectarian influence within our hospitals, and we think the Board of Management of the Swansea Hospital are quite right to discourage it by adopting the minute of the House Committee referring to the circulation of a petition amongst the nursing staff in favour of the Establishment, which stated that, while recognising the right of the staff to the fullest freedom of opinion in religious and political matters, it had given instructions that in future no petition having to do with controversial subjects should be introduced inside the hospital.

Colonel Morgan, during the discussion, drew attention to the fact that in the recent procession (the Disestablishment demonstration) in the town, certain nurses in uniform took part. None of the hospital nurses were there. That is entirely another question. Outside hospital walls, when off duty, the right of the nursing staff to take part in any procession, social or political, which they choose, should be recognised by hospital authorities.

Lady Gladstone's scheme for the organization of an order of Nursing Sisters and the training of coloured nurses to serve their own people, as a memorial to the late King Edward VII. in Africa, has been somewhat adversely criticised, and, as in Australasia with the Bush Nursing Scheme, has not been enthusiastically received in South Africa as a whole. There was indeed opposition from the first, set in motion by no inconsiderable section of the population, who favoured an alternative scheme for the establishment of sanatoria for consumptive patients. Medical opinion was, and is, in favour of the sanatoria alternative.

One great objection to the scheme is that it will deal a serious blow at the livelihood now being earned by a highly honourable body of women, who, after obtaining their nursing certificates, have put in a long course of practical hospital training, and have ventured into private life as private nurses. There are few large hospitals or nursing institutions in the country, such as exist in Europe, from which trained nurses can be obtained for work in private residences, and, therefore, the private nursing sisterhood form an asset of considerable value in every large community.

When it is considered that a sum of £200 represents the up-keep and equipment of a qualified nurse for one year, it may easily be imagined how great would be the sum necessary to maintain and equip a body of qualified nurses numerous enough to meet the requirements of such a vast area as is comprised within the South African frontiers.

The *Natal Witness*, which presents an unbiased British point of view, says:—

“The general intention of the scheme being to bring skilled nursing within the reach of persons ‘wholly or partially unable to pay for it,’ it is somewhat surprising to find that according to the rules the matron of a district branch of the Order is empowered to decide whether full fees are to be charged, or whether part or total remissions are to be made. If the scheme is for the benefit of the poor there should be no question of charging full fees. Those able to afford full fees can obtain skilled nursing assistance from other sources, and so long as these ambiguous rules remain in the programme the bona fides of the Order will be looked upon with considerable suspicion by the public, and subscriptions will decrease. Again, when a poor patient wishes to avail himself of the services of the Order, he becomes entangled in the meshes of red-tape, which seem to be inseparable from any English organisation. He will have to get a medical man to requisition for the services of a nurse or nurses. This medical certificate has to be submitted to the Central Executive; that body then issues instructions to the district matron, who decides what fees shall be charged. As the Central Executive will sit either at Pretoria or Capetown, this circumlocutionary process seems ridiculous. This executive is to consist of a chairman, a treasurer, a secretary, members representing each Province, a medical man of standing, and a member nominated by the Minister for Native Affairs. Why one medical man only?”

And why no nurse at all may be asked? The scheme touches the economic condition of trained nurses, and they should be represented.

REFLECTIONS.

FROM A BOARD ROOM MIRROR.

An old lady called at the Middlesex Hospital last week and left with the Secretary-Superintendent a bag containing £100, as a donation to the general fund of the hospital, explaining that over fifty years ago she had been brought to the hospital for surgical treatment, and until the present time had not been in a position to show her gratitude in a practical form.

The May Bazaar, opened by Queen Amélie of Portugal, at Chiswick, on behalf of the West London Hospital, has resulted in a gain of £815, which we are pleased to know is to be applied to the provision of a Nurses' Home, which is so seriously needed. Many of the London hospitals are far in the rear in providing facilities for their nursing staffs, both for personal comfort and education, when compared with our great provincial hospitals; and as no hospital which fails to provide a thoroughly well adapted Nurses' Home can, in these days, keep in the running as a first-class nursing school, great injury results to the institution as a whole from such culpable neglect.

Health and education both suffer from disorganised nursing and domestic arrangements, so that it becomes a question whether hospital governors who cannot or do not provide suitable Nurses' Homes, have any right to conduct hospitals at all. The days of emotion and muddledom are passed, and in the conduct of public institutions common sense and business management are now indispensable. For this reason we regret to note that there is no reference to the very urgent necessity for a safe and decent Nurses' Home at St. Bartholomew's Hospital in the Treasurer's report for 1912.

The famous Buddhist Emperor of India, Asoka, whose long reign from 264 to 227 B.C. abounded in many good works, was probably the earliest to establish an hospital for the treatment of animals, says *Our Dumb Animals*. Asoka was a true humanitarian as well as a most powerful sovereign, and, although ruling a vast domain, became deeply impressed by the horrors of warfare. He gave up his desire for conquest, and the rock inscriptions, which are still extant, record such beneficent edicts of his as the counselling of planting shade-trees, the digging of wells, sending out of missionaries, appointment of special officers to supervise charities, the establishing of hospitals for human-kind and animals. It is of interest to know that the last remaining of Asoka's hospitals was devoted to animals. It covered twenty-five acres, and was divided into proper wards and courts for the accommodation of the patients. When an animal was sick or injured its master had only to bring it to the hospital, where it was cared for without regard to the caste of its owner, and found an asylum in old age.

PHYSICAL EDUCATION.

Speaking at the Bristol Health and Nursing Conference, Miss Johnson, of the Swedish Institute on Physical Education, said it was impossible to over-estimate the importance of the subject of physical education. But what did physical education mean? To those who did not understand it, it meant development of the muscular system, but to those who did understand it it meant much more. It comprised the whole of mental and moral education also. It consisted of an intimate knowledge of the sciences of anatomy, physiology, hygiene, chemistry, and physics; a serious study of all that related to heredity and environment, and the latest young advent into the scientific world, the science of eugenics. It gave to the character discipline, self-control, accuracy, uprightness in figure and in character, truthfulness and nobility of purpose, steadfastness and perseverance, presence of mind in danger and difficulty; it increased brain impressionability, sharpened the intelligence, steadied the nerves, improved the health, and established a sound mind in a sound body. The student of physical education must acquire a considerable knowledge of all physiological functions in order to stimulate or retard, in order to modify or to accelerate, in order to produce any desired effect by carefully-selected medico-manual movements.

She could only point out to them in the time at her disposal the basis of the foundations of her subject, worked out by the steady acquisition of knowledge, the patient gathering in of the results of experiments and of experience, the reverent following out of education and discipline and law.

She desired the audience to notice in the first living illustration (a wonderfully perfect Sailor's Hornpipe) the rapidity of movement possible to a trained co-ordination of brain, nerves and muscles animated by the suggestive imaginings of the great expanses of sea and sky, the breezes and motion of the ocean expressed by the navy in the hornpipe.

Miss Johnson afterwards showed how the training was achieved by the development of the muscle groups successively, with other physiological considerations regarding the respiratory and circulatory systems, &c. As the stage was small these movements were shown in a triangle by three illustrators, a marked feature being the extraordinary rapidity with which they replied to unexpected orders from Miss Johnson.

The next illustration was designed to show that it was possible to develop grace, some æsthetic movements being beautifully carried out by Miss Johnson's assistant, to musical accompaniment, to the great pleasure of her audience.

There followed some charming, bright, dignified and yet sportive old Swedish dances in the correct costume, as seen by Miss Johnson in the pine forests of Sweden on Sunday evenings, to quaint old Swedish airs.

SOCIAL UNREST.

Life is a riddle, who can doubt it?

If you know the answer you needn't shout it.

Many have answered it in their own fashion long before you were born.

"Ask on, thou clothed Eternity!

Time is the false reply."

Turn a few pages back in history, wisecrack of to-day, and read the views and dogmas of those who were fronted with the same unrest, trouble, and change that face this generation.

Carlyle is not read as much as he used to be, but in a volume of his *Miscellaneous Essays* I came the other day upon one entitled "Signs of the Times" (1829), that might easily have been written by a sombre, didactic, and self-opinionated philosopher of to-day. Except that there are references to the rumbling of the last echoes of the French Revolution instead of the dock strike, and men's minds are exercised by the repeal of the Test Acts and of the Catholic disabilities instead of Home Rule and the Insurance Act Carlyle might be criticising the trend of to-day's life and thoughts. He says:—

"Were we required to characterise this age of ours by any single epithet, we should be tempted to call it, not an Heroical, Devotional, Philosophical, or Moral Age, but, above all others, the Mechanical Age. It is the Age of Machinery, in every outward and inward sense of the word: the age which, with its whole undivided might, teaches and practises the great art of adapting means to ends."

With the space at his command—and the *Edinburgh Review* must have been a ponderous tome in those days to grant him so many columns—he elaborates his argument, enumerates with a kind of awe the, to us, clumsy though ingenious first efforts at controlling the great forces which have by now been so efficiently yoked for our service. The weaving-machine, the steamboat, "the Birmingham Fire King has visited the fabulous East"—the railway ("even the horse has been stripped of his harness")—"nay, we have an artist that hatches chickens by steam; even the very brood hen is to be superseded." (I must own that last sentence touched me personally very nearly.)

This leads him on to the change in our social system—the gathering of wealth in masses, the altering of the old relations between rich and poor—"a much more complex and important question for political economists than any they have yet engaged with."

But it is when he applies his arguments to the mental, moral, and spiritual phenomena around him—when he is most really Carlyle—that he might as well be lamenting the changes of the early twentieth instead of the early nineteenth century. "Not the external and physical alone is now managed by machinery, but the internal and spiritual also."

"Instruction, that mysterious communing of Wisdom with Ignorance, is no longer an indefinable tentative process, requiring a study of individual aptitudes, . . . but a secure, universal, straightforward business, to be conducted in the gross, by proper mechanism, with such intellect as comes to hand."

It was the reawakening of the art of combination, of collectivism, and it appeared terrible, overwhelming to him—the end of the individual strong man, the hero-worship to which he was so devoted.

He grieves over the religious machines, as he calls the Bible Society and similar institutions—"a machine for converting the heathen."

No one, he laments, now does things by his own strong right hand—"hopes to accomplish the poorest enterprise single-handed and without mechanical aids." He views with suspicion all Royal Academies, Royal and Imperial Societies, Scientific Institutions, and so forth—in short, all combinations for mutual help and advancement and collective development. Away with them; he will have none of them. "Men are grown mechanical in head and heart, as well as in hand."

He frankly laments the day when every man swept, or did not sweep, before his own doorstep, split his own wood, and saved his own soul. Government he deals with in equally sweeping terms. "It is no longer the moral, religious, spiritual condition of the people that is our concern, but their physical, practical, economical condition, as regulated by public laws." Government is to both parties a machine: "to the discontented, a taxing machine; to the contented, a machine for securing property. Its duties and faults are not those of a father, but of an active parish constable."

It has its faults, this article of Carlyle's: it is a bit heavy when you read it in bulk; it is didactic, and has a "Sir Oracle" ring about it; but it is very sincere, and describes most accurately the commencement of to-day's life. How truly we have developed along the lines the old philosopher of Chelsea foresaw: how every one of us relinquishes more and more his individual independence, and willingly becomes one bolt,

one nut or screw of some piece of machinery that shall further the interest or lessen the difficulties of some section of the community. Interchange of ideas—the broadening of interests—the fact that human entities have learnt, and are still learning, the power that lies in combination, the virtue hidden in mutual confidence that collectively a body of men and women have a force and power that is denied to the isolated individual. Carlyle was right and he was wrong. This is the mechanical age, but the age of higher and living mechanism. Humanity has not disdained to weld itself into a machine—a machine that runs faultily at present and perhaps with a few uncomfortable jerks, but that has for its aim the betterment and easement of the whole race. Whether the wheels and cogs will ever run quite smoothly who knows? but the spirit that sacrifices its individual perfection for the sake of a perfect whole is true and good and wise.

M. MOLLETT.

Miss J. C. Child reminds us that she was trained at St. Thomas' Hospital, London, and not at the Royal Sussex County Hospital. She was a Sister at the latter institution. The mistake occurred in transcribing her letter of last week.

On Thursday in last week, members of the Ulster Branch of the Irish Nurses' Association drove in brakes from Belfast to Craigdarragh, Helen's Bay, Co. Down, where a picnic tea was provided by the Amusements Committee. The day was perfect, and the drive and picnic voted most enjoyable.

BOND'S MARKING INK.

The selection of a good marking ink which will neither burn a hole in linen nor wash out, is a matter of great importance to the thrifty housewife. Those who purchase John Bond's "Crystal Palace" Marking Ink may rest content that they have secured a marking ink which is most satisfactory in use, and which has stood the test of time. In addition it has been awarded no less than forty-five gold medals for superiority, and is supplied to the Royal households. Those who have once used it, if they try some other brand, as a rule return to "Bond's" with even greater satisfaction than before. Enclosed with every 6d. and 1s. bottle is a voucher entitling purchasers to their name (or monogram) rubber stamp with a pad and brush. Purchasers of the shilling size are also entitled to a linen stretcher and pen. John Bond's Marking Ink may be obtained from all stationers, chemists and stores, and if our readers do not already use it we advise them to begin to do so.

OUTSIDE THE GATES.

WOMEN.

Tuesday, July 23rd, is the date fixed by the Women's Local Government Society for holding an American Fair (by kind permission of the Council of Bedford College) in the house and grounds of South Villa, Regent's Park, N.W. An American Fair is, in fact, a market for country produce and dainty cakes and sweets, which are supplied by the visitors to the Fair, who are also the purchasers. Here are to be found the freshest and best of eggs, poultry, fruit, vegetables, flowers and honey, with home-made butter, cakes and sweets: truly an opportunity not to be missed by the dwellers in town or country.

This particular Fair will be unique in that it will cater not only for the more delicate of our gastronomic wants, but that it will offer an unparalleled set of what are known, in such a connection, as side shows. From 3.30 to 7 p.m. visitors to the Fair, who may or may not have contributed to the market, will find ample entertainment in the various arrangements that are being made for their edification. The band of the Highbury Industrial School will play in the grounds. The small payment of 1s. will admit to the Fair and entitle the visitor to tea served in the garden or in the house. Additional small payments will admit to the performances of the English folk dances by the students of the South Western Polytechnic, who are generously giving their services, to concerts by the choir of the London College for Choristers, to witness the work of a Japanese artist, whose pictures will be on sale, and to the opportunity of securing a delightful silhouette portrait of themselves.

The Executive Committee of the Women's Local Government Society appeal for co-operation to make this Fair a financial success. They ask the friends and supporters of the Society to give their help by coming to the Fair, by bringing or sending contributions for the stalls of country produce or cakes, or by sending special donations to the funds of the Society. All articles for the Fair should be marked with the selling price and, if sent by post, should be addressed to Lady Lockyer, South Villa, Regent's Park, N.W., to be delivered on the morning of July 23rd.

Ten Suffrage Societies will take part in the Great Demonstration in Hyde Park on Sunday, July 14th, at 3 p.m., organised by the Men's Political Union for Women's Enfranchisement, in honour of Mrs. Pankhurst's birthday. It will be many weeks before Mrs. Pankhurst will have sufficiently recovered her health after her protest in Holloway to take an active part in the Suffrage movement.

Mr. H. D. Harben, of Newlands Park, Chalfont St. Giles, Bucks, the prospective candidate for the Barnstaple Division of Devon, has written to the Barnstaple Liberal Executive withdrawing

his candidature. In his letter of resignation Mr. Harben strongly criticised the course taken by the Prime Minister and the Government with regard to the treatment of the women suffragist leaders and stated that his withdrawal was a protest.

Many who were unable to be present at the Queen's Hall meeting to hear Bishop Gore's address on "The Religious Aspect of the Women's Movement," and all of those who were, will be glad to know that the Bishop's speech is being published in pamphlet form, price 1d., by the *Christian Commonwealth*, Salisbury Square, London.

BOOK OF THE WEEK.

THE SILENCE BROKEN.*

This collection of short stories will be welcomed by Mrs. Baillie Reynolds' many admirers. There is a good diversity of subjects, and the scenes are cast in many different lands.

"How He Refused Her" is a bright and very amusing little sketch. Alwyn, proposing to Edna, casually informs her that "My girl chucked me at the end of last season; I came out here to get over it."

Miss Farniloe's cheeks were warm, her eyes had an angry light. "I think you ought to have told me that," she said, indignantly.

"I suppose you really want to know why she gave me notice? I don't mind telling you. It was because I wanted too many evenings out."

"What!" said the girl, too surprised to be polite.

"Yes; it was a theory I had," said the young man, pensively. "I wanted to begin as I meant to go on. So I said to her I would not always be in her pocket, and that I did not intend to give her more than one present a week. Well, she seemed to think it all right at first. I kept my two nights a week for my club, just as I intended to do after marriage—those evenings were my own, do you see?"

"Then some fooling relations of hers asked us to dine on one of my nights off. It was wholly for the principle of the thing that I refused. I was contending, you see, for the rights and liberties of all engaged men. She could not see it, however."

Lady Anne had the good sense to make it up with this pleasant young man. When Alwyn writes to be taken back into favour, he ends characteristically, "If you were to take me on again, I should still insist upon my evenings out."

We consider it eminently sensible of them both that they come to see eye to eye on this matter.

"Sunrise and Snow-Peaks" tells of a German Grand Duke married to Cecilia, daughter of the Marquis of Alderstein.

The marriage had not turned out altogether a success, as the first child was a daughter instead of the much-wished-for heir.

* By Mrs. Baillie Reynolds, Mills & Boon, Ltd., London, W.

" Cecilia played the organ as Cecilius should." And in this way becomes intimate with Waldemar, who is also a musician. Her husband spies upon her, unworthily, only to learn of her innocence and complete loyalty to himself.

" Charlotte Yates, Journalist," deals with a girl who, in " her father's palatial country house, in Hampshire, had been very scornful of the life of a mere Society girl, and had longed to be a journalist, to settle down with a typewriter close to the heart of things, with one finger on the beating pulse of the age, and one eye on the main chance. Her first engagement is to report a bazaar, patronised by the Duchess of Dulcombe, where she meets, her recreant lover, Ralph Carey, engaged on the same errand.

She is lost on her return across the moors, and is rescued by Ralph. We leave them standing together in a world that held only their two selves.

" Let us get married immediately, and come back, and wander about in the rain and dark. I never enjoyed anything so much," said Ralph, with energy.

So we imagine that there was nothing left to be described.

The last story of a haunted room is very satisfactorily explained; and the curtain falls on the "ghost" clasping Rosalie's hands with his warm strong ones.

There are many other entertaining tales.

H. H.

COMING EVENTS.

July 11th.—Gny's Hospital, S.E. Garden Party 3 p.m.

July 16th.—The Bishop of London " At Home " to members of the Nurses' Missionary League, Fulham Palace, 3.30-6.

July 23rd.—Meeting of Central Midwives' Board. Penal Cases. 2 p.m.

July 23rd.—Women's Local Government Society. American Fair, Bedford College, South Villa, Regent's Park. 3.30-7 p.m.

July 24th to 30th.—First International Eugenics Congress. July 24th.—Reception and Inaugural Banquet, Hotel Cecil, Strand, 7 p.m.

July 25th.—Opening of Congress, Great Hall, University of London, Imperial Institute Road, South Kensington, S.W. 10 a.m.

July 25th.—Monthly Meeting Central Midwives' Board.

August 1st.—Central Midwives' Board. Examination, London. Oral Examination a few days later.

August 3rd to 6th.—International Council of Nurses. Triennial Meeting. Congress. Exhibition, Cologne.

WORDS FOR THE WEEK.

The residue of life is short—
Live as on a mountain.

The Vision of the Ideal guards monotony of work from becoming monotony of life.

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 for Prize Competition, which I was surprised and gratified to receive this morning. Being a "constant reader" of your paper, I was all the more delighted to see a contribution of my own in it! Wishing the paper every success in all its varied interests,

I am, yours sincerely,

ALICE RHIND.

West Mayfield,
Edinburgh.

THE INSURANCE ACT AND REGISTRATION OF TRAINED NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—Mr. Asquith's reply in the House of Commons on June 26th to a question by Dr. Chapple, pleading previous ignorance of the fact that the Bill "to regulate the qualifications of trained nurses and to provide for their registration" is widely supported by the medical profession and by all organised bodies of trained nurses in the United Kingdom, deserves some notice. In 1909 Mr. Asquith received a deputation composed of representatives of the medical profession, organisations of trained nurses, and members of Parliament, which laid before him the urgent need for a State register. In 1910, 1911 and 1912 Mr. R. C. Munro Ferguson introduced a Bill which had the support of the British Medical Association and all organisations of trained nurses in Scotland, England, and Ireland. The anti-registration party—which never was representative of either the medical profession or nurses—after confused and feeble outbursts on the part of two or three of its leaders has lapsed into a dormant, or it may be an extinct, condition.

As the National Insurance Act comes into force immediately this seems a suitable time to draw the attention of the public to the grave danger to insured persons which the working of the Act involves in view of the fact that State regulation of qualifications and a register are yet wanting. The Act provides that insured persons shall be attended by "duly qualified medical practitioners," and also—in the case of maternity benefit—that the mother shall decide whether she shall be attended by "a duly qualified medical practitioner," or by "a duly certified midwife." Clause 21 provides that an approved society or insurance committee may support "district nurses" and "appoint nurses for the purpose of visiting insured persons." Much was done by

nurses individually and through their organisations, and also by their supporters in Parliament, to have this clause amended, but the Bill was rushed through to the imperious liking of Mr. Lloyd George. The term "trained" before "district" nurses and "nurses" would have been a partial guarantee of efficiency, but this is awaiting, and approved societies and insurance committees are left with a free hand to do what they please in the provision of nurses. Further, approved societies and insurance committees will labour under disadvantages, for they are practically left without any means of finding out who are trained nurses and who are "quacks."

The best that can be done now is to push forward the Registration Bill, and it is hoped that the public in their own interests, and in the interests of justice to trained nurses, will do their best to remove Parliamentary Bill "blockers." Under the present Government the naval and military nursing services have grown largely, and yet this same Government which builds a house with one hand knocks it down with the other by denying facilities for the legal definition of the term "nurse." If the present position were not one of extreme danger it would be ludicrous. Nurses' organisations are doing all they can, and their trusted supporters in Parliament are doing all they can; it now lies, to a large extent, with the country to remove obstacles at the first opportunity.

I am, &c.

E. A. STEVENSON,

Hon. Secretary The Scottish Society of Trained Nurses;

Vice-President, The Society for the State Registration of Trained Nurses.

[We endorse the arguments in this excellent letter, but are the "Nurses' Organisations doing all they can"? We very much doubt it. The members individually might do much more—(1) Pay their subscriptions punctually, to enable the central office to push propaganda; (2) each individual might use her personal influence, through her male voting relations and friends, with the members of their constituencies and she also might urge them to support legislation for Nurses' Registration. Great pertinacity upon the part of each member of every society is what is required. There is no doubt that a very favourite policy of our legislators is to "let sleeping dogs lie." We must refuse one, and all to be "sleeping dogs."—E.D.]

THE MATERNITY BENEFIT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I notice an excellent suggestion in the JOURNAL this week, that under the National Insurance Act it should be compulsory, in the case of maternity benefit to unmarried women, that upon the grant of an affiliation

order the maternity benefit should be refunded by the father's society to the society in which the mother of his child is insured.

May I also point out that the Act specially provides that "in deciding whether or not they shall make an order under the Bastardy Laws Amendment Act, 1872, for the payment of the expenses incidental to the birth of a child, the justices shall not take into consideration the fact that the mother of the child is entitled to receive maternity benefit under the National Insurance Act."

This is a just provision, but if the expenses are provided for in this way, why should the mother also draw the maternity benefit, which will largely be a charge on funds subscribed by self-respecting, self-supporting women and girls? If the mother of an illegitimate child can tap both these sources of revenue it appears that she will be better off than many married women when her baby is born, which does not seem fair or just.

Yours faithfully,

CERTIFIED MIDWIFE.

REPLIES TO CORRESPONDENTS.

Miss Field, Birmingham.—A turpentine enema in this country is usually given in the medium of gruel. Turpentine is incompatible with soap and water, and should, therefore, never be given with it. An American method is to add turpentine to the stiffly-beaten white of an egg together with castor oil, the whole mixed together with a pint of luke-warm water. Properly blended the mixture should make an emulsion from which there will be no irritation of the rectum and anus.

Country Nurse, Rutland.—Write for a Proposal Form for membership of the Trained Women Nurses' Friendly Society, to the Hon. Secretary, 431, Oxford Street, London, W. The Society is being specially organized for professional nurses who wish to control their own financial affairs.

OUR PRIZE COMPETITIONS FOR JULY.

July 20th.—How should a specimen of urine be prepared, and how examined?

July 27th.—What are the common sources of bacterial infection?

NOTICE.

THE TRAINED NURSES' FRIENDLY SOCIETY.

Miss Mollett, Hon. Secretary, will be at 431, Oxford Street, W., daily, and will be pleased to give all information possible to those desiring to join a Friendly Society of professional nurses.

Our readers should make a point of reading the correspondence in the *Standard* (Woman's Platform) on the subject of State Registration of Trained Nurses during the past week, and which is still proceeding.

The Midwife.

PUERPERAL INFECTION.

Dr. Furneaux Jordan, F.R.C.S., who delivered the Ingleby Lecture at the Birmingham University (which is reported in full in the *British Medical Journal*) on "Puerperal Infection, with special reference to Vaccine Treatment," spoke in part as follows:—

CAUSATION.

When we think of the usual surroundings of the new-born babe, we must be surprised not that there is so much puerperal fever, but that there is not a good deal more. In direct contact with the patient, in direct contact with the doctor's or midwife's hands, in direct contact with any tear or wound that may be inflicted, are, in most of the working-class houses, blankets or sheets or clothes that, even if not describable as dirty, cannot by any stretch of the imagination be called surgically clean. It is surely legitimate to ask why sterilised towels should be placed all round the field of an operation and not around the field of a delivery, the latter being even more exposed to the risk of infection than the former. We take infinite pains to keep from an operation wound staphylococcus, *Bacillus coli*, *Streptococcus pyogenes*, &c. Do we, can we honestly say that we do, invariably take the same pains to keep them from a cervical or perineal tear in a confinement? The doctor in attendance will invariably tell you that he thoroughly sterilised his hands, that his forceps were boiled, also any sutures and needles that he used, but is there as much attention paid to cleansing the patient as there is to cleansing the doctor's hands? I think it may truly be said that there is not, and, as I shall show you in a few minutes, it is here that the danger lies. Before a difficult forceps case is finished, the hands of the attendant must frequently come into contact with the thighs, vulva, and abdomen of the patient, and although they may be thoroughly sterilised to start with, it is incredible that they remain so to the very end. If we hold the view that puerperal fever is only taken to a case from a previous one, that the causative germ comes into the room on the attendant's hands or instruments, and is not present on or in the patient, then the ordinary method of procedure would be sufficient; but let us examine this causative germ for a few minutes.

Dr. Jordan then proceeded to show that the streptococcus in the uterine discharge of 17 out of 21 cases of puerperal fever under his care had been proved to be quite distinct from any other, and suggests that it shall be called *streptococcus puerperalis*. He believes that this streptococcus is present in the contents of the bowel, and that the puerperal woman is very susceptible to its

action. Its presence in the bowel will explain everything, including those cases in which in spite of many precautions fever occurs.

TREATMENT.

Preventive.—There can be little doubt as to the lines that should be followed in order to keep patients free from puerperal fever.

In the cases above referred to the *Streptococcus puerperalis* was associated three times with the *Bacillus coli*, the *Bacillus coli* was found alone in one case, a profuse growth of *Bacillus coli* with a few streptococci occurred in another, the *Staphylococcus aureus* in yet another, and lastly, a fine colony of streptococci unlike the *Streptococcus puerperalis* in another. Bearing these facts in mind, and also the theory that the *Streptococcus puerperalis* is present in the bowel, it will be recognised by all that absolute surgical cleanliness, not only of hands and of instruments, is essential, but equally essential is the absolute surgical cleanliness of the patient's skin. The whole area of the field of delivery should be thoroughly cleaned—the thighs, the vulva, and the abdomen—the hair should be clipped quite short, and if any obstetric operation has to be performed, I think it would be better to shave it off.

Since at the beginning of labour an enema is given to ensure as far as possible that the rectum shall be empty during the delivery of the baby, it follows that the neighbourhood of the anus has recently been infected by contact with the contents of the bowel. It is our especial duty to pay greater attention than we have done to cleansing the region of the anus. However well the rectum is emptied it usually happens that more or less of the bowel contents are expelled in the last part of the second stage of labour. It is wise to have a bowl of solution of mercury binioides (1 in 1,000) close at hand with some biggish pieces of absorbent wool in it, and as any faecal matter escapes wipe it away thoroughly from front to back with the solution; thus will any possible infection be carried away from the vaginal opening. Care should be taken not to soil one's fingers in doing so—to be successful in this the pieces of wool should be of large size. Always wear a sterilised gown, and take three or four sterilised towels to place under the patient and over the edges of the patient's turned-up clothes and turned-down bedclothes. If there is a nurse in charge beforehand she can prepare the sterilised towels before the stage of labour at which they will be required is reached. We must cleanse our hands before we start cleansing the patient, and after cleansing the patient we must clean our own hands again, and then put on the gown and place our towels ready in position. Some of you will at this stage put on rubber gloves that have been boiled, others will not. If a man has absolute faith in the power

he has of sterilising his hands he may or may not wear gloves; if he has not this faith, then the wearing of gloves or not will make no difference; for in midwifery work above all other it frequently happens that a hole may be torn in the glove, and unless the hand inside it is absolutely sterile the glove will have been useless.

To my mind, the great advantage of rubber gloves in surgical work is that you can by their means protect your hands from sources of infection. The method that will be used for cleansing the skin of the patient you must decide for yourselves. Personally I am a great believer in thorough scrubbing with a sterilised loofah with soap and hot water, followed by vigorous rubbing with a dry, sterilised towel, then a thorough rubbing with methylated spirits, to be followed finally by rubbing with a solution of mercury biniodide (1 in 500) in 75 per cent. of methylated spirits. I think I am right in saying that Mr. Leedham Green's experiments on sterilising the hands have shown that this method gives the best results.

After what I have said, is there anything else that we can think of that will help in the prevention of puerperal fever?

I do not think it is a dream impossible of fulfilment that every woman at the commencement of labour shall have an injection of the vaccine of a *Streptococcus puerperalis*, thus rendering her immune beforehand to the infection by this germ. This, at any rate, would render her immune in 70 or 80 per cent. of the cases. Further consideration even might lead an enthusiast to inject also a vaccine prepared from the *Bacillus coli*.

THE ASSOCIATION FOR PROMOTING THE TRAINING AND SUPPLY OF MIDWIVES.

Mrs. Von Glehn presided at the Annual Meeting of the Association for Promoting the Training and Supply of Midwives, of which Queen Alexandra is Patron, and which was held on Friday, July 5th, at 4, Prince's Gardens, S.W., by kind invitation of Lady Schwann, when a short address was given to the midwives present by Mrs. Wallace Bruce.

The feature of the afternoon was the presentation of Badges to the midwives who have earned them, by Lady St. Davids, after testimony to the value of their work had been read by Miss Lucy Robinson, sent by those acquainted with it in the localities in which they are engaged.

Lady St. Davids said that it is always delightful to be present on a Prize Day, and she considered it a privilege to be there that day. She was glad to know of the high ideals upheld by the Association. In such work midwives needed the gift of sympathy which enabled them to feel the pain and the gladness of others. The best characters were hand made, head made and heart made, and if any felt they had not attained perfection in all those respects they need not be discouraged but begin that day to work towards it. Referring to the rural districts Lady St. Davids said she had

engaged a Queen's Nurse for work in a district in which she was interested, and the nurse told her there was nothing to do. She told her to enjoy herself. Ten days later a babe was born on a distant hill, and before the nurse had finished her attendance there she was called to attend a case of triplets. She then said she could not stay as the work was too hard. Midwives should bathe their minds in the grandeur, the mystery, and the sacredness of birth. In this country nearly all the attention was focussed on death. Midwives, those social angels of mercy, should constantly keep before them the real meaning of the birth of a babe.

"Upon the hour when I was born,
God said: "Another man shall be";
And the Great Maker did not scorn,
Out of Himself to fashion me."

Midwives and nurses knew the tragedy as well as the joy underlying the mystery of birth. The parents might not have been good, and the babes might suffer for their former sin. Lady St. Davids said that her own service to the cause of nursing originated in her sympathy for the blind when she learnt that two thirds of the cases of blindness were due to want of care. It was the sacred mission of trained women to preserve the gift of sight to the babes in their charge.

The present century would be associated with flying—flying by motor, flying through the air. Midwives might have a flight all their own, a flight of imagination to that happier time when every babe should come into a heritage of health, hope and happiness.

Lady St. Davids then proceeded to distribute the Badges. She said that she was delighted to find amongst the recipients two nurses working under the South Wales Nursing Association with which she is connected.

The following midwives, the majority of whom were present, and warmly applauded, received their Badges:—

BADGES.

Miss Kathleen Archer, working at Leagrave, Luton; Mrs. Mary Cargill, at Newcastle-on-Tyne; Miss Nellie Clewley, at Braywood and Windsor; Mrs. Patience Collinge, at Appleton, Abingdon; Miss Kate Downes, at Luton; Miss Ethel Elliott, at Dumbleton, near Evesham; Miss Verna Jessop, at Burton Latimer, Northants; Miss Bertha Johnson, at Towcester; Miss Dorothy Johnson, at Stroud; Miss Mabel Long, at South Molton, Devon; Miss Caroline Field, at Aldingbourne, Sussex; Mrs. Marion May, at Selworthy, Somerset; Miss Ethel Nidd, at Grayshott and Shottermill; Miss Lilian Pegg, at Berriew, Mon.; Miss Lilian Rumble, at Stanford-in-the-Vale, Berks; Miss Esther Savage, at St. Albans; Mrs. Anne Thomas, at Bwlch, Brecon; Mrs. Antonia Westerman, at New Shildon, Durham; Mrs. Alice Woodward, at Cromer.

CERTIFICATES.

Certificates were also returned to the following District Midwives, who have worked for two years since their training:—Mrs. Mabel Allen,

working at Heacham, Norfolk; Mrs. Frances Bracey, in Islington; Miss Priscilla Cantrell, at Horsham; Miss Rose Gardner, at Tetbury, Glos.; Miss Ellen Geering; Miss Margaret Jones, at Aberystwith; Mrs. Catherine Macdonald, in Marylebone; Mrs. Amelia Madgwick, at Midhurst; Mrs. Martha Masters, at Hanley; Mrs. Jane Murray, at Tidworth; Mrs. Lucy Noon, at Leicester; Miss Caroline Stones, at Sneinton, Notts; Mrs. Florence Walsh, at Bexhill-on-Sea.

THE INSURANCE ACT.

Miss Dorothy Hunter then gave a short address on the Insurance Act as it affects midwives and nurses, explaining that this great, complicated, because much misunderstood, measure came into operation for better for worse—she thought much for better—on July 15th. The Act touched midwives and nurses both professionally and personally. The two questions for them to ask themselves were: (1) Must I be insured? (2) If I need not, can I?

The work of midwives, she reminded her hearers, was carried on under different conditions. They must be insured if they worked for an employer, or for an institution which sent them out and through whom their fees were paid. An independent midwife working on her own account need not insure, but might become a voluntary contributor, in which case, if over forty-five, she must pay 6d. weekly, and more if over that age.

If at any time such a midwife took a case as a monthly nurse under a doctor she would then have to be insured.

Miss Hunter advised midwives to insure through one of the great friendly societies, such as the Manchester Unity Independent Order of Foresters, the Hearts of Oak Benefit Society, the National Deposit Friendly Society, or the Independent Order of Rechabites. It was advisable for those who were total abstainers to join temperance societies, because these were likely to have big surpluses when the three-yearly valuation took place, which must be used for additional benefits.

At the conclusion of the address questions were invited, and the Chairman inquired whether the maternity benefit would be paid to the husband before the baby was born. Miss Hunter replied that the benefit to the husband could be paid by his society to him "in cash or otherwise." Mrs. von Glehn said she asked because at the present time husbands are sometimes under the influence of drink when the services of the midwife become necessary. What would happen in such circumstances if the Maternity Benefit had been paid to them? Miss Hunter pointed out that the Act imposed penalties for misuse of the benefit.

Miss Bray inquired why a midwife must be compulsorily insured if she took a case as a monthly nurse and worked under a doctor? Was the doctor regarded as the employer? The patient, and not the doctor, paid her fees.

Miss Hunter replied that she thought the midwife when in charge of a case was regarded as an independent professional practitioner like a doctor.

Cordial votes of thanks were then accorded to Lady Schwann, Lady St. Davids, Mrs. von Glehn and Miss Hunter on the motion of Mrs. Ebdon, seconded by Mrs. Wallace Bruce, and those present then adjourned to enjoy some delightful music and the graceful and charming hospitality of their hostess, Lady Schwann.

THE BABY CLINIC.

The Baby Clinic at 12, Telford Road, North Kensington, founded by the Women's Labour League, has a pathetic interest for, and a special claim on, the friends of the late Mrs. Ramsay Macdonald. It was originated by her a short time before her death as a memorial to her dear friend Mrs. Middleton, who died early in 1911. She herself died before it was actually opened, and the executive committee then decided to carry it on as a joint memorial to Mrs. Macdonald and Mrs. Middleton.

It is situated in a very poor part of Notting Hill, and is open twice a week for consultation and treatment by Dr. Anne Kann and Dr. Ethel Bentham, and is also open every day for dressings, syringings and fomentations which are done by the nurse. It treats children up to five years old, and is providing a dentist when necessary. The work is carried on by voluntary subscriptions and no charge is made to the mothers.

The work began last November with four patients, and now as many as 50 are seen in one afternoon. The mothers are encouraged to bring the children periodically after active treatment has stopped, so that their general development may be watched over until they are handed over to the care of the school authorities, thus covering a period very little provided for, yet probably the most important of all. It is sad to learn that nearly all the diseases treated are those of malnutrition, the need of nearly all the children more and better food.

A course of lectures on nursing, clothing and simple cookery has been arranged under the auspices of the Board of Education, and if these prove satisfactory the Board will give a grant in aid.

INFANT PROTECTION VISITORS.

The Public Control Committee of the London County Council report that there are now under the supervision of the Council's infant protection visitors 2,770 houses where nurse infants are kept. Thirty-two infringements of the Act have been reported, in respect of thirty-one of which written cautions have been sent to the offenders; while in the remaining case legal proceedings have been authorised. In five cases, infants were removed, under section 5 of the Act, from the care of foster mothers to workhouses, and in each case the foster mother has been informed that she is precluded from again taking a nurse infant without a written sanction of the Council.

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EDITORIAL.

THE NURSE GENERAL.

One of the characteristics of the present century is the desire for travel, a desire which is shared to the full by nurses, who find opportunity for it in connection with societies formed to send trained nurses abroad, and in response to the needs of our Colonies and other countries where the demand is still in excess of the supply, and where, therefore, it may be supposed that the opportunities are greater than at home, where hundreds of applications are made when a desirable post is advertised.

But nurses who contemplate foreign or colonial service must remember that they live at present in the most comfortable country in the world, where the best service is obtainable, and that life in a well-appointed Nurses' Home, with its comfort, clockwork regularity, and sufficiency of service is not good preparation for roughing it in the Colonies, where service is not only expensive, but often unattainable, and where, therefore, the nurse has not only to nurse the patient, but also often to act as general servant to the household.

We have had the opportunity of verifying this from first-hand information obtained from Colonial nurses visiting this country, and the May issue of *Una*, the journal of the Royal Victorian Trained Nurses' Association, tells the same story. Under the heading of "The Nurse General," a correspondent writes that nurses at all times lead the strenuous life, but lately it is more than that, and that a new word will have to be coined to fitly describe it. The usual thing now when a nurse arrives at her destination is to find that in addition to being a nurse, she must also be cook and housemaid. Some people quite expect the nurse to do

the work of the house, others apologize, and plead that it is next to impossible to get help.

Nursing and cooking, it is pointed out, are a bad combination, because both need time and care. You can't rush a patient through, and you can't rush cooking. Trying to combine the two, and hurrying from one thing to another, you do nothing properly. It is quite as much a sin to waste good food with hurried cooking as it is to destroy the peace and order of the sick room. The writer considers the cheerful and placid demeanour of the nurse, when trying to do the work of two women, answering the door, seeing to the callers, impossible to maintain. Being only human, and human nature being what it is, she cannot help getting worried, and perhaps irritable under the strain of it all. Her nerves are worn to breaking point. The "Nurse General" is the limit of human endurance. Five guineas a week would not pay for the wear and tear of her in Victoria much less two as at present.

If nurses who are colonial born and bred find the stress of the conditions of private nursing work in the Colony too great a strain, it is certain that those accustomed to the more luxurious conditions of life at home, will find them much more trying. If a nurse is faced with the conditions described, she will, of course, feel bound to do her utmost for the patient, but it is one thing to grapple with such conditions when they present themselves, and another to deliberately emigrate to countries where they are the rule rather than the exception.

The advice of an Australian matron who has recently visited some of our London hospitals is, "I do not advise nurses to come out to our Colonies; I do not think the conditions under which they train suit them for it"; and we endorse her judgment.

MEDICAL MATTERS.

INHERITED AND ACQUIRED SUSCEPTIBILITY TO TUBERCULOSIS.

The *British Journal of Tuberculosis* publishes in the current issue some interesting representative opinions on the Interim Report of the Departmental Committee on Tuberculosis. Concerning it Dr. C. W. Saleeby, F.R.S.E., F.Z.S., writes:—

“The Interim Report seems to me to be admirable so far as it goes. It need not be blamed for ignoring the only line of criticism which interests me as a Eugenist—namely, the argument of those who may, with convenient ambiguity, be called the ‘better dead’ school, and who invoke, in the name of divine eugenics, the diabolic aid of the slum and the public-house to effect what they call ‘natural selection.’ The slum and the public-house are not natural. Further, I adhere to the teaching of many past years that, though the factor of susceptibility to tuberculosis is doubtless as essential as that of infection, no investigators, least of all the biometricians, have yet even begun to solve for us the difficult and important problem of duly appraising two distinct things—genetic or inherited and somatic or acquired susceptibility to the infection. I even deny that any real, definite evidence of the importance of the genetic factor in susceptibility exists, notwithstanding the innumerable calculations which take no regard of infection or nurture. In a word, though I have preached eugenics for a decade, and believe it to be the cause of causes, I do not yet know that the problem of eradicating tubercle is any more a genetic-eugenic problem than that of eradicating leprosy, scarlet fever, or perhaps ringworm. This attitude of suspended judgment may be modified on the day on which evidence that discriminates between genetic and acquired susceptibility is laid before us. That day is, I fear, remote, as we still wait for any crucial work on the distinction between susceptibility (of whatever origin) and infection in this disease.

“But one point seems clear, to which, perhaps, the Tuberculosis Committee may draw attention in its final Report. I believe the evidence to be overwhelming that alcoholism increases, or produces, susceptibility to this disease. The International Congress in Paris a few years ago passed a unanimous resolution to the effect that the fight against tuberculosis must everywhere be combined

with the fight against alcoholism, and further formidable evidence was adduced at the Rome Congress. To say nothing of the average public-house as a proven plague-spot in this connection, what about the factor of the personal habits of the insured? Or do we propose to abolish tuberculosis while letting people behave as they like? The Insurance Committee for England have already said that the insured, when ill, are not to do anything liable to retard their recovery. Is it proposed to make any suggestions—very politely and deferentially, of course—to the insured as to their habits when well? I suggest that the Tuberculosis Committee should refer to this question of alcoholic habits as ‘making the bed for tuberculosis,’ in the words of a great French physician, lest posterity should look back upon our present cowardice and stupidity, spending the national money like water in a sieve, with incredulous disdain.”

THE PREVENTION OF DEAFNESS IN CHILDREN.*

By MACLEOD YEARSLEY, F.R.C.S.

*Senior Surgeon to the Royal Ear Hospital;
Consulting Aural Surgeon to the Royal
School for Deaf and Dumb Children at
Margate; Otologist to the London County
Council Deaf Schools; Visiting Aural
Surgeon to the Association for the Oral
Instruction of the Deaf and Dumb, &c.*

There are two great classes of deaf children—those who have been born deaf and those whose misfortune it is to become deaf after birth. With the possibility of preventing the occurrence of deaf birth I do not propose to deal; it is largely a problem in eugenics, and, whatever the future may hold as to its solution (and I must confess to a certain hopefulness), it scarcely enters into the realm of practical politics at the present time. It is to the prevention of acquired deafness that I intend to devote this paper, considering first its causes, and then offering certain suggestions as to the best means of fighting them.

THE CAUSES OF ACQUIRED DEAFNESS.

The vast majority of the cases of acquired deafness belong to three groups of causes—the infective diseases, meningitis, and primary ear disease. Examining the statistics of the London County Council Deaf Schools, the Royal School for Deaf and Dumb Children at Margate, and the Fitzroy Square School, to all

* Read at the Health Conference, London, 1912.

of which I am attached as otologist, I find 845 cases of acquired deafness, of which the causes were definitely ascertainable. Of these, 723, or 85.2 per cent., come under these three groups, the numbers and percentages being :—

Infective diseases...	343,	or 47.4 per cent.
Meningitis ...	169,	or 23.5 per cent.
Primary ear disease	211,	or 29.1 per cent.
	723	100.0

I must consider these three groups of causes in some detail.

THE INFECTIVE DISEASES.

The infective diseases which figure in these statistics are the infectious fevers, epidemic cerebro-spinal meningitis, chicken-pox, diphtheria, enteric fever, German measles, influenza, measles, mumps, scarlatina, smallpox, typhus, and whooping cough; with pneumonia, rheumatic fever, congenital syphilis, and tuberculosis. The figures shown by some of these teach an instructive lesson. The bulk of the cases owed their origin to scarlatina and measles, which gave 127, or 34.1 per cent., and 98, or 28.6 per cent., respectively. Typhus, epidemic cerebro-spinal meningitis, and smallpox only 3, or 0.8 per cent., 2, or 0.5 per cent., and 1, or 0.2 per cent. These three diseases are all well controlled by modern preventive medicine, so that, from the enormous percentages of deaf cases caused formerly by their ravages, they have now sunk to insignificant decimals. Is it not possible that a future generation may be able similarly to point to a like reduction in the numbers due to scarlatina, measles, and diphtheria? At present the last-named disease accounts in my statistics for 13, or 3.7 per cent., and whooping cough for 15, or 4.3 per cent.

Pneumonia claimed 23 cases, or 6.7 per cent., and 39, or 11.3 per cent., were due to congenital syphilis. As regards tuberculosis, only two cases, or 0.5 per cent., could be definitely traced to that condition. One of these was deaf after recovery from tuberculous meningitis; the other, after tuberculous disease of the middle ear. It must be remembered that it is not compulsory for deaf children to come to school until the age of seven years, and that the relatively small percentage of cases due to tuberculosis is probably due to the fact that the disease usually kills the child before school age. It is probable, however, that a certain number of the cases of chronic middle-ear suppuration was due originally to tubercle, the mixed infection which supervenes masking the primary cause. Tuberculosis attacks the ears of a con-

siderable number of young children, and the small percentage noted must not be taken, therefore, as a criterion of the importance of the disease.

MENINGITIS.

Under the heading of meningitis are included cases definitely certified as such, together with those accounted for by the somewhat vague terms "fits," "convulsions," "brain fever," "inflammation of the brain," and "congestion of the brain." All these cases showed nerve deafness of a severe type. In some the meningitis followed an injury, and in many it had left some mental impairment as well as the loss of hearing.

PRIMARY EAR DISEASE.

The 211 cases of acquired deafness due to primary ear disease are divisible into two main types of middle-ear conditions—suppurative and catarrhal. Of the first there were 106, or 50.7 per cent.; of the second, 104, or 49.2 per cent. The odd case was an instance of the condition known to otologists under the somewhat vague nomenclature of "otosclerosis," and may be ignored in this discussion. The salient and instructive feature of the suppurative and catarrhal cases is that the vast majority of them were primarily due to nasal causes—mostly adenoids—and were, therefore, eminently preventible. The serious nature of this statement is enhanced by the fact that these children were all suffering from deafness of a degree sufficiently advanced to necessitate their education in special schools. The matter becomes even more serious when we reflect that there are numbers of children being taught in hearing schools who present lesser degrees of deafness from similar causes—that is to say, *preventible* causes. Many of these children are doomed to progress in later life to a degree of deafness that must seriously interfere with their career as efficient citizens. This can be prevented by timely treatment in childhood. Therefore the matter is an urgent one, and I shall return to it again shortly. School medical inspection is getting into touch with these children, it is true, but school medical inspection is not of very long standing in this country, and has scarcely got into its swing.

TYPES OF DEAFNESS IN INFECTIVE DISEASES.

Reverting for a few moments to the first group of causes it will be well to consider how the deafness arises in the infective diseases. These cases may be classified into three groups—suppurative and catarrhal middle-ear disease and internal ear or nerve deafness. Most of those coming under the first two heads are pre-

ventible by proper care of the nose and throat during the course of the disease or by prompt treatment of ear complications when they arise. Even those severe types of suppurative which sometimes occur in scarlatina and diphtheria, in which the temporal bone is attacked by a suppurative osteitis, can be saved as regards the hearing by timely operation, as the excellent work done by Dr. Knyvett Gordon demonstrates. On the question of the third class of case—the nerve deafness type—it is a little difficult to speak decisively. Some of them, however, could be saved by prompt treatment. Many ears also could be saved that are attacked by tuberculosis, but this is a question of broader range, and I do not propose to deal with it specially here. The question of congenital syphilis, in which the deafness is of internal ear type, is another question of wider significance, with which it is not possible to deal in a paper like this.

THE RESULTS OF DEAFNESS IN CHILDREN.

I must allude briefly to the results of deafness in children from the educational point of view. A great deal has been written upon this matter of late years, and the question is a very serious and important one. Whatever may be the terrors of blindness to the adult, and however much more serious the affliction of loss of sight may be to grown-up persons as compared to loss of hearing, that affliction pales when it is contrasted with deafness in the child. The blind child who is a hearing child has still the ear, the most important educational portal, open to him. He can still learn to speak, and so communicate with his fellow-creatures on an equal footing as regards thought processes. But the deaf child is immeasurably worse off, for, unless he is taught by highly specialised methods, he must remain dumb, with greatly limited methods of thought. Hence the prevention of deafness in children is a thing of vast importance in education. But the prevention of deafness in children goes much further than this. A long study of deafness in adults proves that the majority of its causes comes into operation in childhood, and the best way of preventing deafness in the prime of life is to have a practical knowledge of otology as it relates to the child, and to forestall adult deafness by using that knowledge to the best advantage. Unrecognised and untreated nasal conditions, especially adenoids, in the child, although they may not result in ear complications at that period of life, are often slowly and silently, but as surely, working towards deafness in later years. The germ of adult deafness lies hidden in such conditions; the train is

laid, and the explosion is only a matter of time. This, then, is the hour for prevention, for—

The Moving Finger writes; and, having writ,
Moves on; nor all thy Piety nor Wit,
Shall lure it back to cancel half a Line,
Nor all thy Tears wash out a Word of it.

Surely the proper course to pursue is to prevent the finger from writing.

(To be concluded.)

OUR PRIZE COMPETITION.

HOW SHOULD A SPECIMEN OF URINE BE PREPARED AND HOW EXAMINED?

We have pleasure in awarding the prize this week to Miss Grace Nash, North Ormesby Hospital, Middlesbrough, Yorkshire, for her paper on the above subject.

PRIZE PAPER.

HOW TO PREPARE A SPECIMEN OF URINE.

1. In preparing a specimen of urine the nurse must see that the vessel into which the urine is passed is scrupulously clean, and that the urine glass in which it is to be saved is clean also. In women a "catheter specimen" is sometimes ordered, to avoid contamination with discharge.
2. The urine glass should be filled to within an inch or so of the top, and labelled with the name of the patient, and ward, and the date.
3. Notice should be taken as to whether the specimen is clear or turbid.
4. A plug of cotton wool must be placed in the mouth of the urine glass, and the specimen should be kept in a cool place.

HOW TO EXAMINE A SPECIMEN OF URINE.

1. *Describe the Specific Gravity.*—The specific gravity = the weight of a body compared with another which is assumed as the standard. In the case of a liquid an equal quantity of pure water at 60 degrees Fahr. is the standard.

To describe the specific gravity a urinometer is used, and the following points should be remembered:—

- (a) Not to take the specific gravity until the specimen has cooled.
- (b) Not to lift the urinometer out of one specimen, and put it straightway into another, without washing it first, or else one will contaminate the other.
- (c) The urinometer should settle quite free of the sides of the urine glass.
- (d) Read the number from below the surface.

2. *Describe the Reaction.*

This is done by using litmus paper. Urine is usually acid, so take the blue litmus paper first,

and dip it into the urine. If it turns red the urine is said to give an acid reaction.

If it does not, dip the red litmus paper into the urine; if it turns blue, then the urine is said to give an alkaline reaction.

If the urine gives neither reaction, then it is said to give a neutral reaction.

3. Describe the Appearance.

4. Describe the Odour.

5. Describe the Response to heat and chemicals by using certain "Tests."

TEST FOR ALBUMEN.

1. Fill a test-tube about two-thirds full of urine, and gently heat the upper part of the urine. If a turbid urine becomes clear, or clearer, then the turbidity was due to urates.

2. Continue heating until the urine boils. If a cloud comes it is either albumen or phosphates; if the cloud disappears on adding acetic acid, it is due to phosphates; if it still remains albumen is present.

TEST FOR SUGAR.

Equal parts of Fehlings Solution 1. and II. Boil, and then add same quantity of urine, and if sugar is present, it will change to a brick-red colour.

TEST FOR BILE.

Put a few drops of urine on a slab, and a few drops of nitric acid, and if bile is present there will be a rainbow-like play of colours.

TEST FOR BLOOD.

Add to some urine a few drops of Tinct. Guaiac. Shake, and then add a little ozonic ether, and if blood is present there will be a blue ring at the junction of ether and urine.

TEST FOR PUS.

Urine usually alkaline and strong smelling. Add to some urine an equal quantity of liquor potassae (no heating), and if pus is present it will become ropery and jelly-like.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Grace Campling, Miss Maude Cullen, Miss V. James, Miss L. Nunnerley, Miss M. Eaves, Miss A. Rhind, Miss M. Dods, Miss S. Simpson, Miss L. H. Buck.

Miss Campling mentions that unless the nurse is very careful, minute particles from the towel with which the specimen glass is dried adhere to it and cause inconvenience to those examining the urine. Also that if soda is used to cleanse the vessels containing the urine they must be thoroughly rinsed, otherwise the urine will be rendered alkaline.

Miss M. Eaves points out the necessity for allowing the urine to stand long enough to

settle any deposits, those visible to the naked eye being urates, mucus, pus, uric acid, and sometimes blood.

Miss Alice Rhind remarks that when the urine is required to be tested special care must be taken that the vessel into which it is passed is scrupulously clean. It should then be transferred into an equally clean glass of some description; the conical specimen glass is the best, but, when that is unobtainable, a clean jam pot, or even a small flower vase is sure to be at hand and is quite satisfactory. This should have a paper cover placed over the top, and a gummed label affixed (stamp paper comes in very useful) bearing patient's name, number of bed if in a hospital ward, the date, and the hour at which the specimen was passed.

QUESTION FOR NEXT WEEK

What are the common sources of bacterial infection?

THE FLORENCE NIGHTINGALE FOUNDATION.

Miss Jane A. Delano, R.N., Chairman of the National Committee on the Red Cross Nursing Service, in the United States, reports in the *American Journal of Nursing* that, the Red Cross Societies of the world have agreed to raise a fund to be known as the Florence Nightingale Foundation. A special committee was appointed to make recommendations concerning this fund, with Sir John Furley, of the St. John Ambulance Association, as chairman. Miss Boardman and Miss Delano were asked to serve on this committee. It was agreed that a medal, accompanied by a certificate on vellum, to be called the Florence Nightingale Medal, should be instituted, and that six of such medals, to be increased to the number of twelve in the event of a great war, should be available annually; that they should be granted only to trained nurses who may have especially distinguished themselves by great and exceptional devotion to the sick and wounded in peace or war. No country may propose more than one candidate for this medal annually. The final award is made by the International Red Cross Committee at Geneva. The awarding of these medals to nurses will be akin to the bestowal of the Victoria Cross to British soldiers for 'bravery in action,' and will be the highest honour which can be paid to any nurse.

A most fitting memorial. May this Nightingale Medal prove ever an incentive to a higher and higher standard of duty among nurses.

COLOGNE, 1912.

Sister Agnes Karll will be in Cologne from the 20th inst., and all communications may be sent to her at Baseler Hof, Hermannstrasse 17-19, Cologne. All vouchers sent to the Central Office of the N.C.N. have been forwarded to her at Berlin, and she writes that they will be most helpful in arranging tickets, ribbons, badges, invitations, &c., for the forthcoming Congress.

DISTINGUISHING BADGES.

Sister Karll has arranged for the following badges and ribbons to be worn, so that the nationality and societies of those present at the Congress can be readily distinguished:—

Past Presidents, Councillors, and Official Delegates I.C.N.—Enamel Bar (as in 1909) in blue and silver, with white ribbon and blue inscription—*Weltbund der Krankenpflegerinnen*. White brassard, with name of country in blue, I.C.N. in gold. Congress rosette in the German colours.

Members of the International Council of Nurses through affiliated National Associations, such as the National Council of Nurses of Great Britain and Ireland (all members of the 16 constituent societies).—White brassard, with name of country in blue, I.C.N. in gold. Congress rosette in the German colours.

Nurses who are not members of the I.C.N. through national affiliation.—White brassard, with name of country in blue (omitting I.C.N. in gold), and the Congress rosette in the German colours.

Guests who are not nurses will have the Congress rosette in the German colours.

Sister Agnes Karll sends a long list of the names of delegates and representatives from many countries who have notified that they will attend the Congress. "Belgium," she writes, "will send the most fraternal delegates, amongst them Dr. Maurice Peremans. He is sent by the authorities of Anvers, and is in charge of the Stuyvenberg Hospital—a teacher at the nursing school—his wife will also attend." We remember how charming were the Belgians who came to London in 1909, amongst them Madame la Comtesse Jean de Merode, Mademoiselle la Comtesse Albertine de Villegas de Saint Pierre, and Dr. Van Swietan, and it is delightful to think we are to meet them all again.

The best news of all is that at last we shall have fraternal delegates from Austria, as little organization has been possible there at present.

Professor Von Pirquet, from the University Children's Clinic in Vienna, is sending the Charge Nurse, Sister Hedwig Brezina, and her Assistant, Sister Poldi Voigt. In accepting Sister Karll's invitation, the eminent Professor informs her how very happy he is to do so, and he thinks it "very precious that his nurses may work hand in hand with us, and get our advice in all the important nursing questions. I hope," adds Sister Karll, "this may mean a new era in Austrian nursing."

Miss J. C. Van Lanschot Hubrecht has been elected President of Nosokomos (the Dutch Nurses' Association). Congratulations!

Miss A. Nutting, Teachers' College; Miss Anna Maxwell, Presbyterian Hospital, New York; Miss Helen Kelly, County Hospital, Wauwatosa, Wisconsin, are three of the official delegates who are to represent the American Nurses' Association. Owing to illness we fear the newly elected President, Miss Sarah E. Sly, will be unable to attend. Miss L. L. Doek is now in Europe.

Next week we hope to publish a preliminary list of names of the delegates and fraternal delegates who will attend the Congress.

Miss Mollett has extended her party to 56, but not another application can she now entertain. The party leaves Charing Cross Station at 9 a.m. on Saturday, August 3rd, and arrives late at night at Cologne. Rooms have been secured in three of the best hotels—the Disch, the Nord, and the Metropole. Members of the party have been invited to sup at 2, Portland Place on the previous evening, Friday, 2nd, by Mrs. Walter Spencer—a delightful way of becoming known to one another; and Miss Mollett invites all her flock to be at the station soon after 8 a.m., so that there will be no hurry in starting.

Other parties and individuals are going direct from England, Scotland, and Ireland by the most convenient routes. Altogether we hope to muster 100 matrons and nurses, and a few of their friends.

The President of the National Council of Nurses, Great Britain and Ireland, hopes that matrons and nurses attending the Congress will wear the Orders and distinguishing Badges conferred upon them, and that the Banners of the associate societies will be borne in the Historic Procession at the Pageant on August 4th in the Gürzenich.

REGISTRATION AND RECIPROcity.

There are not wanting signs that before long our great Dominions—Australasia, South Africa, New Zealand, and Canada—will demand from home reciprocity of Registration for nurses, and it will no doubt be the outside pressure of these free people which will compel our reactionary legislators at home to grant both citizenship and legal status to trained nurses. We have been reminded of this demand upon various occasions recently in conversing with matrons from overseas Dominions on their way to the Congress at Cologne, all of whom complain of the inferior nurses who emigrate in search of work, and who expect, upon the production of untested certificates of training, to be immediately included in the registered class of nurse abroad. Colonial nurses are beginning to realise how unfair is this system and to protest against it.

In this connection *The Lady*, July 11th, has a most enlightening article on "English Nurses and Canada," signed Lally Bernard. The writer criticises a statement which recently appeared in that paper "that doctors simply will not employ English nurses if they can get Canadians." "My own experience," she writes, "of hospitals and illness in British Columbia—and it has, unhappily, been an extensive one—is that there is a fair proportion of women born in the United Kingdom as compared with Canadian-born probationers and nurses. Canadians are usually preferred in surgical cases, as their training includes the dressing of such cases, which in this country is generally the work of the hospital doctors or the students. This may give some colour to the statement. But as far as I can ascertain—and I have looked into the question with some interest—the real difficulty is that so many women arrive in Western Canada without letters of introduction of any sort, and are apparently so unused to the general mode of life in this half-developed part of the Empire that doctors are inclined to give a preference to Canadian nurses, who, naturally, are more adaptable and ready to 'fit into' Canadian households."

REGISTRATION LONG DESIRED

"When the long-desired registration of nurses is brought about, the difficulties which now beset the English hospital nurse in Canada will be greatly alleviated. There have been many cases where so-called 'trained nurses' came out to Canada, and in consequence of their obvious lack of knowledge and their extremely vague credentials have brought discredit upon the profession. In British Columbia there is a

steady agitation to procure registration, and until there is a definite organisation in England which will prevent misappropriation of nursing certificates and allow rapid means of identification, British nurses must be at a great disadvantage. But I would like to testify that where a trained English nurse is good, she is not only appreciated by doctors and hospital authorities and patients, but by the Canadian nurses. . . . Registration is a crying need both here and in Canada, and the sooner it is brought about the better it will be for both patients and nurses within the British Empire."

During the past fortnight State Registration has been briskly discussed in the "Woman's Platform" of the *Standard* and in the *Glasgow Herald*, and we feel sure Miss Brey's lucid contributions to it will be very useful to the public. Of course, Mr. Holland, protagonist in chief of "anti's," trotted out his time-worn and very threadbare arguments against a principle which has been accepted by nurse educationalists all over the world where high standards of women's work and nursing are extant. The reason why we are denied legal status in this country is because *men hold in contempt the work we are doing in aid of the community and for the sick*. Every day we read of their eulogistic speeches concerning the "skilled" work of the semi-trained, and every day our trained "skill" is utilised throughout the hospital world, by hospital governors and Government Departments. But ask for a *quid pro quo*, and what is the reply? A confession of supreme ignorance upon the part of our Ministers concerning the insistent demands of trained nurses concerning their own affairs. Trained nurses have no votes; as a factor in practical politics they do not exist. This is the fact of the case in a nutshell!

NURSES' SOCIAL UNION.

On July 11th a garden party was held at Aubrey House, Kensington, by invitation of Miss Alexander, when about 80 members of the Nurses' Social Union met in the lovely old garden and afterwards watched the old English folk dances, which were performed on the lawn and gave much pleasure.

On July 6th three carriages met a number of London nurses at Richmond Station and took them for a drive through the Park. After tea at Miss Murray's house a Committee was formed and a Secretary appointed for the Richmond Branch. Another South London Branch is in process of formation.

AN APPROVED SOCIETY FOR TRAINED NURSES.

We have pleasure in announcing that the Trained Women Nurses' Friendly Society has been approved by the National Insurance Commission; thus a Society for trained, professional women nurses can now be organized, which it is hoped may in the future provide special benefits to meet the special requirements of trained nurses.

This Society will have the one great advantage that it will maintain and guard the privacy, as far as possible, of all matters concerning the health and family history of the nurses who become members, as such matters will come before and be discussed only by the Committee of Management to be elected by the members themselves at a meeting convened for Saturday, July 27th, at 5 p.m., at the Medical Society's Rooms, 11, Chandos Street, Cavendish Square, London, W. Cards are being sent out daily from the office to those nurses who have applied to become members of the Society. All information can be obtained from the Hon. Secretary, T.W.N.F.S., 431, Oxford Street, London, W.

THE NURSES' MISSIONARY LEAGUE.

A very delightful afternoon was spent by some 250 nurses on Tuesday, at the Garden Party kindly given by the Bishop of London to members of the Nurses' Missionary League and their friends. Those present represented practically every large hospital in London, while some came from missionary training homes and hope to start shortly for the mission field, and others were home on furlough from Africa, India, and Syria. The beautiful gardens of Fulham Palace, with their spacious lawns and the cool shade of the trees, were thoroughly enjoyed, the afternoon being exceptionally sunny and fine. After tea, and seeing over the gardens, the party assembled for the addresses. The Bishop of London was, unfortunately, prevented by loss of voice from making a long speech, but he most cordially welcomed all present as nurses, and especially as nurses connected in some way with missionary work. He dwelt upon the wonderful work of medical missions which he had seen on his recent tour in Egypt and the Near East, and referred to the tremendous influence which is exerted by missionary nurses in all lands.

An address was then given by Dr. Arthur Lankester, of Peshawar, N. India, who described his work in that station, which stands at the entrance to the Khyber Pass, on the way to the great land of Afghanistan, which is still

closed to missionary work. He especially showed how medical work acts as a pioneer agency, finding a way where no other missionaries can go; and he emphasised the great need for more nurses. In his own hospital of 100 beds there is now no European nurse, while nurses are urgently needed in other stations, and especially at Nasik and Anand, both in West India.

WEDDING BELLS.

The forthcoming marriage, to take place next month, is announced of Miss Mackenzie, Matron of the Dunedin Hospital, New Zealand, and the Rev. Mr. Balfour, minister of the First Church in Dunedin, one of the leading clergymen in the Dominion, and a cousin of the late Robert Louis Stevenson. Miss Mackenzie has only held her post for a year, as it will be remembered she was selected, after training and experience at the Western Infirmary, Glasgow, and entered upon her duties last July. From New Zealand comes the expression of opinion that "Mr. Balfour has made a very wise choice, but New Zealand loses a very good Matron." In wishing Miss Mackenzie a very happy future, we feel sure her professional knowledge will be turned to useful account in the country of her adoption, perhaps in a wider sphere than within hospital walls.

NORTHERN POOR LAW CONFERENCE.

NURSING IN THE LARGER WORKHOUSES.

The most important subject discussed at the Northern Poor Law Conference, held last week at Tynemouth, was brought forward by Dr. Whillis, of Newcastle, on the training of Poor Law nurses and the need for standardisation of examinations.

Dr. Whillis said it was most important that vacancies for probationer nurses should be filled by the most suitable candidates. Outside influence on behalf of certain candidates was very often a source of danger, and he regretted to say, from personal experience, that the filling of appointments by influence and not fitness was the cause of many failures amongst the nurses, and caused a great deal of anxiety to superior officers.

All appointments of sisters and charge nurses should be made by Boards of Guardians under the guidance of the medical superintendent and hospital matron, or medical officers and superintendent nurses. He was convinced, however, that a better selection of probationer nurses would be made by the medical officer and matron, or superintendent nurse, as they alone knew the details of the work and what was expected; and as they were responsible for the training of such probationers, fitness alone would count.

The training for nurses was of the greatest importance, and a great responsibility rested upon those entrusted with their welfare.

AN EXAMINING BOARD AND STANDARD EXAMINATION.

As examinations for nurses vary in the different training schools, certificates of training must necessarily vary in importance. He suggested that the various unions in the district should combine to form an examining board, consisting of medical superintendents, infirmary matrons, and other persons qualified in medicine and nursing, and that a probationer should be required to pass the examinations decided upon by the board. A standard examination would ensure an efficient course of training by acting as a stimulus to lecturers and pupils alike.

The question of staffing the smaller union hospitals was one that could be well considered if an examination board were organised. It would be quite possible for such a board to take into consideration the question of some interchange between the larger and smaller unions. A smaller union might have its probationers transferred to the larger unions to complete their training, and thus obtain their certificates. Well-equipped and well staffed union hospitals offered opportunities for training second to no other hospitals.

DEFAUDING THE PUBLIC.

The public, the doctor said, knew a nurse only by her uniform, and were not sufficiently "in the know" to be able to distinguish between the trained and untrained. The public in the great measure were being defrauded, and the smaller unions, that appointed probationers without being in a position to give them a sufficient training, were aiding in the deception of the public by turning out untrained nurses.

RESOLUTION.

Mr. J. W. Coulson, Clerk to the South Shields Guardians, moved a resolution expressing general approval of Dr. Whillis's proposals, and inviting the Newcastle Board to convene a conference of representatives of those Boards in the district which are now training probationers, for the purpose of giving further consideration to the subject, and formulating a definite scheme.

The motion was seconded by Mr. Hoey, Chairman of the Sunderland Guardians.

In discussing the resolution, in which many took part, Mr. C. H. Leach, Darlington, said it was quite obvious that some probationer nurses had not had a sufficiently good elementary education to enter upon the work at all, and that in many cases the deciding factor was not educational fitness, but whether the applicant knew a Guardian or could bring influence to bear upon the Guardians.

If a higher quality of officer were required—and probably in no department was it needed more than in nursing—it would have to be paid for, and the expenditure would be justified. The sick poor could not be left in the hands of persons who were ill-equipped for the duties which they had undertaken.

He wished that the Local Government Board would absolutely prohibit certain unions from training nurses. Probationers should only be engaged in hospitals where there was a residential medical officer. He had a great deal to do, he said, with inducing the Darlington Guardians to abandon the training of probationers, on the ground that it was not fair either to the girls or to the public that training should be undertaken with the equipment at their disposal.

In some cases, after completing their probationary service nurses had had to go into a larger infirmary to qualify, and the superintendent nurse in their new place did not think any the better of them because of their training at Darlington.

Mr. J. Davidson, chairman, and Mr. Walker, clerk to the Newcastle Guardians, expressed willingness to assist the proposed conference; and Mr. Coulson's resolution was unanimously adopted.

Every effort made to secure a central standard examination is useful, but we have always deprecated the classification of Poor Law Nurses as calculated to depreciate their status in the nursing profession as a whole.

The real remedy for the present chaotic educational standards is the establishment by Act of Parliament of a Central Examining and Disciplinary Authority to organise the nursing profession as a whole. We want a minimum theoretical and practical standard of training for all nurses, a central examination, and one portal to the nursing profession. Above this standard many might add to their qualifications, but without giving evidence of this safe minimum of knowledge and skill no nurse should be granted the title of Registered Nurse.

KING'S NURSES IN SOUTH AFRICA.

In answer to questions and criticisms addressed to the Committee of the King Edward VII Memorial Scheme for the establishment of King's Nurses in South Africa, it has supplied the Press with the following particulars regarding the project. In passing, we repeat that it is much to be regretted that no trained nurse with expert experience has been given a seat on the Committee, especially as a medical man has been nominated by the committee of the Medical Congress to represent the medical faculty. It is stated that the committee is now engaged in working out details in consultation with available experts in the medical and nursing professions.

THE PROPOSALS.

The general proposals are threefold:—

(1) The establishment of nursing centres where most required in the four Provinces of the Union. By the end of the year the committee hope to start a centre of not less than three nurses in each Province. The nurses will work under the rules and regulations of the order as approved by the

medical profession and nursing authorities. It is intended to make the scheme and its working thoroughly South African. As far as possible the King's nurses should have full experience of South African conditions, especially in district nursing. They must be thoroughly trained in hospital work. A nurse cannot be accepted for responsible duties unless she has reached the standard requisite for registration in any part of the Union. In the choice of centres every care will be taken to avoid any competition or conflict with existing nursing associations and the work of their nursing staff. The Provincial committees which are now being organised, and, in fact, are in existence, will be consulted on the selection of localities for centres.

(2) To make provision for the services of a King's nurse in districts out of reach of the centres and of existing nursing associations when the local authority expresses a desire for her services, and upon terms to be agreed upon according to the needs and circumstances of the locality. Experience shows that, in the absence of widespread and effective organisation, a single nurse in many districts is not able to earn her living, and, though her services are frequently and urgently required, she has to leave. The committee hope to remedy this serious drawback.

(3) The provision of nurses for the needs of the native and coloured population. These needs are held to be distinct from those of Europeans, and consequently the contributions of the natives and coloured people will be devoted to the training of native and coloured nurses at Lovedale or similar institutions. Organisation, as well as funds, will be held distinct.

The executive committee are fully aware of possible dangers in certain districts to nurses if unaccompanied, and of the difficulties and cost arising from long cross-country distances. Every precaution will be taken, based on the experience of the nursing institutions at Kimberley, Capetown, and elsewhere, to guard effectually against danger.

The proposals appear fairly reasonable, but when the committee adds that at present the general plan is based on the lines already adopted in the working organisations in the United Kingdom, Canada, Australia and India, and approved by the medical and nursing professions in these countries, they should omit the United Kingdom, because for a vast number of district nurses—who are not Queen's Nurses—the standard of education and remuneration is so low—the profession of nursing at large, which has no legal status, is never consulted about it—and strongly deprecates its insufficiency. By the aid of State Registration of nurses in the South African States—a one portal system can be easily agreed upon—and the interests of trained nurses and in consequence those of the sick, can be wisely protected. We are pleased to note that the registration standards at present in force in the Union are to be maintained as a minimum. To be fair to South African nurses—those nurses wishing to be King's Nurses emigrating from home must be subjected to the same examination tests.

NURSES AND THE NATIONAL INSURANCE ACT.

There seems still to be great confusion in connection with the carrying out of the provisions of the National Insurance Act. In reply to a question by Mr. Aubrey Herbert in the House of Commons, as to whether district nursing would come under the heading of sickness benefit, medical benefit, or whether it would be considered an additional benefit, Mr. Masterman replied that the Commissioners had not yet prescribed on which specific benefit or benefits any grants made by approved societies or Insurance Committees should be treated as having been expended.

As to the condition of the grants, Mr. Masterman said that under Section 21 it was lawful for an approved society or Insurance Committee to grant subscriptions or donations in support of district nurses. It was not possible at present to make any statement as to what use they would make of this power.

Miss C. C. du Sautoy, County Superintendent of nurses for Somerset, has been appointed on to the County Insurance Committee.

PRIZES FOR NURSES.

The following prizes have been awarded to the nurses by the chairman of the Board of the Jessop Hospital for Women, Sheffield:—Probationer Jessie Lynam, first prize senior division; Probationer Beatrice Clark, second prize senior division; Probationer Effie Carr, first prize junior division.

ROYAL HONOURS FOR SERVICES AT MESSINA.

Nurse Gerrie, who rendered important services at Messina during the earthquake disaster which took place on December 28th, 1908, has been made the recipient of various medals and diplomas in recognition of her work on that occasion. She has been in America for rather more than a year, and has recently been to her home in Aberdeen on a brief holiday, where these medals have been forwarded to her on her arrival from Chicago. Two medals have been given to her from the King of Italy—one accompanied by a diploma and presented by the Italian Minister of Foreign Affairs, and the second a commemorative medal which, to transcribe the text of the message, "His Majesty the King of Italy has been graciously pleased to confer upon you in recognition of services rendered to the victims of the earthquake in Southern Italy of December 28th, 1908." The third medal, which is also accompanied by a diploma, is from the Red Cross Society of Italy; and is presented in recognition of her noble services to the suffering during that catastrophe.

APPOINTMENTS.

MATRON.

Stamford, Rutland and General Infirmary, Lincolnshire.—Miss Ruth Jones has been appointed Matron. She was trained at the General Hospital, Birmingham, where she held the position of Charge Nurse. She has also been Night Superintendent at the Children's Hospital, Brighton, Theatre Sister at the Stroud General Hospital, Sister and Home and Housekeeping Sister at the Infirmary for Children, Liverpool, and Matron of the Erith Cottage Hospital, Kent.

The Infectious Hospital, Tanfield.—Miss Margaret L. Campbell has been appointed Matron. She was trained at the Greenock Infirmary, and has had experience in private nursing.

The Cottage Hospital, Carnarvon.—Miss Phoebe Jones has been appointed Matron. She was trained at the Royal Infirmary, Liverpool, and has had experience in infectious nursing at the Grove Hospital, Tooting, S.W.

Rechin Infirmary.—Miss E. J. Milne has been appointed Matron. She was trained at the Royal Infirmary, Glasgow, and the Belvidere Fever Hospital, in the same city, and has also had experience in private nursing.

ASSISTANT MATRON.

Edinburgh District Asylum, Bangour Village, West Lothian.—Miss J. T. Muir has been appointed Assistant Matron. She was trained at the Royal Alexandra Infirmary, Paisley, and the Belvidere Fever Hospital, Glasgow, and has worked as a Queen's Nurse in connection with the Higginbotham Home, Glasgow, and as Day and Night Sister at the Manchester Royal Eye Hospital.

SISTER.

Montgomery County Infirmary, Newtown.—Miss Ada Golding has been appointed Sister. She was trained at the General Hospital, Cheltenham, and has been Sister in the children's and private wards at the Royal Albert Hospital and Eye Infirmary, Devonport, and Theatre and Night Sister at the General Hospital, Cheltenham.

HEALTH VISITOR.

Croydon Rural District.—Miss Daisy Crawford has been appointed Health Visitor. She was trained at the Bermondsey Infirmary and has held the position of Sister at the North Western Hospital, Hampstead, and the West Ham Infirmary, Whipps Cross, Leytonstone. She holds the certificate of the Royal Sanitary Institute.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Staff Nurse Miss Mabel L. Cutfield resigns her appointment (July 12th).

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Bertha Bennett is appointed to Gainsborough; Miss Annie Browne to Taunton; Miss Lydia Parnell to Andover; Miss Margaret Webber to Bushey.

RESIGNATIONS.

The resignation of Miss Cameron, who has been Secretary of the Scottish Branch of Queen Victoria's Jubilee Institute for Nurses for the past ten years, is felt to be an irreparable loss by all those who have been associated with her and realise how much her devotion has contributed to the success of district nursing in Scotland. Miss Cameron was on Friday, July 12th, presented with a handsome bureau and despatch case from the Scottish Superintendents and the Queen's Nurses, and expressed her great appreciation of the gifts and the kindness which prompted them.

The resignation has just been intimated to the managers of the Aberdeen Dispensary of Miss Lambert, who has been matron of that institution for a number of years past. Miss Lambert, who is a native of Newcastle, has been for over fourteen years in Aberdeen, and is well-known among the poor people of the city. Previous to being appointed Matron of the Aberdeen Dispensary, she was for four years in the operation department of that institution. Her kindly manner, and her careful attention to duty at all times have been recognised by all classes, and her departure will be much regretted, especially by the poor of the city.

PRESENTATIONS.

Miss Broomhead, of Morley, Leeds, who is retiring from parish nursing work, was recently presented with a purse containing £9, besides receiving other gifts, from parishioners and friends. Mrs. Giles Edmonds kindly gave tea to the subscribers at Houghton House, after which this token of appreciation was presented by Mrs. Johnson, on behalf of the donors. Miss Broomhead expressed her grateful thanks for the gifts, and her regret at severing her connection with her old friends. All good wishes follow her for her future welfare. Mr. F. Stayt also showed his interest by skillfully illuminating a large card with the list of donors, suitably framed, which accompanied the gift.

Miss Olive Golding, who for over two years has been parish nurse in the parish of St. Mary Redcliff, Bristol, and who has resigned the position on account of her approaching marriage with the Rev. S. Elder, of the Clerkenwell Parish Church, London, has been presented by the Vicar, the Rev. J. N. Bateman Champain, on behalf of the subscribers at a large gathering, with a handsome leather dressing-case. In expressing his regret that the parish would lose so capable and devoted a nurse, the Vicar said he was glad that, in her married life, she would be brought into contact with a great many people amongst whom she could continue her good work.

The Rev. J. F. C. Southam said that Miss Golding had paid over 200 visits weekly, and when large numbers had been stricken with sickness she had worked heroically.

NURSING ECHOES.

By the invitation of Queen Alexandra, the annual gathering of Her Majesty's Auxiliary Committee of the Queen Victoria Jubilee Institute was held at Marlborough House on Monday at 4.30. After the report for the year had been read by Lady Minto, Queen Alexandra addressed a welcome to the members of her Committee, thanked them for their efforts during the year, congratulated them on keeping up their numbers and their organization, and expressed her appreciation of the work of the nurses which the Committee existed to encourage. In conclusion, she asked the members of the Committee to take tea with her in the gardens.

The Lord Chancellor and Miss Haldane are "At Home" on Thursday, July 25th, "to meet the Matrons of the Territorial Force Nursing Service" at 28, Queen Anne's Gate, S.W.

An appeal is being made in behalf of the work now being done by Lady Minto's Indian Nursing Association in providing European trained nurses for our fellow-country men and women in Northern India and Burma. In 1906 only two small associations with 12 nurses existed—namely, in the Punjab and "Up Country," but other parts of Northern India were entirely without suitable nurses. There are now eight centres in the Punjab, United Provinces, Eastern Bengal and Assam, Rajputana, Central Provinces, Baluchistan, Burma, and Bengal, with five lady superintendents and 54 nurses. The scale of fees for the service of nurses is arranged according to income, so that they are within the reach of all at moderate charges. The expansion of the work is necessitating large expenditure, especially at the present time, as many of the nurses are completing their term of Indian service (five years) and are entitled to passages home, while others have to be sent out to take their place. The treasurer is Colonel Sir William Bisset, of 91, York Street, Westminster.

The recent opening of the Cottage Hospital at Haywards Heath by Princess Christian, as a memorial to King Edward VII., must have been a happy occasion for all those who have worked so hard to erect this charming little hospital; but none deserve more praise than the devoted Matron, Miss Barrett, who, with Dr. Wells, conducted the Princess over the institution—for the day a bower of roses,

sweet peas, and beautiful ferns—and with whom she took tea. The hospital originally started in a small cottage, Mrs. Elliot having left £600 for the purpose, and Miss Barrett has been Matron all the time. She was trained at St. Thomas' Hospital, and a neighbour writes: "She is very capable and much beloved." The new hospital contains two wards at either end of the building—one single and one double bedded ward—and an up-to-date operating theatre. Collections to aid the Hospital funds and to defray the day's expenses were made by Nurse Sherlow (Haywards Heath), Nurse Jackman (Wivelsfield), Nurse Weatherley (Wivelsfield), and Nurse Pearce (Balcombe), and on totalling up the proceeds it was found the sum of £48 12s. 4d. had been taken.

Mr. Alfred Cochrane, presiding at the meeting of the Cathedral Nursing Society at Newcastle-on-Tyne, said he could, in the most whole-hearted way, thank the Society, on behalf of the community, for the good and useful work it did. They owed a deep debt of gratitude to Miss Abraham and her staff of nurses, and to Miss Browne, of Westacres, the Hon. Secretary. The annual report states: "This has been in every way a very satisfactory year as regards our Society," and it goes on to say that 22,285 visits have been paid, and 1,952 cases have been attended. They have had their full complement of nurses, all of whom have been hard at work. Again the Convalescent Home has had a very successful season, 113 patients, in all, having been received there.

By the kind invitation of the Hon. Mrs. Stanley, Hon. Secretary of the Somerset County Nursing Association, the Hon. Secretary and Nurses of the affiliated Associations were last week received at Quantock Lodge, Bridgwater. Mrs. Stanley, in welcoming her guests, said that on the last occasion when she had a similar party, some six years ago, there were under 40 nurses working for the Association, now there are nearly 100. She pointed out to the nurses that, though Committees could do a great deal, the real success of the great work in which they were engaged depended upon themselves. About 60 of the 96 nurses were present, and after tea a photograph was taken, and then various entertainments, including Morris dancing, were much enjoyed, as was the beautiful drive of about 10 miles from the various railway stations to the Quantock Hills. Amongst those present were Miss Bridges, Inspector

for the South-Western Counties; Miss du Sautoy, County Superintendent; and Miss Norah Fry, Assistant Hon. Secretary.

Mistakes leading to friction still apparently take place at the Brownlow Hill Workhouse at Liverpool, owing to confusion between the titles of the Matron and the Lady Superintendent. It seems a nosegay intended for the Superintendent was addressed to the Matron, and naturally this officer retained and enjoyed the flowers. A distinct nursing title should be given to the Superintendent, who is responsible for the nursing of the patients and supervision of the nursing staff. This might help to avoid mistakes, which evidently are not conducive to the harmonious working of the institution.

The *Irish Catholic* evinces, we think, unnecessary anxiety concerning the faith of Queen's nurses and Lady Dudley nurses working in Ireland. It is quite natural that sick people like those of their own religious faith to attend to them—and this appears to be the aim, as far as possible, of the committees of these two nursing societies. Indeed, Miss Mynha Bradshaw, the Secretary of the Lady Dudley Nursing Scheme, states that every nurse working under the scheme is a Catholic, therefore the implied charge that Protestant nurses are favoured falls to the ground, as none are employed. We may add that there is no sectarianism or nationality in true nursing: to teach the beneficent laws of health and to relieve suffering—that is the fundamental tenet of our professional faith; let us cling to it, whatever our religion may be. No religion is of much account which is not broad based on tolerance and mercy.

◆◆◆ ANOTHER SUICIDE.

An inquest was held last week at Bournemouth into the death of a probationer nurse at the Bournemouth Isolation Hospital, Boscombe. Dr. Edwards, Medical Officer of Health, who is also Medical Superintendent of the Hospital, testified to the terrible injuries sustained by the deceased nurse, whose body was found on the railway line. In reply to a jurymen Dr. Edwards said that she had given satisfaction in the execution of her duties and there was nothing he knew of to cause her distress. The probationer who shared her room said she was worried about her mother and sister, who were ill, but she was quite happy in her work. The Matron, Miss J. E. Cook, testified that on the night of her death the Night Sister reported that the nurse was not in bed. As it was after 10 o'clock she became alarmed and sent the porter to look for her.

The jury returned a verdict of suicide whilst temporarily insane.

THE GUY'S HOSPITAL GARDEN PARTY.

The Annual Garden Party at Guy's Hospital, on the invitation of the Governors and Medical Staff, is always a most enjoyable event, participated in by many hundreds of former members of the medical and nursing schools.

This year the day (Thursday in last week) was superb, and the Park was crowded with ladies in summer toilettes and men in bright academical robes, renewing old acquaintance and enjoying the excellent music. The balconies outside the wards were also utilized to their fullest extent, by patients as well as for tea parties, and the scene, with the grey walls of this fine old hospital in the background, was very gay and animated.

A limited number gained admission to the lecture theatre in the new School Buildings—crowded to the utmost capacity—where the medals and prizes were distributed to successful students by the Marquess of Salisbury, G.C.V.O.

The Treasurer, Viscount Goschen, who presided, first called upon the Dean to present the Annual Report of the Medical and Dental Schools. The statistics showed that, in common with all other medical schools, the entry of medical students had declined. In 1911 the students registered in the General Medical Council only numbered 1,232, as compared with 2,405 in 1901, which was the lowest record since 1872. It was attributed to the uncertainty of the prospects of the profession, which deters parents from putting their sons into it.

The ceremony of the prize distribution then took place, and in the course of his speech Lord Salisbury paid a high tribute to the nurses of this country. He was, he declared, lost in admiration of nurses—all nurses—who, he said, were always cheerful, skilful, and industrious. In private practice they might have to deal with tiresome and rude patients, but they must never resent it, but loyally do their best to cure them. They must realize, therefore, how hard and devoted was the life of nurses. Proceeding to venture on a word of criticism, Lord Salisbury suggested whether the hospitals of London were not in one sense too generous. Considering the advantages of the treatment conferred, were they not too indiscriminate in giving them for nothing. Many people availed themselves of their services in serious illness who might pay, but did not pay for anything. Was that prudent or fair? Why neglect a source of revenue which seemed so obvious when patients could and so ought to pay?

If the great hospitals laid themselves out to provide more paid accommodation they could provide more institutions, not only for the quite poor, but for the quite rich. He instanced the treatment of the Duchess of Connaught recently in a Canadian hospital, and asked if this was possible in Canada why not in England? Many people who needed operative treatment had not houses suitable for the purpose. The alternative was a nursing home. There were good nursing homes, but there were also very bad ones, and if someone turned his attention in Parliament to the inspection and registration of nursing homes he would be employing his time to great advantage. He had heard stories of such homes as would make one's hair turn. If hospitals made provision for paying patients there would be an end of nursing homes.

We fear that the noble Marquess does not appreciate the economic side of the question. The treatment of hospital patients is limited to the few members of the medical profession appointed on the staffs of these institutions, and if the paying patients of independent medical practitioners were driven into hospitals when seriously ill, they would be starved out of existence.

The same applies to trained nurses, who find a legitimate means of livelihood in maintaining nursing homes for the reception of paying patients. But we agree most sincerely with Lord Salisbury in believing that many nursing homes need mending or ending. The present evils arise from the fact that many of these homes are not managed by trained nurses at all, but are commercial speculations run by people with no knowledge of nursing. The remedy is to be found first in the legal registration of trained nurses, and the recognition only of those homes which are superintended and nursed by registered nurses.

After a cordial vote of thanks to Lord Salisbury, moved by the Senior Surgeon, Mr. Symonds, and seconded by Dr. Hale White, Senior Physician, the audience dispersed, adjourning first to the marquee and the terrace, where tea was served, and then to the wards, which were all in festal array, the light department, the dental school buildings (which during the last twelve months have been very greatly enlarged), the Henriette Raphael Nurses' Home, including the Preliminary Training School, the Gordon Museum, with its unique collection of wax models, and many other departments of interest, so that "God save the King," the signal that a very pleasant afternoon had come to an end, was played by the band all too quickly.

REFLECTIONS.

FROM A BOARD ROOM MIRROR.

Queen Alexandra, accompanied by Princess Victoria, paid a visit last week to the British Home for Incurables, at Streatham, and was received by Lord Strathcona, the president, and members of the board of management. Her Majesty made a thorough inspection, conversing with practically every inmate, and inspecting the work on the building of the Queen Alexandra wing, which is being erected to celebrate the jubilee of the home.

By invitation of Mr. H. J. Tennant, M.P., and Mrs. Tennant, a meeting was held on Monday at 33, Bruton Street, W., in aid of the building fund of the Nurses' Home at the Great Northern Central Hospital, Holloway Road, N. Mr. Tennant, who presided, said that the present arrangements for the nurses were not conducive to their comfort or their health, to economy or to efficiency. Dr. Alexander Morison, senior physician to the Hospital, spoke in support of the project, and Mr. Glenton Kerr, the Secretary, asked for £12,000, toward which they had 30 guineas.

One of the most distressing things in our public hospital wards is the knowledge of the approaching death of fellow patients. All that can be done is to place screens around the bed, but the atmosphere of approaching dissolution is thus demonstrated, and is most painful to sick people. This question was recently discussed by the Academy of Medicine at Paris, when the following resolution was adopted that "Measures should be taken so that patients should not be treated under circumstances compelling them to suffer by witnessing the spectacle of sufferings and death," as is the case in wards containing forty beds in the State hospitals of the Assistance Publique.

It was stated that the new hospital at Lyons is to be the most perfect in the world; and amongst the improvements it is to have separate rooms for patients who are in a hopeless condition. Professor Vidal, in reply to M. Pinard, who deplored that not a single hospital in France possessed any accommodation of this description, protested that his own clinic in the Hôpital Cochin provided patients with the last consolation of passing away in separate chambers; but he strongly objected to such rooms being called "rooms for the dying," since those who were transferred thither from the wards were immediately conscious that they would never leave them. The real need for such special rooms was rather in the interests of the other patients than of desperate cases, who were generally past caring about their surroundings. M. Mesureur, chief of the State hospitals, agreed with Professor Vidal.

On Thursday in last week Princess Victoria of Schleswig-Holstein, who has always taken a great interest in the work of the Great Northern Central Hospital, paid a visit to the institution in the

Holloway Road, for the purpose of receiving the collections made by the members of the League of the Roses and presenting the badges to the collectors. The collections handed to the Princess amounted in the aggregate to £521 1s. 11d. (the central division heading the list with £196 12s.). At the conclusion of the ceremony Her Highness inspected three of the wards. Tea was served in the matron's sitting-room.

The Queen's Hospital for Children, Hackney Road, has received a cheque for £715 17s. 5d. from Lady Mildred Allsopp as the proceeds of the recent concert at Grosvenor House.

NEW SCHOOL OF NURSING AT MILAN.

We are indebted to Mme. R. Perez, of Pavia, for the welcome news that a new School of Nursing has recently been started in Milan. The Scuola Infermiere "Principessa Jolanda" is attached to a private hospital, and Mme. Perez writes: "I am much indebted for the organization both of the school and hospital to the matrons of English hospitals, and am also very grateful to THE BRITISH JOURNAL OF NURSING, of which I am a constant reader, for the perfect knowledge that it has given me of so many points of view of the nursing question.

"I know that our efforts will meet with your sympathy and encouragement, and am very sorry that, owing to the organization of this professional school in Milan and a class which I hold daily in my husband's wards in Pavia, I shall not be able to go to the Congress at Cologne, where I should have had the invaluable chance of meeting so many women working for the same ideals.

"The difficulties of combining a nursing school with our hospitals have determined us to organize, according to the English system, a small hospital of 40 beds. The probationers, to be under the supervision of English Sisters, will be trained for two years, and in their third year will work in a number of reformed wards in the civil hospitals, where the system must be complete and where the administration will be separate from the rest of the hospital, by which means only will it be possible to demonstrate the immense benefit for patients and doctors of the trained nurse."

We are pleased to learn from Mme. Perez that although she cannot be with us at Cologne, she will send a report of her very valuable work to the Congress. Italy will be well represented, as Miss Baxter, Matron of the Ospedale Gesù e Maria at Naples, and Miss Dorothy Snell and a contingent of nurses from the Scuola Convitto, Regina Elena, at Rome, are to be present.

OUTSIDE THE GATES.

WOMAN FINDS FIRST SCHOOL OF EUGENICS.

The following article, contributed by Miss Agnes E. Ryan to the *Woman's Journal*, Boston, U.S.A., is so important and so interesting that we print it *in extenso*.

"There's a new hope astir in the nation. Fear and despair in regard to some of the fundamental aspects of life will give place to the new School of Eugenics that is just launched, and significant quickening will follow. The preliminary announcement is published this week. The School of Eugenics opens this autumn. Its founder and director is Dr. Evangeline Wilson Young, of Boston. Its purpose is to meet three pressing and growing needs in every community, and to this end it will be divided into three departments. The first will consist of courses of lectures and instruction to meet the needs of (a) mothers who find themselves unable properly to instruct their children in the facts of sex; (b) teachers who are unable to meet the school-room problems constantly arising which involve moral questions; and (c) all social workers who, in their work with either young people or adults, need to understand more specifically the problems which centre about sex.

"The second department will be a normal course, extending from October to March. This department is planned for the purpose of giving suitable training to those who wish to equip themselves to give instruction in sex education. A staff of specialists, who are dealing at first-hand with social problems of this kind, has been secured to act as instructors and lecturers. During the year opportunity will be given to hear several of the leading speakers of the country on the subject of race regeneration.

"The third department of the new school will deal with extension work throughout New England. This work will be carried on by the faculty of the school, who will give lectures on all phases of eugenics before clubs and schools and various organisations.

"So far as we know, this is the first School of Eugenics in this country. There are many indications that the time is ripe for such a school. In New York, Massachusetts, and a few other States, the demand for speakers on eugenics has greatly exceeded the supply. At the Congress of Charities and Corrections, at Cleveland, June 7th-19th, no less than twelve hours were given to this subject. Addresses were made by clergymen, teachers, physicians and social workers. Recently the American Federation for Sex Hygiene met at Atlantic City, and discussed the subject very thoroughly. There is now scarcely a conference on educational or social work that does not give a prominent place on the program to eugenics, while three years ago the word sex was not tolerated on such programs. A lecture on the subject was given recently at the Conference of Rural Social Workers, in connection with the Agricultural

College Extension work at Amherst. On July 3rd, a similar lecture will be given before the American Institute of Instructors, at North Conway, N.H., at its eighty-first annual meeting, when the subject of eugenics will be dealt with for the first time in the history of the institute.

"At the conference in Cleveland, where moral, sanitary, and economic aspects of eugenics were freely considered, certain definite conclusions resulted:

"1. That we should denounce the false and unscientific tradition of the necessity of vice.

"2. That we should abolish for ever the unjust double moral standard for men and women.

"3. That we should repress by every known means the commercialism of vice. The methods advocated for children and adults were (a) education; (b) legislation. These sentiments were repeated and enthusiastically applauded by practically every speaker at the conference. No other three conclusions could have better paved the way for the School of Eugenics; and no other three conclusions could, in my judgment, be more in line with the Votes for Women movement.

"The new school will be like a new star shining bright and clear in the murky, cloudy sky of white slavery, social diseases and race degeneracy. It is a star of hope. Think of it! A school whose sole purpose is to teach how the race may be well born! Every suffragist will hail it with delight. Every believer in Votes for Women will want to help on the new project, and watch its development. It is advance work, and out of it is coming New Legislation. The School of Eugenics is one of the fair young daughters of the feminist movement. Watch her. She will make this a new world. She will yet make all men and all women glad they were born."

BOOK OF THE WEEK.

"THE WOMAN HUNTER."*

This story sets out to tell of a young and pampered girl on her wedding journey. Though she had not lacked proposals, she had elected to wed the vicar of a little East-end parish, who had succumbed to the charm of her—perhaps to the flattering hero-worship of her—in violation of his pre-conceived convictions and intentions. Too straitened in means to afford a honeymoon, he takes her direct to the squalid neighbourhood that is to be her home, and on the journey he studies New Theology. This is only a foretaste of what is to come.

Their home-coming was cheery, in its way.

"On the fire a baby copper kettle boiled, on the square little table a white cloth with a crochet border was spread with a big loaf, a half-pound pat of butter and earthenware teapot, thick platter cups, a dish of water-cress, and shrimps."

"It was all so sweet and quaint and simple that she sat down on one of the wicker-chairs, and

laughed and wept into the lace handkerchief she had not considered it too extravagant to use on her wedding day."

Alan Hartland was really the most impossible bridegroom that could be imagined. Apparently, no sooner had his marriage vows passed his lips, than he was possessed with the notion of having fallen from his ideals. He proposes to dedicate the week of their bridal happiness to God, "and not a single kiss will I permit myself." At the end of this period the bride is smitten with scarlet fever, and on her convalescence both agree that the arrangement shall be permanent.

At the end of two years Nerissa "still regarded her husband as a saint and something of a hero, but she no longer loved him. She had become Hartland's right hand. So he congratulated himself he had, by the grace of God, converted his back-sliding into a blessing, making her an agent in a good cause."

Eventually, he retires into a Trappist monastery, and she, of course, meets her affinity in the shape of Otto Bellairs.

"And so you are neither wife nor widow. That explains you where I found you inexplicable." He seemed to find her tragedy of Hartland something of a comedy—for when, brokenly, she reached the climax, briefly describing Hartland's retirement into a monastery and final abandonment of her, he exclaimed harshly—

"Oh, good Heavens! what an ass! what a dashed, dashed prince of asses!"

But all things come to those that wait; and, in due course, Alan is obliging enough to die, and leave the course of true love free to Otto and Nerissa.

A book that will be welcomed for the holidays.
H. H.

COMING EVENTS.

July 23rd.—Meeting of Central Midwives' Board. Penal Cases. 2 p.m.

July 23rd.—Women's Local Government Society. American Fair, Bedford College, South Villa, Regent's Park. 3.30-7 p.m.

July 24th to 30th.—First International Eugenic Congress. July 24th.—Reception and Inaugural Banquet, Hotel Cecil, Strand, 7 p.m.

July 25th.—Opening of Congress, Great Hall, University of London, Imperial Institute Road, South Kensington, S.W. 10 a.m.

July 24th.—Garden Party at Kingston Infirmary, by invitation of the Matron. 4-7 p.m.

July 25th.—Monthly Meeting Central Midwives' Board.

July 27th.—Irish Nurses' Association. Social gathering, Killiney Hill, Victoria Gate. Cyclists' meet, Park Gate, 4 p.m.

July 27th.—Meeting of members of the Trained Women Nurses Friendly Society (approved by the National Insurance Commissioners). To elect officers and to pass rules. Medical Society's Rooms, 11, Chandos Street, W. 5 p.m.

August 3rd to 9th.—International Council of Nurses. Triennial Meeting. Congress. Exhibition, Cologne.

* Arabella Kenealy. Stanley Paul & Co., 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 MADAM,—I was surprised and very delighted to find I had got the prize for the Weekly Competition in your paper. Thank you very much for the cheque just received.

Yours sincerely,

LUCIE MAULTON.

Nurses' Home,
St. Bartholomew's Hospital, E.C.

A PRACTICAL SUGGESTION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—As a member of the nursing profession, and one who has been the Matron of a Nursing Home for over thirteen years, and started her career twenty-five years ago, I wish to enter a most emphatic protest against the statement made by Lord Salisbury, when speaking at the Medical School of Guy's Hospital, on Thursday, in last week.

It seems to me that the time has arrived when it is necessary for the owners of the nursing homes in this country to associate themselves together for mutual protection. The object would be that every nursing home throughout the Kingdom would be approached by the representative of the association, and careful enquiries made into its methods and general standing, and only approved nursing homes of good repute would be allowed to become members.

The association should publish a periodical and a list of the members at regular intervals. The chief object of the association would be to show the public what nursing homes were above suspicion in every way; and a register should be kept of fees charged, &c. The association could also act as a medium through which changes and sales of nursing homes could be conducted. Legal and accountancy advice would be given to the members, at low figures. All advertising to be prohibited.

I should be glad if any interested in this letter of mine would write to me, and give me their help in forming an Association for the protection of the good name of our Nursing Homes.

Yours, &c.,

1, Nottingham Place, LILLIE M. STOWER,
London, W.

[As a step towards the Registration of Nursing Homes, we heartily support Miss Stower's practical suggestion.—Ed.]

THE MATERNITY BENEFIT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I agree with your correspondent that it is hard on married women, and on those unmarried women, who require no maternity benefit, if the mothers of illegitimate children are to come on insurance societies as well as to receive payment for the expenses incidental to the birth of their children under the bastardy laws, for in that case the unmarried mothers are the best off, and the married and single women have to pay for the maternity benefit in the case of illegitimate births.

I may further point out that it has been authoritatively stated that domestic servants past the age of child-bearing may not exchange this benefit for any other, such as increased sickness, invalidity, or pension benefit. Certainly funds must be found now to finance this obnoxious Act, but why should the women always pay, pay, pay so heavily?

Yours faithfully,

TRAINED NURSE.

REPLIES TO CORRESPONDENTS.

Several Nurses "on their own."—The Insurance Commissioners have decreed that it will be necessary for nurses working on their own account as private nurses to be insured. They add:—"The only case generally in which a nurse will not have to be insured is the case where she receives patients into her own home for treatment." It will be well, if possible, to present the card for the patient to stamp at opportune times, although as the contract of service is usually a weekly one, the stamps must be cancelled weekly.

Anxious, London.—We believe the point is still under the consideration of the Insurance Commissioners, and that the London County Council is pressing for a decision.

OUR PRIZE COMPETITIONS.

FOR JULY.

July 27th.—What are the common sources of bacterial infection?

FOR AUGUST.

August 3rd.—What points would you observe on the admission of a new patient to a ward, and why?

NOTICE.

THE TRAINED NURSES' FRIENDLY SOCIETY.

APPROVED BY THE NATIONAL INSURANCE COMMISSIONERS.

Miss Mollett, Hon. Secretary, will be at 431, Oxford Street, W., daily, and will be pleased to give all information possible to those desiring to join a Friendly Society of professional nurses.

The Midwife.

REQUEST FOR MATERNITY NURSING.

Subject to his wife's life interest, Mr. Henry Severin Power of Westbridge for thirteen years chairman of the Navy League, has left £20,000 to form a "Widow's Aid Fund" to assist pregnant married or unmarried women with medical care and nursing before, during, and after confinement, so as to ensure, as far as may be, their safe delivery and their restoration to health and strength, and to assist them afterwards in the rearing of their offspring. He states: "I am sincerely desirous that some of the money I may leave behind me should do women some little good, and if it suffices to some extent to spare a mother pain and give a few better hours, the money will not have been earned by me entirely in vain. . . . I am especially anxious that expecting mothers should have skilled care at the critical weeks which precede confinement, and that they be nursed until really strong enough to resume their avocations." The fund is to be administered by Mrs. Caroline Hurly, Mrs. Margaret Sanson, Mrs. Edith Weathered, Mrs. Sophia Allen, and Mr. Frederick Morris, the hon. secretary of the Marylebone Branch of the Charity Organisation Society.

So far as we are aware this is the first bequest of the kind made by a man.

A BABY SHOW AT CURRY MALLET.

An important winter lecture and maternity grand (to the Health Department District Nursing Association, Southampton) baby show was organised by Miss Cook, Lecturer in Nurse, and others interested. All thirty mothers of ages varying from forty weeks to ten months were well dressed and in many cases having been "inspired" by the nurse. Mrs. Crossin opened the lecture and offered a prize to the mother for the baby judged by Miss de Souza, the County Superintendent to be the best girl and boy. Her Secretary, the Hon. Mrs. Gertrude Langham, gave the other six prizes for the babies and retained the most votes.

MAORI NURSE-MIDWIVES.

The Department of Hospitals and Clinics and the Wellington New Zealand have organized a system of nursing for Maoris by European and Maori nurses, preference being given to Maoris who have shown their ability for nursing. In the event of it being necessary to appoint two nurses for the natives of any particular district it will, if possible, be arranged that one nurse shall be a European and the other a native.

The nurses are appointed and paid by the

Department, and are under the control of the Hospital Board of the District to which they are sent. Those appointed must be midwives as well as nurses, and their first duty will be to attend on the natives, but they will be also expected to attend on Europeans in case of emergency. Amongst the duties enjoined upon them are to advise expecting native women, and where possible, to attend them in their confinements. To pay special attention to the feeding of native children, and to advise the mother accordingly. To keep as far as possible a record of the births and deaths of natives in their district. They are also required to report on the sanitary condition of the houses, and the prevalence of sickness therein, and to pay visits of inspection to the native schools, their reports being subsequently transmitted to the Education Department.

THE PROTECTION OF MATERNITY IN FRANCE.

The *Englishwoman* for the present month contains a most interesting article, over the signature "Juliette Hoels", on the Protection of Maternity in France, in which the writer says:—

There is but to deal with destitute and very poor mothers is the greatest problem of modern civilisation. The welfare of a race is largely influenced by its treatment of unprotected maternity, not only on account of the women themselves, but for their children, the citizens of the future, whose birth and incessant needs are the pitiable helplessness of childhood. It not only destitute a very large proportion of mothers in great communities, lower down the ladder of destitution, besides, being the only mothers on the State whose quite indispensable work commands no pecuniary reward, they have to look chiefly to others for their means of subsistence, while they unable perform their primary duties. Moreover, mothers are the "chronically wounded" of the nation's arm. In war the vast majority of the soldiers come out of action without a scratch, but a mother cannot quit her battlefield without a wound, which leaves her enfeebled for many weeks afterwards, quite apart from the ceaseless care she has to devote to in the life.

The Poor Law of England, we are told, is very shortly to be overhauled and entirely re-organised. Let the nation see now that the claims of the destitute and poverty-stricken mothers receive adequate attention. In our present callous neglect of destitute motherhood, from a national point of view, we yearly throw thousands of new-born boys to the scrap-heap, and we enfeeble tens of thousands who just manage to survive. Poor Law

assistance is at best a sorry substitute for the honourable extra wage which the community pays for the work of all men, *in case one day they may have a family to support*; but, at present, the Poor Law is the chief widespread aid at hand for poor British mothers in their months of helplessness; and it should be made as efficacious and as little galling as possible.

"While Englishmen, in the maternity clauses of the Insurance Bill, have just commenced timidly to approach this vital problem, Frenchmen—more imaginative, more really practical, more far-sighted—have been at work for years on a composite scheme for the protection of maternity. The ever-dwindling birth-rate in France has made it most urgent to save as far as possible the new-born lives. Possibly, Englishmen cannot forge the teeming birth-rate of half-a-century ago; but ominous signs are not wanting that in a generation England will have to face the problem of self-annihilation, which so disturbs patriotic Frenchmen to-day.

"The French scheme to assist maternity consists of a series of 'Secours' (aids), partly municipal, partly private, all carefully organised and financed to work together smoothly. The various 'Secours,' which supplement each other, and do not overlap, are very instructive and interesting, because both humanity and common sense rule in their administration. They are broadly divided into three series: (1) Relief for self-supporting expectant mothers; this is really an excellent scheme of maternity insurance. (2) Skilled attendance for any necessitous or overburdened woman (of any class) at the time of her child's birth. (3) Relief for the poor nursing mother, either free or in the nature of insurance. Originally all, or nearly all, the free 'Secours' were intended for deserted girl-mothers, but they have been thrown open to equally necessitous widows and deserted wives. An admirable feature of relief for maternity throughout France is the utter absence of any inquisitorial questions as to antecedents. The presence or absence of a wedding-ring is ignored. 'Here is a perishing mother to be succoured; here is her endangered offspring to be preserved. Those two patent facts are quite sufficient.

"All countries supply a necessitous mother with more or less adequate assistance in her time of direst need; but it is not of much national advantage to care for mother and infant at the time of birth, if the woman has previously been exhausted by starvation and over-work, or if for the succeeding months the entebled and hampered woman and her young infant are left alone to shift as best they may. In Paris and the provinces, there are many institutions which invite the expectant mother to cease work for from four to eight weeks before her confinement, according to her condition. In Paris, there are several working-homes ('Asiles-Ouvroirs'), like that of the Rue Saint Jacques, also maternal refuges attached to certain private and municipal dispensaries and hospitals, where women can be received for rest both before and after confinement. The entertainment in the

Asiles-Ouvroirs is quite free, but more private in some places can be secured for a minimal payment. It is astonishing how the physique of a starving expectant mother improves at these homes. The Asiles-Ouvroirs provide light work for the resting women, who receive the pay they have earned when they leave the home.

"No compulsion is used to bring the women into resting-homes. The Frenchman, with his real common sense, has turned no legislation against the expectant mother, such as exists in England. Switzerland, Denmark Switzerland only imposes a fortnight, Denmark a week, of compulsory idleness before confinement. He considers it a barbarity to forbid a solitary woman to work until the State sees its way to recompense her for weeks of enforced idleness, which, possibly mean permanent unemployment in the future.

"A valuable part of the municipal aid to expectant mothers is the free 'consultations,' which advise an ignorant working girl on the management of her health, and supply her, if necessary, with food, medicines, &c. These consultations are well patronised by factory and other work-girls; and can be attended at the various hospitals, dispensaries, &c. The Assistance Publique grants yearly, for the succour, in their own homes, of very poor expectant mothers (married or single) a sum of 100,000 francs (£4,000."

We advise our readers to procure and read in its entirety this most interesting article.

INFANT MORTALITY.

The public work of Dr. Helen MacMurchy, of Toronto, Canada, is well-known on this side of the Atlantic, and her third report on infant mortality addressed to the Hon. W. J. Hanna Provincial Secretary, and printed by order of the Legislative Assembly of Ontario, will be received with the respect it deserves.

Introducing the subject, Dr. MacMurchy quoted the opinion of some of the great daily papers in the Dominion of Canada. Thus the *Ottawa Free Press* says, "Governments in this country spend hundreds of thousands to teach the farmer how to raise colts and calves and pigs. Not a dollar is spent to teach the mother how to rear her young. The light seems to be breaking, however, and it is to be hoped that the Ontario Government will initiate steps to carry out the recommendations of its investigator," and the *Peterborough Examiner* says, "Herein is raised a more important question than reciprocity or tariffs. These have to do with our pockets, but the question of marriage of the fit or unfit has to do with the quality of our homes, the good or bad quality of our population."

DO PEOPLE KNOW?

How many of the citizens of Ontario know, asks Dr. MacMurchy, that we buried nineteen babies under one year old every day in Ontario in 1909, or 6,932—nearly 7,000—in that one year.

The cost of burying a baby is about 50 dollars. It cost the people of the Province of Ontario about 350,000 dollars to bury these dead babies. It would have cost much less than that to keep them alive, and half of them could easily have been kept alive. Dr. Wodehouse, the Medical Health Officer of Fort William, saved 42 babies for 194.98 dollars, including medicines for the poor, nurses' salary, and car tickets. This is less than 5 dollars each. But babies' funerals cost 50 dollars each. And then Fort William has the 42 babies. Ontario has them too.

A dead baby is a liability till its funeral is paid; but a living baby is an asset and liable to grow into a good Canadian.

WHAT IS A CANADIAN WORTH?

And what sum is a good Canadian worth to the country? What was Sir John MacDonalld worth, or Alexander Mackenzie, or Laura Secord, or Lord Strathcona? And it is not only the dead babies. Such a death is merciful compared with the life of the poor victims of various ills that our ignorance and carelessness condemn our children to!

What sort of Canadians will live in Canada from 1932 to 1982? Those that are now cradled in their mothers' arms—if they are not clutched from that kind embrace by disease or by death?

SOCIAL INCOMPETENCE.

Our industries are improving, our commerce is enlarging, our wealth accumulates; but what of the art of living itself? Modern industrial methods have changed all the habits and the surroundings of by far the majority of our people. But, though this happened two generations ago, at least in Canada, we have never yet emancipated ourselves from the social ignorance and social incompetence which either cannot see these changes or will not do anything about them. Yet social action is the only possible action. Individual action cannot deal with such a situation. National action, Government action, collective action, municipal action, not individual action can save the baby.

PROVINCIAL AND MUNICIPAL ACTION.

The province and the city must secure a clean water supply and a clean milk supply. One father and mother cannot establish a modern system of quick sanitary and satisfactory garbage disposal. The city must do that. One citizen cannot pay for paving the street with asphalt. The city can do that, and he can pay his share. One citizen cannot compel the careless or covetous landlord to abolish the abominable outside privy and avail himself of the cheap water-carriage lavatory that the excellent system of sewers, and water supply in Toronto, and most of the other cities renders available.

We have quoted Dr. MacMurchy's admirable report as some length because these questions intimately concern midwives and nurses in all countries. Of what avail the skill of doctors, midwives and nurses at the time of an infant's

birth if the air he breathes is foul, tainted, poisonous; if the conditions under which he lives (if he survives, probably stunted and debilitated) conduce to vice and alcoholism? It is not enough that we fulfil our professional obligations; we have also civic and communal duties, and to discharge them we need the lever of Parliamentary franchise in order to press for reforms never easy to attain, not because they are not necessary, but because the "careless and covetous" cling to their vested interests.

THE PROTECTION OF INFANT CHILDREN.

It is interesting to learn that during the past year the Ontario Government took steps to forbid expressly the separation of any infant from its mother before such infant is of the age of nine months at least.

It is hoped that the revision of the Act to regulate Maternity Boarding Houses and for the Protection of Infant Children, now proceeding in Ontario, may do something to lessen infant mortality. Certain advertisements now appearing in the newspapers should, says Dr. MacMurchy, be disallowed. To attract those in a desperate position by advertising that infants are received for adoption often means, it is greatly to be feared, that these same helpless infants are condemned to a slow, cruel death by starvation. Starved, because the wretched places often do not know how to keep a child alive, even if they want to, not to mention their ignorance of the well-known rules of hygiene now being observed all over the world.

THE ILLEGITIMATE CHILD.

One class of infants, we read, adds an awful burden to the infantile mortality. The child that has no father. Repudiated and disowned by the man who is responsible for its existence, it begins that existence under a handicap so overwhelming that it is next to unknown for such a child to obtain a footing in the community. Surely the fact that such a child is disowned should justify the community in going one step further and ordering that since that dishonourable fact is the only one known about the innocent child, the iniquity and desertion of the father should entitle the child to the protection of the State. To "rescue" the woman at the expense of the child, or with little thought or concern for the poor child, is a matter of doubtful morality.

Many of these children are strong and healthy, but their death-rate is almost twice as great as the death-rate of legitimate children. That death is often simply murder, and a slow and cruel murder, of a helpless victim. It is time we faced and thought out this matter of what to do about the illegitimate child.

How many illegitimate children are there in that ghastly death-roll of 1,727 in Toronto? We do not know. We have no information on that point in the Report of the Registrar General for 1909, nor any about the 8,768 infants who died in Ontario in 1909 under one year old.

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EDITORIAL.

THE DISPLAY OF ORDINARY CONSIDERATION.

"The world's a room of sickness, where each heart
Knows its own anguish and unrest,
The truest wisdom there and noblest art
Is his who skills of comfort best."

All members of the nursing profession who read a letter from an ex-patient in the *Church Times* on the subject of the personal characteristics of nurses in a London Hospital will grieve that it is possible for such charges to be brought against their order. For the letter is written soberly and restrainedly, but it is evidently the opinion of the writer that the ordinary courtesies of life are not to be expected of hospital nurses unless they are inspired by the religious motive.

We are far from desiring to under-rate the influence of Christianity as an ennobling factor in character, but, in the name of our common humanity, we must claim that it often exhibits nobility, unselfishness, consideration, and gentleness of a high order. Even uncivilized Africans, usually regarded as barbarians, lavish the greatest kindness on children, not necessarily their own; the devotion of Indian ayahs to their charges is well known, and the nursing instinct is only the mother instinct developed in another direction. The author of the letter referred to writes:—

"As one who has recently undergone an operation in a general ward of a London Hospital, I should like to ask whether it is impossible that the earlier spirit which prevailed in hospitals should be revived. . . . In my own case, as I was being wheeled towards the lift on the way to the anæsthetic room, the nurses who accompanied me were shrieking with laughter at some foolish joke, and the whole atmosphere was one of

callous indifference towards the mental and physical sufferings of the patient. One needs to have been through an operation oneself before one can realize the tremendous difference it would make to feel at such a moment that there was at least one person who was touched with a feeling of pity.

"Similarly, in regard to the daily dressings, etc., after an operation, I do not plead for an exaggerated show of sentiment, on the part of the nurses, which would be out of place, but merely for the display of ordinary consideration and gentleness in dealing with suffering humanity; and this, I venture to think, is not what one usually finds in the general wards of a large hospital, if my own experience, and what I have heard from others, may be said to prove anything. In my own case, out of the dozen nurses who at different times attended me, two only showed what I should call ordinary consideration and kindness, and both of these I afterwards discovered, were truly religious women. Is it not a fact that without religion the ordinary nurse tends to become hardened, and so to regard each patient merely as a 'case' and nothing more?"

Once again we say no. If the woman is of the type from which nurses should be selected, it would be quite impossible for her to behave in the manner described by the correspondent, whether professedly actuated by religious motives or no. But the truth is that the women now applying for vacancies in hospitals are, as a whole, of an inferior type to those of a quarter of a century ago, and this condition is likely to continue, and to become accentuated, until nurses have some professional status, the result of which in New Zealand, as Dr. Chapple has shown, has been to attract a better class of women to the profession and to raise the whole standard and tone of nurses in the Dominion.

THE PREVENTION OF DEAFNESS IN CHILDREN.*

By MACLEOD YEARSLEY, F.R.C.S.

Senior Surgeon to the Royal Ear Hospital; Consulting Aural Surgeon to the Royal School for Deaf and Dumb Children at Margate; Otologist to the London County Council Deaf Schools; Visiting Aural Surgeon to the Association for the Oral Instruction of the Deaf and Dumb, &c.

(Concluded from page 44.)

SUGGESTED METHODS OF PREVENTION.

I have endeavoured to be brief in setting before you the factors which, under present conditions, make for deafness in children; it now remains to offer for discussion, with equal brevity, suggestions as to the best method of meeting those factors with a view to the prevention of the deafness likely to result from them. I trust that those who speak will amplify them and add to them.

BETTER CARE OF EARS.

The first task which lies before us is to endeavour to ensure a better care of the ears in infancy and childhood. This includes the operation of all measures of hygiene, feeding, pure milk, fresh air, &c., that tend to the better care of infants and children generally and to the prevention of those diseases which, as we have seen, lead to the development of affections of the ear, nose, and throat. It also includes better care of the ears when diseased. The work of Dr. Knyvett Gordon, to which allusion has already been made, shows how much can be done to save the hearing in ears attacked by the infectious fevers, and, as he recommends, an otologist should be attached to every fever hospital. Were this done, the percentage of serious cases of deafness and middle ear suppuration, due to scarlatina, measles, diphtheria, and allied diseases would very soon diminish.

As I have said, school medical inspection is getting into touch with those children whose ears need attention. The school doctor can indicate them as requiring treatment, but there his function ceases. The great difficulty appears to me to lie in making sure that treatment is carried out. Granted that the child has been ear-marked for treatment by the school doctor and that the parents have consented thereto—

HOW IS TREATMENT TO BE OBTAINED?

If parents are willing, so much the better; for those who are not willing, the Children's Act may have to be used to persuade them, which means, sometimes, loss of precious time. But, granting that the child is to have treatment, how is it to be obtained? He may be taken to a hospital or to the parent's private practitioner, and it may be assumed that he obtains adequate advice. Here comes the difficulty in dealing with ear cases—and especially with suppurative ear cases—how is that advice to be put into practice? An operation may be performed, but in many cases its mere performance is not enough. The cause may be removed, but the effect has to be dealt with. Discharging ears need appropriate treatment, catarrhal ears require inflation. The former must have constant and regular cleansing if they are to be relieved, and this cannot be done properly at home. Nor can such cases be dealt with efficiently at hospital or by the private doctor, for the parent can afford neither the time for daily visits to the one nor the fees for them to the other.

THE NEED FOR SCHOOL CLINICS.

These cases of chronic discharging ears are the *bêtes noires* alike of the private practitioner and of the hospital out-patient clinic. They should be treated either by skilled nurses, under medical direction and inspection, who attend certain schools or centres daily, or they must be arranged for at a school clinic. Personally, I am of opinion that the school clinic must come, because it is the only really practical way out of the difficulty of dealing with the discharging ears of school children.

But, important as it is adequately to deal with deafness and diseases of the ear in children who are already at school, we must go much farther than this if we wish seriously to endeavour to avert the heavy affliction entailed by loss of hearing. We must go to the infant before school age. I have pointed out that the great majority of the primary ear diseases, middle ear suppuration and catarrh, arise from nasal causes, chiefly adenoids, not including, let it be understood, those due to the infectious fevers.

EFFECTS OF ADENOIDS.

Adenoids, even if the middle ear escapes implication by extension or infection, even if they disappear as the child reaches puberty, may leave behind them a chronic catarrh of the post-nasal space or adhesions about the openings of the Eustachian tubes which

* Read at the Health Exhibition, London, 1912.

hamper the normal movements of those openings and so bring about a progressive deafness in later life. It is, therefore, in the early years of the child that we must seek to prevent deafness. We must make sure that the child's post-nasal space is kept free and unaffected by disease. It must be remembered that this space behind the nose—the nasopharynx—is the anatomical meeting-place of several passages. Into it open the Eustachian tubes leading to the ear, the nasal chambers, the cavity of the mouth, the food and air passages, so that it is a centre from which or to which infection can spread.

THE TREATMENT OF ADENOIDS.

Adenoids, which may be in themselves a very fruitful source of infection, must therefore be treated consistently and conscientiously. Not only must they be removed with care and thoroughness, but the catarrhal troubles which they leave behind must also be treated. It is not enough to remove these growths and expect everything to go well, but after-treatment must be followed out to relieve any pharyngitis or rhinitis that remains. Everything must be done to ensure a free and healthy airway through the nose, which alone is adapted to the physiological preparation of the air in respiration.

PREVENTION OF ADENOIDS.

But again we must go farther; we must do our best to prevent the occurrence of adenoids by proper hygiene of the upper air passages, fresh air, proper education in the use of the pocket-handkerchief, and the avoidance of conditions likely to lead to the formation of the growths. Most people now know something of the importance of respiratory exercises in the development of nasal-breathing, but few realise how important these exercises are in infant life. It is in the very young child that the genesis of defective respiration must be studied. In the sucking infant, if he breathes only by the mouth, not only do the nasal cavities not develop, but they may even retrogress, and the child who does not unconsciously devote several hours a day to nasal respiratory exercises cannot and does not profit completely by the advantages of a normal nose.

DANGERS OF IMPROPER ARTIFICIAL FEEDING.

The intensity of the respiratory exercises can be seen by those who will watch the infant at his mother's breast. In the normal child, fed naturally, the prolonged current of air that

passes through the nasal cavities during the act of sucking regulates the circulation of blood in the nose and, as it were, cleans the nasal fossæ. In the child fed artificially, unless precautions are taken to regulate the sucking and the proper use of the air, dust and microbes of all kinds will stagnate upon the badly irrigated mucous membranes, giving rise to repeated inflammations of the nasopharynx, which bring about disturbances in the nutrition of the tonsil situated in that space and the enlargement of which gives rise to adenoids. Hence, in badly conducted artificial feeding and in the use (or rather, abuse) of the pernicious and abominable "comforter," there is a fruitful factor in the occurrence of adenoids. Recently Barraud, of Lausanne, has pointed out that a great majority of adenoid cases occurs amongst the artificially fed, and a minimum in countries where normal maternal feeding is most common. This furnishes one reason more—and a very strong one—for advising all mothers to do their maternal duty and become complete mothers whenever it lies in their power to do so. However well artificial feeding be carried out, it can never be considered as other than a makeshift. It has been asked often why adenoids appear to be more common than formerly, and why they are more often found amongst town dwellers and in manufacturing countries than in agricultural districts, and in Anglo-Saxon countries than in Spain and Italy. You have just heard the answer.

BETTER EDUCATION IN PREVENTION OF DEAFNESS.

Thanks to the ceaseless toil of those who work in the cause of scientific research, the past decade has given us a sound knowledge of the conditions which lead to deafness and diseases of the ear in the child and the adult. How are we to disseminate that knowledge, acquired by much hard labour, and to ensure that it may lead to practical results and so discharge the debt of gratitude we owe to those who have indicated to us the path to be followed? We can do this by educating teachers and mothers. To attain this end, however, there must be a more complete realisation on the part of the medical profession generally of the importance of deafness and of the vital necessity for preventing it in childhood. It is one matter to *know* a thing, it is quite another matter to *realise* it. The seed must be planted when the soil is best fitted to receive it, and that time is when the doctor is a student. I would urge the importance of

teaching the broad principles of otology, especially as they affect the child, to every student of medicine, making a sound, practical knowledge of them one of the essentials to qualification. No doubt the burden of an expanded curriculum is already heavy for the student, but my suggestion would not add very much to it, and the knowledge would be implanted when the mind is fresh and eager. It is the things that are learned during our student days that sink deepest and become habits. We could thus ensure that the general practitioner would be in a better position early to recognise the threat of ear disease and the necessity for the prompt calling in of expert assistance. Effective prevention can only be attained by anticipation, which means ceaseless vigilance and prompt interference.

EDUCATION OF TEACHERS.

The elementary school teacher possesses no small potentiality for helping us in the fight against acquired deafness. Every teacher of school children can help the parents of his charges and persuade them for their children's good. Therefore every teacher should be to some extent a physiologist. We could place this power in their hands by giving them some knowledge of the causes which lead to deafness and of how to recognise them. This is being done for the teachers of the London County Council by lectures on the care of the ear, nose and throat, so that they may have the opportunity of becoming fully alive to the opportunities presented to them for the prompt recognition of threatened ear disease during school life.

EDUCATION OF MOTHERS.

In the pre-scholastic period of the child it is the mother who is responsible for the care of her children's ears; when the child goes to school that responsibility is shared by the teacher. Among parents there is much ignorance and superstition, often a good deal of apathy and indolence, to be met. As Bishop Boyd Carpenter has recently pointed out, it is parental ignorance that is continually barring the way to our efforts for the good of the child, the child who is to follow us as the citizen of the future, to whom we have to entrust the honour of keeping unsullied a glorious past. But, in many cases, ignorance and superstition can be dispelled and apathy and indolence can be overcome by the education of the mother. Every good mother is willing and wishful to learn what is best for her child if she is only approached in the right way. The instinct is there; it only wants a little guidance. In the

Sixth Annual Report of the Borough of St. Marylebone Health Society it is noted that the number of cases of epidemic diarrhoea during the exceptionally hot and trying summer of 1911 was noticeably small and the death-rate from that disease was smaller than that of any other Metropolitan borough. This was due largely to the education given to the mothers by the Society, a teaching which was appreciated and welcomed by them. If a result so gratifying can be attained in one department, it can be reached in another. Arrangements are being made to teach the mothers of St. Marylebone the elementary principles of the care of children's ears, and I believe that this will be attended with a like success.

THE NATIONAL BUREAU.

Among the many bodies that exist for the dissemination of principles of hygiene there has recently been inaugurated the National Bureau for Promoting the General Welfare of the Deaf. If that Bureau, which has just completed its first year of activity, can see its way to help in the prevention of deafness as well as in promoting the general welfare of those already deaf, it will assist in a grand work and will have a great and useful future.

OUR PRIZE COMPETITION.

WHAT ARE THE COMMON SOURCES OF BACTERIAL INFECTION?

We have pleasure in awarding the prize this week to Miss Alice Rhind, West Mayfield, Edinburgh, for her paper on the above subject.

PRIZE PAPER.

A knowledge of the conditions under which bacteria grow and flourish will materially help us in realizing the chief sources of danger.

Bacteria require—(1) Moisture; (2) Food; (3) Heat; (4) Little light—they prefer darkness.

(1) Moisture is necessary to bacteria, as to all living things.

(2) Food.—The food of all bacteria that nurses need be interested in is dead or living organic matter—*i.e.*, material of animal or vegetable origin—a minute particle of which is an ample supply of nourishment for millions of bacilli. They all require oxygen: the aerobes grow with free oxygen; anaerobes get it by chemically decomposing substances in the medium in which they grow. It is to anaerobes that the putrefaction of the body after death is due.

(3) Temperature.—According to Dr. F. W. Andrews, bacteria may be divided into three

groups—one which flourish in a temperature of about 70 degrees F.; another in a temperature of between 98 degrees and 100 degrees F. (the ordinary body temperature is ideal!); and a third group of them may grow at a temperature as high as 160 degrees F. The disease-producing bacteria belong to the second group mostly, although a few belong to the first, and to the third Dr. Andrewes attaches no particular importance.

(4) Light.—Most bacteria are killed by prolonged exposure to light, and fairly soon by exposure to sunlight.

The chief sources of infection naturally are where all these requirements are found most abundantly.

(1) Water and soil may be full of deadly infection. Tetanus bacilli are frequent inhabitants of the soil.

(2) Food is a great carrier of infection generally, and possibly the most active germ-carrier we have is milk. Scarlet fever, cholera, typhoid, diphtheria, for instance, may be freely bought with a pint of milk which has come in contact with any such infection.

(3) Sewage is an ideal breeding-ground.

(4) "The animal body likewise offers admirable facilities for their multiplication, and apart from any invasion of the living tissues. Our skins are covered by a layer of dead organic matter, which varies in thickness according to our habits of personal cleanliness, but is never quite absent . . . and it has been shown that their" (bacteria) "numbers abound in our underclothing from the time we put it on fresh from the wash till we cast it off." The inner surface of the body "is even more favourable to the growth of bacteria, owing to the greater moisture and more equable temperature."

Any of these sources becoming infected with the bacilli of any particular disease, and no preventive measures being taken against them, a widespread epidemic may arise. Fortunately, the mere presence of bacteria is not enough to actually cause the trouble. There is against it the power of resistance of the healthy tissue; infection is largely a question of the susceptibility of the person infected. "The healthy person living in healthy conditions is less susceptible, and the unhealthy person living in unhealthy conditions is more susceptible." We can check the growth of bacilli to a very large extent by thinking more about health: diminishing overcrowding; by improving ventilation in dwellings, factories, workshops, and the like, and admitting sunlight—above all, *sunlight*.

We might advantageously remember in our grumbling about the weather that rain is a factor of great importance in carrying bacteria to the ground and washing them away; snow is even more effectual. Bacteria are only accidentally carried by the air and wind; they cannot grow and multiply there.

(In writing this paper reference has been made to "Lessons in Disinfection and Sterilization," by F. W. Andrewes, M.A., M.D. Oxon., F.R.C.P. Lond., D.P.H. Cantab.—A. B.)

HONOURABLE MENTION.

The following competitors receive honourable mention: Miss F. Waters, Miss G. Campling, Miss O'Brien, Miss Macfarlane, Miss M. Robinson, Miss I. James, Miss Fanning, Miss E. F. Stokes.

Miss Waters says that infection is due to the presence of bacteria or micro-organisms in the body, which grow and increase in suitable soil, and have been carried there by the lungs, the alimentary canal, or by the skin. The infection is generally carried from one human being to another, and heat, closed rooms, and ill-health help on the growth of the germ. It may be produced by contact with an animal, or even be derived from the soil.

Miss Campling mentions as common sources of infection ashpits (organic refuse), badly drained soil, baby comforters, bites or stings, crowded and ill-ventilated rooms, sputa of phthisical patients, cats, contaminated milk or water, dustcarts, dust and dirt, dirty cooking utensils, dirty cisterns, defective drains, decayed teeth, flies, imperfect wells, oysters, stagnant pools, and tinned foods; also diphtheritic and offensive discharges, soiled dressings, dirty hands, instruments and dressings, and infectious diseases.

A NEW REGULATION.

As we find that we have had to disqualify several excellent papers by reason of their length, we propose to extend the limit to 750 words.

QUESTION FOR NEXT WEEK

What points would you observe on the admission of a new patient to a ward, and why?

Miss V. James, describing the preparation of a specimen of urine, says that the method of taking samples depends a good deal on the particular thing for which you are examining. If for reaction the sample must be quite fresh, if for specific gravity you must have a mixture of the urine passed in the 24 hours, if for albumen the same.

COLOGNE, 1912.

THE EXHIBITION.

Below will be found the Preliminary Programme of the International Council Meeting and Congress, which opens on Monday, August 5th, in the Gürzenich, at Cologne, previous to which a Nursing and Health Exhibition will be opened at 11.30 a.m. on Saturday, August 3rd, in the Marzellen Gymnasium, in which our National Council will take part.

RECEPTION IN THE GÜRZENICH.

The German women think that the Congress should be inaugurated by a social function, so that the nurses of all nations can become known to one another. This is a happy idea, so they have arranged a social function on Sunday evening, August 4th, and a delightful reunion it promises to be. At 7 p.m. there will be a Reception in the beautiful Banquet Hall of the Gürzenich, at which there will be an Organ Recital, to be followed by Addresses, and a Concert by the world-famed Cologne "Mannerchor" (Men's Choral Society). There will be an interval for refreshments, and then, in a series of Living Pictures, a Pageant of German Nursing, called The Triumph of Hygeia, will be presented. This Pageant will end with the group "Modern Nursing," in which nurse representatives of all nations will appear in uniform. Miss B. Cutler, our Hon. Secretary, will appear for England; Miss M. Wright, Matron of Stobhill Hospital, a member of the Matrons' Council of Great Britain and Ireland, for Scotland; and Miss B. M. Kelly, Lady Superintendent, Dr. Stevens' Hospital, Dublin, and Official Delegate, Irish Nurses' Association, for Ireland.

There is to be lovely music, and none present will fail to appreciate the delightful hospitality arranged in their honour.

Sister Agnes Karll hopes, if convenient, that nurse's uniform may be worn, as she wishes the public to realise its variety and charm.

THE INTERNATIONAL COUNCIL OF NURSES.

(Founded in July, 1899.)

THIRD TRIENNIAL MEETING.

PROGRAMME.

MONDAY, AUGUST 5TH.

MORNING SESSION, 9.30 a.m. to 12.30 p.m.

The Third Triennial Meeting and General Assembly of the International Council of Nurses

will be held in the Gürzenich, at Cologne, on Monday, August 5th.

Chairman: **Fraulein Agnes Karll, R.N.**, President of the International Council of Nurses.

AGENDA.

1. Call to Order.
2. Address of Welcome: The President.
3. The Watchword, "Aspiration": Mrs. Bedford Fenwick, Founder of the International Council of Nurses.
4. Minutes of the London Meeting: Miss L. L. Dock, R.N., Hon. Secretary.
5. Report of the Hon. Secretary.
6. Report of the Hon. Treasurer, Miss M. Brevay.
7. International Recognition of the Services to the Nursing Profession of the President, Fraulein Agnes Karll.

Invitation to Fraulein Agnes Karll to accept the Honorary Membership of the National Council of Trained Nurses of Great Britain and Ireland; Mrs. Bedford Fenwick, President.

Music—German National Anthem.

8. The Affiliation of National Associations of Nurses: Welcome by The President.

(a) The Trained Nurses' Association of India.

(b) The New Zealand Trained Nurses' Association.

Presentation of the Representatives of incoming Associations: Mrs. Klosz (India), and Miss Jeannie M. Sutherland (New Zealand).

Music—The British National Anthem.

9. Speech in Honour of the Dead: The President.

Isla Stewart, Great Britain & Ireland.
Isabel Hampton Robb, United States of America and Canada.

Jeannie Kildare Treacy, Ireland.

Jane Winifred Thorpe, India.

Louis Lande, France.

Music.

10. Election of Hon. Officers.
11. Selection of Next Meeting Place.
12. Resolutions—
 - (a) On the Rights of Citizenship—Women's Suffrage.
 - (b) On State Registration of Nurses.
13. Welcome of Members of Allied Organisations.

AFTERNOON SESSION, 2 to 4 p.m.

1. Report of the International Committee on Nursing Education.

The Preliminary Education of Nurses: Presented by Miss J. C. van Lanschot Hubrecht, President Dutch Nurses' Association.

2. Organisation and State Registration:

(a) England: Report from the Society for State Registration of Trained Nurses. Miss Christina Forrest.

(b) United States America: Miss Charlotte Ehrlicher, late Superintendent of the German Hospital, in Brooklyn, U.S.A.

(c) Germany: Sister Emma Ampt.

5 p.m. Festival by the Municipality of Cologne in the Floral Town Gardens.

THE INTERNATIONAL CONGRESS OF NURSES IN THE GÜRZENICH.

PROGRAMME.

TUESDAY, AUGUST 6TH.

Morning Session.—9 a.m. to 12.30 p.m.

President of Session: Miss M. A. Nutting, R.N., Director, Department of Nursing and Health, Teachers' College, Columbia University, New York, U.S.A.

THE OVERSTRAIN OF NURSES.

Speakers:

Herr Regierung's and Geheimer Medicinalrat Hecker, Strasburg.

Oberin Meyer, Dortmund.

Miss Margaret Breay, London.

Sister Spruijtenburg, Amsterdam.

Discussion.

Afternoon Session: 2 to 4 p.m.

President of Session: Mrs. Bedford Fenwick.

1. THE PLACE OF THE MATRON IN THE TRAINING AND EDUCATION OF NURSES.

Speakers:

Miss M. Mollett, England, formerly Matron of the Royal South Hants and Southampton Hospital. (In German.)

Miss Anna Maxwell, United State of America, Superintendent of Nurses' Training School, Presbyterian Hospital New York.

Fraulein Agnes Karll, Germany, Berlin.

Discussion.

2. THE PLACE OF THE MATRON IN THE ADMINISTRATION OF HOSPITALS.

Speakers:

Sister Lisbeth Becker, Evangelischer-Diakonieverein Germany.

Sister Verwey-Mejan, Holland.

Mother Mary Albens Fogarty, Ireland.

Sister Mary Ignatius, Mercy Hospital, Chicago.

5 p.m. Visit to the Lindenbug Municipal Hospital.

Evening Session, 8.30 p.m.

President of Session, Fraulein Hedwig Busch, Hanover, Women's College, Evangelical Women's League for Social Work.

THE SOCIAL WORK OF THE NURSE.

Reports by Miss M. A. Nutting and Miss Wald, New York. Read by

Sister Marie Lustnauer, Louisville City Hospital, Fraternal Delegate from Kentucky.

Speaker: Fraulein Agnes Karll.

WEDNESDAY, AUGUST 7TH.

Morning Session, 9 a.m. to 12.30.

President of Session: Miss Mary A. Sniveley, formerly Lady Superintendent of the General Hospital, Toronto, Canada.

Afternoon Session: 2 to 4.

President: Fraulein Agnes Karll.

THE SOCIAL WORK OF THE NURSE.

(Special Branches.)

1. Miss Beatrice Kent, London. (In German.)
2. Care of Orphans: Sister Martha Oesterlen, Stuttgart.

3. The Work of the Police Assistant: Sister Henriette Arendt, Ascona.

4. Homes for Working Women: Sister Alyce v. Tümping, Davos.

5 & 6. The Care of Babies: Sister Else Knoerich, and Fraulein W. Schubert, Darmstadt.

7. Welfare Work for Consumptive Patients: Sister Dorothea Taubert, Solingen.

Sister Tilanus, Amsterdam.

Sister Maiken Lütken, Copenhagen.

Sister Emmy Lindhagen, Stockholm.

Discussion.

8.30 p.m. Banquet of Delegates and Visitors in the Hotel Disch.

THURSDAY, AUGUST 8TH.

Excursion to Kaiserswerth.—Departure 9.30 a.m., by steamer. Fare: dinner on board and ticket on electric car, at Dusseldorf, 5s. From 1 to 6 p.m.: Visit to the Kaiserswerth Deaconess House. Afternoon coffee. Return by steamer to Dusseldorf, 6 p.m. Leave Dusseldorf for Cologne by train, 8 p.m.

FRIDAY, AUGUST 9TH.

Whole day Excursion to Bad Neuenahr, Ahrweiler. Departure: Central Station, 9.30 a.m., on the invitation of Herr von Ehrenwall. Luncheon 11.30 a.m., as guests of the Kurverwaltung. Visit to Bad Neuenahr. Departure for Ahrweiler, 2.30 p.m. Visit to the San. Rat. v. Ehrenwall's Sanatorium for Nervous and Mentally Diseased Patients. Afternoon tea in the Forest. Return to Cologne, 8 p.m. Fare 4s.

THE BUREAU.

There will be a Congress Office in the Gürzenich, at which visitors should at once call, where tickets, badges and information can be obtained (from 1st to 3rd August, apply at Quartermarkt).

TICKETS.

The price of tickets will be as follows: For Congress and Exhibition for members of the

I.C.N., and for all nurses, 3s. For others, 5s. Day tickets for Congress, each session, 6d. Exhibition, after opening day, 2½d.

Banquet tickets, 10s. each, including wine.

Excursion to Kaiserswerth, 5s.

Excursion to Neuenahr and Ahrweiler, 4s.

All those wishing to attend these functions should procure their tickets as soon after arrival as possible. As 550 visitors (exclusive of residents) have already notified their intention of attending the Congress, everything should be done promptly, so as to facilitate arrangements.

BADGES AND RIBBONS.

Badges and ribbons will be supplied; the brassards will be embroidered with the name of country. In our case Great Britain and Ireland will distinguish members of our National Council with I.C.N. in gold. Those nurses who in addition wish their nationality still further distinguished can wear a ribbon with the words England, Scotland, or Ireland on it, but must provide these badges for themselves. There is certain to be "Wearing of the Green."

On presentation of Congress ticket the town permits free visits to the museums. Arrangements have been made for conducting parties over public institutions, hospitals, and places of interest, from 10 a.m. to 5 p.m.

Sister Agnes Karll may be addressed at Baseler Hof, Hermannstrasse, 17-19, Cologne; and Miss L. L. Dock, c.o. Thomas Cook's Tourist Agency, Cologne.

MEETING OF THE EXECUTIVE COMMITTEE.

There will be a meeting of the Executive Committee of the I.C.N., held at the Gürzenich on the morning of August 4, to consider the Agenda for the following day.

Owing to the very serious illness of Dr. Anna Hamilton, of Bordeaux, and the sad death of Dr. Lande, we fear the Bordeaux Schools will not be represented at the Congress. We extend our deepest sympathy to those who, at past meetings, have taken a leading part in supporting their proceedings. The Bordeaux representatives will be greatly missed at Cologne.

A POOR TALE.

This week we have been preparing a Report from Great Britain for the meeting of the International Council of Nurses at Cologne. Same old story in so far as nursing status is concerned. As in London 1899, Buffalo 1901, Berlin 1904, Paris 1907, London 1909, so will it be in Cologne 1912. No organization—no educational standards—no economic protection—no legal status—no nothing!!!

Nothing but the conscientious conviction that our demands are just—devotion to duty—and determination to have justice for the sick and our noble work whatever it costs. But it's a very poor tale from Florence Nightingale's country.

OUR CONGRESS NUMBER.

Next week we shall issue a Congress Number of this JOURNAL, with portraits of some of the principal people who will take part in the deliberations at Cologne. Amongst them a new picture of Sister Agnes Karll, to whom will be offered the Honorary Membership of the National Council of Nurses of Great Britain and Ireland on August 5th, in recognition of her splendid work for the organization of Nursing in Germany and the truly international spirit evinced by her during her term of office as President of the International Council of Nurses. Portraits of most of the official German delegates will appear, and, amongst others, the new President of the Canadian Nurses' National Association, Miss M. Ard Mackenzie; the Hon. Vice-President for India, Miss C. R. Mill; Miss Hester Maclean, President, and Miss J. M. Sutherland, delegate, of the New Zealand Trained Nurses' Association. Extra copies of the JOURNAL should be ordered early from the office, 431, Oxford Street, London, W., and taken to Cologne, as it will contain much useful information.

AMERICAN SUPERINTENDENTS IN COUNCIL.

In the report of the Annual Convention of the Superintendents' Society (now the National League of Nursing Education and affiliated to the American Nurses' Association) reported in the *American Journal of Nursing*, we find many delightful bits. Discussing "How can Training Schools best Co-operate with Educational Institutions?" Miss Knapp said: "Affiliation with an educational institution gives prestige."

Miss Bloomfield said: "There is surely more impetus and inspiration for young women in being connected not only with an institution dealing with sorrow and suffering, but at the same time one teeming with wide-awake humanity and throbbing with enthusiasm and power."

A paper by Miss Foley on "What can Training Schools do to Meet the New Demands on Nursing?" was received with enthusiasm.

Miss Foley said: "Nurses' training makes them more than skilled workmen, it gives them more than a trade and their daily bread; it places them in the ranks of the master craftsman who creates while he executes; and granting this, may not the school that gives high ideals, worthy ambitions, and a generous,

carefully planned training to its pupils, best prepare them for success in meeting the new demands upon nursing?"

Miss McIsaac's account of nursing conditions met with in all parts of the country was given in a most interesting manner. She said:

"This National Society of ours represents 20,000 nurses; and the strength of opinion which may emanate from 20,000 good women working together for a common good is not to be despised, and we may even hope that in some quarters it may be feared. The common good for which we strive can be stated in six words: better schools, better nurses, better service."

Mr. Gilbreth said: "I have always thought of a hospital as a Happiness Factory."

The subject, "The Night Staff in a Hospital," was prepared by Miss Anna C. Jamme, who said: "It seems a far cry from the 'Lady With the Lamp' making her nightly rounds amongst her thousands of patients in the miserable barracks to our clean, cheerful, comfortable wards of to-day: yet the problem of the care of patients is ours now, as it was hers then."

In the paper, "The Staff Nurse in England," prepared by Miss Gertrude Cowlin (St. Bartholomew's Hospital) and read by Miss Krueger, she wrote: "I believe that in this country the paid and qualified staff nurse as we know her in England, does not exist in hospital administration, and although America has a wealth of ideas to offer us in respect to organization, yet I think perhaps it will be ready to acknowledge how valuable in the existent scheme of things in England is the hospital staff nurse."

NURSES AND THE NATIONAL INSURANCE ACT.

Trained Nurses do not seem to object less to the Insurance Act now that it is in force. Private nurses dislike it most, as they suffer the loss of professional prestige by its enactment. The fact of taking the card to private patients weekly will be most invidious, and many private nurses working on their own intend if possible to pay the whole tax of 26s. and not present the card. Members of co-operative associations will all in time have to pay an equivalent of the whole, as the clerical labour may require an extra clerk. In time the only thing to do is to revise the private nurse's fee, as of recent years Acts of Parliament have put additional burdens on the work of trained nurses.

APPOINTMENTS.

MATRON.

The Royal Hospital for Diseases of the Chest, City Road, E.C.—Miss Mary S. Rundle has been appointed Matron. She was trained at St. Bartholomew's Hospital, London, E.C., where she subsequently held the positions of Night Superintendent and Assistant Housekeeper. She has also been Night Sister, Sister Housekeeper, and Acting Assistant Matron at the Royal Free Hospital, Gray's Inn Road, W.C. Miss Rundle was selected by the League of St. Bartholomew's Hospital Nurses to hold the Isla Stewart Scholarship, at the Teachers' College, Columbia University, New York, U.S.A., for one year, and therefore has had the advantage of systematic training in the duties of a Matron.

The Hospital, Ilkerton, Yorkshire.—Miss Eileen O'Gorman has been appointed Matron. She was trained at the General Hospital, Wolverhampton, and has held the position of Sister at the Devonshire Hospital, Buxton, and the General Infirmary, Gloucester, and has been Night Sister at the District Infirmary, Ashton-under-Lyne.

The Infectious Diseases Hospital, Alcester.—Miss Bella Mitchell has been appointed Matron. She was trained at King's Cross Hospital, Dundee, and since 1901 has been Senior Charge Nurse and Deputy Matron at the Hospital, Skym Corner, Bromley Common, Kent.

The Infectious Diseases Hospital, Paugor.—Miss Nellie Jones has been appointed Matron. She was trained at the Lodge Road Fever Hospital, Birmingham, and has been Assistant Nurse at the City Hospital (North), Liverpool.

Poorhouse and Hospital, Dumbarton.—Miss J. L. Turnbull has been appointed Matron. She was trained at the Burnhill Hospital, Glasgow, and has held the position of Charge Nurse at the West Hospital, Aberdeen, and at Stobhill Hospital, Glasgow, and has also been Assistant Matron at the Oakbank Hospital in the same city. She is a certified midwife.

ASSISTANT MATRON.

Long Grove Asylum, Epsom.—Miss M. M. Thorburn has been appointed Assistant Matron. She was trained at the Royal Infirmary and the City Hospital, Edinburgh, and has been Assistant Matron at the Stirling District Asylum, Larbert, and at the West House, Morningside, Edinburgh.

SISTER.

Stirling District Asylum, Larbert.—Miss Elizabeth Terris Taylor has been appointed Sister. She was trained at the Royal Infirmary, Manchester, and has been Charge Nurse at the Simpson Memorial Hospital, Edinburgh, and Night Sister at Barrow-in-Furness Hospital.

CHARGE NURSE.

The Workhouse Hospital, Chell, near Tunstall, Staffs.—Miss Annie Sidley has been appointed Charge Nurse. She was trained at the Wolstanton and Burslem Union Hospital, and has been Charge Nurse at the Chesterfield Union Hospital.

The Workhouse Infirmary, Newport, Monmouthshire. Miss Bessie Louisa Scott has been appointed Charge Nurse. She was trained at Shirley Warren Infirmary, Southampton, where she has been temporary Ward Sister and Maternity Sister. She has also been Charge Nurse of Women's, Children's and Maternity Wards at Steyning Union Infirmary.

Miss Olive Minnie Adams has also been appointed Charge Nurse in the same institution. She was trained at the Bagthorpe Infirmary, Nottingham.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Sister Miss Margaret F. Steele resigns her appointment. Staff Nurse Miss Isabella McE. Beaton and Staff Nurse Miss C. Skinner resign their appointments.

Miss Agatha M. Phillips, Staff Nurse, to be Sister.

QUEEN VICTORIA'S JUBILEE INSTITUTE. TRANSFERS AND APPOINTMENTS.

Miss Bacon is appointed to Leicester as Superintendent; Miss Hannah Newton, to Gateshead, as Senior Nurse; Catherine Bamford, to Dewsbury; Miss Winnie Clark, to Dewsbury; Miss Gertrude E. Davies, to Somercotes; Bertha Foulkes, to Hampstead; Miss McIvor, to Cardiff; Miss Ruby E. Radburn, to Brixton; Miss Marion E. Rolls, to Crawley; Miss Mary Stephens, to Swanley.

MEDALS FOR NURSES.

At a recent meeting of the Joint Committee of Management of the Richmond District Asylum, Dublin, Nurse Youelle and Nurse McKenna were the recipients of the prize medals annually awarded by Mrs. McDowel Cosgrave for meritorious work in connection with the management of the institution. The chairman, Mr. R. Jones, J.P., in making the presentation, said that the fact that they had obtained the prizes was a testimony to their zeal and their ability in the discharge of their duties. The nurses suitably returned thanks.

THE PASSING BELL.

The traditions of the nursing profession that those in their charge must be served even unto death found practical expression in a railway accident in Western Pennsylvania, when an excursion train filled with 300 men, women and children returning from a day's outing was run into by a heavy freight train; nearly every person in the rear car of the passenger train was killed, and in the front of it were fifteen children from a charitable organisation in charge of two nurses, who had been taken from the "Black Country" for a picnic up the line in the "Green Country." One of the nurses sacrificed her life in endeavouring to save her charges. Her name is not mentioned in the accounts which have reached us, but her profession is the richer that she thus bravely performed her duty, and we may be sure that she will in no wise lose her reward.

NURSING ECHOES.

On Friday, the 19th inst., Queen Alexandra visited the East End of London to attend the Flower Show of the People's Palace and East London Horticultural Society at the People's Palace. Her Majesty then drove to Bow, and opened the new Tredegar House, built on a site given by Lord Tredegar, to be used as the Preliminary Home of London Hospital probationers. Queen Alexandra was received by the Chairman (the Hon. Sydney Holland), the Matron (Miss Lückes), and other prominent officials. After an address and the presentation of Mr. Rowland Plumble, the honorary architect, who has given £5,000 towards the new building, Queen Alexandra declared the building open, saying: "I declare this building open, and I hope God's blessing may rest upon it and all who work in it." She was then conducted over the Home, and promised to send a photograph of herself. The new school, which has cost £12,000, is opened free of debt, and contains accommodation for 30 pupils, who are taught for seven weeks—this number just meeting the loss at the London Hospital during that term.

We have always been of opinion that the Preliminary Training of nurses is very urgently required before they begin their ward work. Much, of course, can be taught systematically in seven weeks, but it is far from a sufficient term, and may result in superficial cramming. Six months devoted to preliminary theoretical and practical training is the very least time in which it can be possible to secure a thorough course, and if the Probationers at the London Hospital were given a three years' term of training—instead of two—the Preliminary Course could be made more thorough.

Whilst other hospitals, such as St. Bartholomew's, fail even to supply their nursing staffs with an efficient Nurses' Home, where the teaching department of the nurses can be organized, the London, in comparison, is to be congratulated on going ahead and securing the necessary buildings. The course of teaching can be extended at any time.

It may not be generally known that the Board of Education subscribes liberally several hundred pounds a year towards the education of nurses at the London Hospital. Why should not other large hospitals apply for a grant? They have an equal right to it.

The grievances of the staff nurses in Queen Alexandra's Imperial Military Nursing Service

in regard to promotion are being voiced by *Truth*, which states that, while staff nurses were led on joining to expect that they would be promoted to sisters' posts in from one to three years, there are at present 80 with more than three years' service, and the prospect of promotion is extremely remote, as there are only about four promotions from staff nurse to Sister every year. Now that the Service has its full complement of Matrons, Sisters, and Staff Nurses, promotion is inevitably slow, for one of the attractions to those holding the higher posts is the pension which they will ultimately earn. But nurses should realise this on entering the Service, as it is a mistake for women of ability to continue to work as staff nurses until they let all the desirable civilian posts pass by them.

The Bishop of Kingston, the President of the Guild of Service, invited the members to a most enjoyable party in his garden at Kingston House on the evening of the 15th inst. The Guild is founded to nourish and foster religious life among Poor Law officials.

Branches are being started in different parts of the country. Soon after 6 o'clock the guests began to arrive, by far the largest proportion being nurses. Refreshments were handed round out of doors, and various games, such as bowls, Aunt Sally, &c., were very popular. A band played, and several couples danced on the grass.

Before the guests had to separate, the Bishop, standing on a raised seat under a tree, spoke words of encouragement and cheer. He said he felt the Guild was getting its roots firmly embedded and was spreading over the country. He considered that those present were doing the noblest and least repaying work in caring for the wrecks of life and trying to

raise the tone and bring comfort to those in trouble. He described a little girl carrying a large child, and on being asked if it wasn't a heavy burden, said, "Oh no; it's my brother." He hoped the Guild would not only bind all the members together as brethren, but would also help them to bear the burden of the often hopeless and helpless lives of those to whom they had to minister.

Archdeacon Escreet, the Warden of the Guild, was also present, and Prebendary Ingram proposed a vote of thanks to the Bishop, which was carried with acclamation.

Mrs. Woodward, 12, West Cromwell Road, the Hon. Organizing Secretary, would be glad to hear from any wishing to join the Guild.



MISS MAY ALLEN.

Through the kindness of the Secretary of the Universities' Mission to Central Africa we are able to publish the accompanying portrait of Miss Mary Ann Harriett Allen, of whose work in the early days of the Universities' Mission in Zanzibar we have already given some account. Miss Allen, accompanied by two nurses who had worked with her at King's College Hospital, threw herself into the dispensary work on her arrival in 1875, "glorifying," says *Central Africa*, "in the difficulties and limitations which met her on all sides, for in those early days there were actually no facilities for nursing, very small accommodation for the sick, next to no food for invalids, and drugs were as precious and hard to get as gold.

"In spite of all these drawbacks, Miss Allen worked some wonderful cures and quickly established her reputation as a healer among the Africans—indeed, she was the pioneer of the hospital work, and for this alone the

Mission owes her much." Her great gift for languages was highly valued by Bishop Steere, who sought her help and criticisms in all his translations; her afternoons were devoted to visiting the Arab ladies in the town; she filled the arduous post of housekeeper in the Bishop's House at Mkunazini, which bore a strong resemblance to a hotel because of the many comings and goings; and her "spare moments"—we should imagine they were few—were devoted to sketching, and her brush vividly and powerfully portrayed the glory of the gorgeous Eastern colouring.

The following very interesting letter appears in the journal of the Nurses' Missionary League from Rachel A. Williams, resident at Bangalore, on the "Training of Indian Nurses." It pleads for standards, and will arouse the heartiest sympathy of those of us who, against much interested opposition and ignorance, are always striving after better conditions of nursing:—

At the Conference of the Indian Medical Missionary Association it was almost unanimously agreed by doctors and nurses present that an effort should be made to raise the standard of nursing in our Mission Hospitals. I know that the standard proposed by the Nursing Sub-Committee appointed to consider the matter, and draw up a scheme, is thought to be rather too high at present for some; but from what I can remember no one present considered that anything less than *three years' training* was sufficient. And at the Annual Conference of the Association of Nursing Superintendents of India, and Trained Nurses' Association of India, which was held in Calcutta in November last, and which represented Civil and Mission Hospitals in many parts of India, from north to south, this point was emphasized. True, many difficulties in this connection were discussed, and the most hopeful among us cannot expect them to be removed yet, but one thing stood out clearly, namely, that no one ought to be granted a certificate giving her the status of "Trained Nurse" unless she had had *three years' training*.

* * *

I believe *three years' training* is compulsory in all Government Hospitals where Hindu women are trained. Are we to allow the non-Christian nurses of the future to be more efficient than our Christians? To me that seems a serious question. And while we out here make new efforts to overcome the difficulties which any change is liable to cause, we need the prayers of our fellow nurses and others at home that we may not be discouraged if we are not successful at first, and that we may in due time succeed. Also that eventually, through their increased efficiency, our Christian Nurses may be leaders in their profession. We are agreed that Indian Nurses are wanted for evangelistic work, as well as for nursing, and the better equipped

they are in their profession, the greater will be their opportunities, and the wider their influence, in the days when 'nursing' will be recognised in this land as an honourable profession for Indian women."

Miss Hurlston, Sister in Charge of the Royal Hospital for Sick Children, Muirfield House, Gullane, N.B., is to be congratulated on the excellent results obtained by the Gullane Section of the Red Cross Society, to whom she has been delivering a course of Home Nursing, at the recent examination.

The examination was conducted by Dr. Kenmure Melville, examiner for St. Andrew's Ambulance Association. Fourteen out of a possible fifteen members passed, about three-quarters of the class gaining first-class honours.

Miss Hurlston made it plain to the class that she only proposed teaching them the little things that every woman should know how to do in case of illness in her own home until she can obtain a doctor's advice, specially emphasising that drugs should never be prescribed, and the risks run by so doing. Instruction was given in the elements of hygiene in relation to infectious diseases, on bandaging, and on the use and administration of simple remedies frequently ordered by doctors. The work of the Section is done under the supervision of the Medical Officer.

The "Overstrain of Nurses," which is to be widely discussed at the Nursing Congress at Cologne, is a question of vital importance at the moment, and we note this week nurses and overwork finds publicity in quite a number of papers. The *Liverpool Courier* ends up some slashing criticisms on the strain, especially in Poor Law institutions, where nurses are "rushed to death," with the pertinent question: "It is regrettable that while the medical men, quite properly, organise and agitate for their own rights, they are never heard—in public, at all events—asking that their necessary colleagues, the nurses, shall be treated with more consideration. What do they say to this? Will they tell the community what is to be done to put our hospitals on a decently efficient footing?"

The *Spectator* and the *Labour Leader* wonder how it is that the health of Peter the nurse is exploited in hospitals to benefit Paul the patient!

We are not surprised that this point of view presents itself. It seems quite senseless to make one set of people ill in order to nurse another set back to health.

THE HOSPITAL WORLD.

THE ROYAL VICTORIA INFIRMARY, NEWCASTLE-ON-TYNE.

When visiting an important city for the first time one naturally asks, "For what is this place famous?" The reply may be, "Oh! ships—or shoes—or sealing-wax," as the case may be, but when the advice is added, "You must see our magnificent new Infirmary," one may rely upon it that the folks in that particular city are all right. A great town without a magnificent new Infirmary has failed in civic enterprise and duty, and lacks enlightened appreciation of the value of medicine as an adjunct to sanitary science. It also lacks appreciation of the magic restorative value to health of skilled and comfortable nursing.

I recently spent two days in that ancient and virile city Newcastle-on-Tyne, and, conducted by the matron, Miss L. Wilson Wamsley, had the privilege of inspecting the splendid new Victoria Infirmary, finely placed on Town Moor land, and which crowns the site as a perpetual reminder to coming generations of Tyneside folk that the best only was considered good enough for their needs and service when its stone was laid and its portals opened by the kindest and most sympathetic of Kings. The Victoria Infirmary is indeed beautifully situated, and is surrounded by fine, well-kept grounds. The approach is stately, and dignity is lent to the whole institution by the well-placed and most lovely statue, in pure white marble, of Queen Victoria by Frampton, a young and gracious Queen—as all Queens should for ever remain.

The exterior of the administrative block and the various pavilions are somewhat severe in style, but upon entrance one soon realises that the lordly sum which was expended in the erection and decoration of the hospital has been expended to the very best purpose within. How really artistic and beautiful is the inner entrance hall! With its stamped leather walls and fine woodwork, the staircase and gallery leading to the Board room above, give a baronial air which is not at all out of place in this magnificent municipal building. It is fine—and the People's Palace of Recovery should be fine. Corridors to right and left lead to handsome official apartments, and the Matron's sitting-room—softly toned within, a fine view without—is a tranquil place, and must be a delightful retreat to rest in, if the busy Matron of so well-ordered an institution ever finds time to rest.

The hospital, which contains 430 beds, is the ideal size to manage—not too large to

keep in human touch with all within. It is possible for a Superintendent to keep in constant communication with the heads of all departments—nursing, domestic, and clerical; most important of all, the wards can be constantly visited, the work of Sisters and nurses seen and appreciated, and a personal judgment—apart from reports useful in their place—formed of the practical work of those in training. Needless to say, the wards of the Victoria Infirmary are scientifically constructed and beautifully appointed. They are spacious, light, airy, and comfortable, and evidently very well cared for. Polished floors and wooden lockers I consider hygienically defective, and they add greatly to the cost of labour, but they are very harmonious, for which let us be thankful! So speckless was the whole institution—corridors, wards, annexes—that I ventured to ask:

"Is Newcastle really a dirty place?"

The emphatic reply, "Oh! indeed yes!" still left a lurking suspicion in my mind that the floating smuts of this industrial centre did not venture to intrude into the privacy of the people's place of healing.

For veritably the Victoria Infirmary belongs to the people, and they are evidently vastly proud of it. Turn to the balance-sheet, and you will find that the Workmen's Contributions last year amounted to the grand total of £18,850 10s. out of an income of £37,985 5s. 3d., which proves how greatly they value its benefits. The Committee state in their report that they cannot speak too approvingly of the appreciation of the work of the Infirmary which is represented in these figures, and in thanking the many thousands of contributors, emphasise that acknowledgment is again due in respect of the large number of workmen's representatives, colliery and works officials, who kindly act as honorary agents in collecting and forwarding the contributions.

On the other hand, for so wealthy a city as Newcastle it does not strike me that those who are so fortunately placed as not to require the hospital's help contribute quite as generously as they might do!

The Nurses' Home is worthy of the Infirmary, and its approach through the lovely winter garden must be a daily delight to the nursing staff passing to and fro. The glass corridor and domed conservatory were gay with flowers, ferns, and creepers, and the gardener, I learned, takes a very special pride in its care. Each Sister and Nurse has her own charming little bedroom, and there are large and very prettily furnished rooms for recreation and study. From the latter one can step into the

garden, and the adjacent grounds are reserved for the nurses, where in shady nooks their lounge chairs can be cunningly placed.

A very high and practical standard of training in the Nurses' School is now in force. The term is, of course, for three years, well planned out, and the probationers are systematically taught and their studies supervised. At present there is no preliminary course, the cost is so great; but some day, when Newcastle is a great examining centre for Trained Nurses preparatory to Registration (as it is to some degree now for certified midwives), money will be forthcoming for the systematic preliminary teaching of pupil nurses, and for their examination, as a matter of course. Parents are slowly beginning to realise that to fit daughters to enter self-supporting professions, it is their duty equally with that they owe their sons, to pay towards the expenses of the educational course which will fit them to earn their livelihood. Habits die hard, and the discreditable habit of parents expecting "some other fellow" to provide for their daughters, whilst realising parental responsibility towards their sons, is slowly but surely decreasing.

The Nurses' Dining-room is very well appointed with little tables *à quatre*. To judge from the food I saw being served, under the supervision of a Sister, in the large well-kept kitchen at the top of a block, it is very appetising; and near by are arranged most conveniently all the little "shops" from which domestic stores of all kinds are obtainable.

Indeed, a well-appointed modern hospital is a very comprehensive place. It is also a very happy one. Every true nurse realises that, upon entering a ward long after she has passed to work in other spheres. It all comes back to her—the glory of vitality, the sweetness of serving, the satisfaction of weariness after work well done. *The blessedness of duty*. Indeed, nurses who really love their work are just as close to the Pearly Gates as we can ever get in this world.

F. THEL G. FENWICK.

AN EXAMPLE TO FOLLOW.

Tuberculosis work, says the *American Journal of Nursing*, is progressing in Cuba, and a cottage or "caseta," named *Martina Guavera*, has been built for the use of the nurses at the sanatorium. A pretty ceremonial of blessing the cottage took place under the auspices of the Cuban Nurses' Association, which sent out invitations for the event.

REFLECTIONS.

FROM A BOARD ROOM MIRROR.

Queen Alexandra has become an annual subscriber to the Children's Sanatorium for the Treatment of Phthisis, Holt, Norfolk.

Princess Louise visited Romford last week and laid the foundation stone of an enlargement of the Victoria Cottage Hospital, which is being erected by public subscription, as a memorial of King Edward VII.

The committee for the removal of King's College Hospital to South London have just received a cheque for £20,000, being the balance of the gift of £50,000 recently made to the fund by an anonymous donor. By the donor's desire, £4,000 of the total donation is allotted to the sum required for the building of the medical school in connection with the new hospital. Let us hope some millionaire will follow suit and pay for the new Nurses' Home, and he might also endow a Preliminary Training School for Nurses at the same time.

The secretary of the Sunderland Royal Infirmary (Mr. Thomas Robinson) has received a cheque for £1,000 from the Local Ladies' Guild, through the Hon. Treasurer, Mrs. Arthur Kidson, for the endowment of a bed in memory of the late King Edward VII. The money has been raised by annual sales of work. The Guild was founded in 1900, and, prior to the present gift, there have been four beds endowed through the efforts of the members, each endowment involving the collection of £1,000.

The Mayor of Croydon (Alderman J. Trumble, J.P.) and the Mayoress of Croydon opened on Saturday the King Edward VII. Memorial Wing of the Croydon General Hospital and the extensions of the Royal Alfred Wing. For some time past the work of the hospital has been hampered by the absence of isolation wards and the limited accommodation for its new departments. This has now been remedied as the result of the Mayor's ardent efforts in the cause.

On Monday Mr. Harold Smith presented a Bill in the House of Commons to provide for the registration of accountants and auditors in Great Britain and Ireland; and for other purposes connected therewith.

NOTICE.

May we remind members of the Trained Women Nurses' Friendly Society of the meeting to be held on Saturday, 27th inst., in the Medical Society's Rooms, 11, Chandos Street, Cavendish Square, London, W., at 5 p.m., to elect officers and adopt rules approved by the Commissioners. Only members will be admitted.

DOCTORS AND THE INSURANCE ACT.

The result of the voting on resolutions in considering the National Insurance Act by the representative meeting of the British Medical Association at Liverpool has been eagerly awaited by the public, and we have no doubt, by the Chancellor of the Exchequer. The members decided that medical men should be left free to accept service under the Act in regard to sanatorium benefit, while refusing it in regard to medical benefit. The reason for this seems to be that many members of the profession see no reason to object to the salaries and appointments in connection with sanatorium benefit, and would indeed be quite willing to work the Act in regard to medical benefits if the terms were such as they considered fair.

In a masterly letter to the *Times* Sir Clifford Allbutt proves there is danger in a cheap medical service becoming stereotyped in practice a pill and potion practice on rule of thumb diagnosis! and adds, "My fear is lest the Insurance Act prove to be one more and a big example of our inveterate habit of ignoring causes and throwing all our strength into the mopping up of consequences."

ACTED AS A NURSE.

THREE CONVICTIONS FOR BIGAMY.

A young woman, giving the name of Mary Leslie, on July 16th pleaded guilty to a charge of bigamy at a pleading diet of the Edinburgh Sheriff Court, before Sheriff-Principal Macconochie. The woman is said to have acted as a nurse.

The charge in the present instance was that on the second of April this year, in a solicitor's office in Edinburgh, she being the lawful wife of Albert Esgate, carpenter, and he being still alive, she bigamously married another man.

Her record is that during the last eleven years she has been sentenced several times for fraud and theft and this is the third time she has been convicted of bigamy, having contracted bigamous marriages with an Edinburgh merchant, a student at Edinburgh University, and now a young Rochdale gentleman. Between the two last episodes she "acted as a nurse" in the South of England, and was staying with the parents of the young man from Rochdale when her arrest for the third time on a charge of bigamy took place. She is described as "having an engaging manner which has repeatedly stood in her good stead."

In sentencing her to eighteen months' imprisonment, His Lordship said it was a bad and extraordinary case. It was the third case of bigamy.

Is this the kind of woman the public desire to have in their houses in the confidential relationship of a trained nurse? If there is no State Register of Trained Nurses when she comes out of jail she will be able to pose as a trained nurse with impunity, and her "engaging manner" will no doubt stand her in good stead.

OUTSIDE THE GATES.

WOMEN.

Mr. and Mrs. Pethick Lawrence and Mrs. Pankhurst have gone abroad to in some degree recover their shattered health, resulting from the hunger strike in prison, and have publicly intimated that they will not hold themselves responsible for the actions of individual suffragists during the suspension of their leadership. They are to be welcomed back as leaders of the W.S.P.U. at a great meeting at the Albert Hall in October.

Mrs. Garrett Fawcett—the veteran suffragist, and leader of the constitutional party—has addressed an open letter to the militants begging them to drop their policy, which she considers is alienating public sympathy from the cause of women's enfranchisement.

The press consider—and they know a few things under the rose—that the militant suffragists have inaugurated a reign of terror amongst Cabinet Ministers. Scotland Yard for some time past has devoted its energies to the protection of Ministers singled out for attack—Mr. Asquith, Mr. Lloyd George, Mr. Harcourt, and Mr. McKenna are closely guarded at home and abroad by detectives.

The *Standard* reports that at a recent meeting Miss Fraser, in the course of her address, told the following story about a South African, who said he had always been in favour of Woman's Suffrage, but had reason lately to doubt his wisdom in upholding it. Asked what had made him change, he said that in New Zealand since women had the vote all the old stiffs had left the country for home. "Old Stiffs! Who and what are Old Stiffs?" "Why, all the drunk and incorrigibles, of course, and if women get the vote here they'll be sending all the Old Stiffs over to us." "Then," replied Miss Fraser, "you had better give the vote to the women in South Africa, and get rid of your Old Stiffs from there." This is a very direct compliment to the moral influence of women in politics.

Canon Henson, of Westminster, begs everybody to spend the petty sum of 1s. 5d. in obtaining the Putumayo Blue Book and learning something of the possibilities of commercial greed in the twentieth century. We need not go to Peru to realise the worship of the Golden Calf—let the good Canon step across the road and remonstrate with the Members of the House of Commons, who have voted themselves large salaries, partly paid by taxing women, to whom they deny representation, and whom, moreover, they imprison and despoilfully use—for objecting to this "commercial greed," of taxation without representation.

The horrors in Putumayo are abominable, but the horrors of Holloway are worse.

The Mothers' Congress of Denver, is running a special school of matrimony for the elder public school girls of the city, where they are instructed in the cares and duties of life that lie before them. Realising the value of the instruction given, the Denver School Board has decided to place the school under its jurisdiction and to considerably enlarge its sphere of responsibility. In future girls in their last school year are to choose a vocation, and then advice and instruction will be given them on their choice. Special courses fitting them for work as wives and mothers will also be arranged.

VERSES.

O ye who taste that love is sweet,
Set waymarks for all doubtful feet
That stumble on in spite of it.
Sing notes of love, that some who hear
Far off, inert, may lend an ear,
Rise up, and wonder, and draw near.
Lead life of love; that others, who
Behold your life, may kindle too
With love, and cast their lot with you.

CHRISTINA ROSETTI.

COMING EVENTS.

July 27th.—Irish Nurses' Association. Social gathering. Killiney Hill, Victoria Gate. Cyclists' meet, Park Gate, 4 p.m.

July 27th.—Meeting of Members of the Trained Women Nurses Friendly Society (approved by the National Insurance Commissioners). To elect officers and to adopt rules. Medical Society's Rooms, 11, Chandos Street, W., 5 p.m.

July 27th.—Prince Arthur of Connaught opens the Health Exhibition of the Royal Sanitary Institute at York, at 3 p.m.

July 29th.—International Eugenics Congress Reception, University of London, 9.30 p.m.

August 1st.—Central Midwives Board Examination. London.

August 3rd to 9th.—International Council of Nurses. Triennial Meeting. Congress. Exhibition, Cologne.

A WORD FOR THE WEEK.

The future—the last Evangel, which has included all others. *Its* cathedral the dome of immensity—hast thou seen it? Coped with the star-galaxies; paved with the green mosaic of land and ocean; and for altar, verily the star-throne of the Eternal! Its litany and psalmody the noble arts, the heroic work and suffering, and the heart-utterance of all the valiant of the sons of men. Its choir-music the ancient winds and oceans, and deep-toned, inarticulate, but most speaking voices of destiny and history, supernal even as of old, between two great Silences:

"Stars silent rest o'er us,
Graves under us silent."

—Carlyle.

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 the cheque for Prize Competition, which I was surprised and delighted to receive this morning.

Yours sincerely,

GRACE NASH.

North Ormesby Hospital,
Middlesbrough, Yorkshire.

THE ORGANISATION OF NURSING HOMES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I sympathise with the main object of Miss Stower's letter, headed "A Practical Suggestion," in last week's issue, but the lack of all supervision of nursing homes is to blame for the antipathy of the public generally to these institutions. It is quite hopeless, presumably, to expect the present Government to bring in any legislation of a social reform character, as had a Bill for the registration of nursing homes been put into force when suggested years ago good organisation might have resulted by now. First should come the Nurses' Registration Act, and then an Act to register nursing homes. The public might then hope for effective protection.

Yours truly,

MEMBER R.B.N.A.

IT HANGS ON REGISTRATION OF NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I was in the House of Lords in 1908 when nurses' registration was under consideration, through the Directory of Nurses Bill, and the Nurses Registration Bill, and if I remember rightly Lord Salisbury worked actively and spoke against Lord Amphil's Bill. Now there is no doubt that had that Bill become law, many of the stories he has since heard concerning them "as would make one's hair turn," would long ago have been remedied. It is hopeful, therefore, to find Lord Salisbury (who in 1908 moved an amendment to Lord Amphil's Bill to substitute *one* for *three* years' training as sufficient for registration) now saying publicly that "if someone turned his attention in Parliament to the inspection and registration of nursing homes he would be employing his time to great advantage."

Any real protection for the sick public in nursing homes and elsewhere hangs on registration of

nurses, as without a prescribed minimum of nursing efficiency the registration of nursing homes would be useless. Yours sincerely,

M. B.

(Several letters are held over on this question.—
ED.)

LARRIKIN LAW.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am sorry to note the advice of an Australian Matron in last week's editorial discouraging us from emigrating to the Colonies, because many working women are longing for a change from the narrow and restrictive sphere at home. Enjoyment as summed up in personal comfort is not the aim of life if it is to be lived to the full, and I intend to go to Canada and take a helping hand in protecting the health of the strenuous folks building up the Empire out there. I have been in Australia, and, in spite of certain disadvantages, I found the atmosphere surrounding the worker far more vigorous than in the Strand and Bond Street. Don't let our really fine women be discouraged from leaving the old country. Few appreciate their liberty-loving spirit here, and it will all be crushed out of them by plutocratic vulgarity if they are content in the future to obey "Larrikin Law." The Manhood Suffrage Bill, if it becomes law without enfranchising women, and amongst them trained nurses, will place the power of life and death over women in the hands of these ignorant youths. Anyway, in Australia women can insist upon decent conditions of life. My advice to self-respecting working women is to clear out of a country which values them so little, and let the Larrikins import the serfs they require, at the very poor pay considered adequate for our skilled work.

Yours truly,

A BRITISH WOMAN.

A JUST SALARY THE REMEDY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In a letter which appeared recently in the *Glasgow Herald*, written by Mr. Sydney Holland, opposing our demand for State Registration of Nurses (after accusing Miss E. A. Stevenson of inaccuracy, and making a personal attack upon you and the only Nurses' journal which tells us the truth) he writes:—

"The attempt to get the word 'trained' before the word district nurses in the clause enabling an approved society or insurance committee to support a 'district nurse,' and to appoint 'nurses' for the purpose of visiting insured persons was happily not successful. If it had been there would have at once arisen the question as to what a 'trained nurse' is, and if the view of Miss Stevenson and others had been carried out in the definition of these words then hundreds of women doing most excellent work all over the country as district and village nurses would have been put out of

work, and there are not enough other nurses to take their place."

It is wonderful how tenderly careful the "antis" are of the interests of those who, after a few months' so-called training, assume the responsibility of nursing the sick—and here let me say it is not always their fault they are lured into undertaking such hard work for such poor pay. But Mr. Holland makes a significant admission when he says if "trained" nurses had statutory protection "hundreds of village nurses would be put out of work." Many village nurses are certified midwives—and as such have State protection—and will not cease to act as such when trained nurses are treated with equal justice by the State. But if "hundreds of women" are sailing under false colours, assuming to be skilled nurses when they do not possess the knowledge and experience to make them so, the sooner the poor are protected from them the better. The majority of village nurses are so insufficiently paid that their rich patrons are rapidly creating another pauper class of women workers, and classes of women workers in the pauper line are a national danger. In Scotland we have fought and shall continue to do so, against this evil imported from over the border.

The truth is that if a just salary was offered for district nurses, from which they could save for old age, there would be plenty of excellent nurses offer for the work. But their work is held in contempt economically, and self-respecting well-trained women will not, and cannot afford to work at the price. With gratitude for the good fight THE BRITISH JOURNAL OF NURSING puts up for justice to nurses all round,

Yours truly,

ONCE A SCOTTISH QUEEN'S NURSE.

OUR PRIZE COMPETITIONS FOR AUGUST.

August 3rd.—What points would you observe on the admission of a new patient to a ward, and why?

August 10th.—Enumerate the principal physical, mental, and moral qualifications requisite in a trained nurse.

August 17th.—Mention some of the emergencies you have met with in the course of your nursing career and your methods of dealing with them.

August 24th.—How would you deal with severe post partum hæmorrhage in the absence of medical assistance?

August 31st.—Describe the preparation of a patient for receiving an anæsthetic. What precautions would you take before and after?

THE TRAINED NURSES' FRIENDLY SOCIETY.

APPROVED BY THE INSURANCE COMMISSIONERS.

Miss Mollett, Hon. Secretary, will be at 431, Oxford Street, W., daily, and will be pleased to give all information possible to those desiring to join a Friendly Society of professional nurses.

The Midwife.

A WORLD-FAMOUS INSTITUTION.

London will lose a world-famous institution says the *Liverpool Courier* if, as is expected, the University of London acquires the site of the Foundling Hospital for its new premises. "Sunday morning at the Foundling," listening to the sweet-voiced children, has been a regular recreation of Londoners and country visitors for close upon 200 years. Dickens enjoyed many a Sabbath heart-warming there, and during the reigns of the Georges the gallants in their brocaded silks used the fine stretch of greensward in front of the building as a fashionable morning lounge. It is a splendid show place, too, apart from its appealing human interest. Paintings by Hogarth, Reynolds, and Gainsborough may be seen there, presented by the artists themselves. Hogarth's "March of the Guards" dominates a collection of Georgian pictures that can hardly be rivalled elsewhere, and other great treasures are the organ which Handel gave to the chapel and the full score of his "Messiah." The institution never had a greater friend than Handel, who often conducted the "Messiah" and other oratorios for the benefit of the charity. Nowadays there are usually about 400 boys and girls at the "Foundling," the boys in dark brown coats and trousers and waistcoats, the girls, like demure little Quakeresses, in brown frocks with white caps and aprons. Admission to the institution is a more delicate affair to-day than it was in the middle of the eighteenth century, when all that was necessary was to deposit a child in a basket hung outside the gates and ring the bell.

BORAX AND HONEY FOR BOTTLE TEATS.

The practice of applying a diluted mixture of borax and glycerine, or borax and honey, to the mouths of young infants, after each cleansing, as a preventive against thrush, is a routine practice in many maternity hospitals, and of many midwives and monthly nurses, who follow the traditions of their school after leaving it. The following details of a case sent by Mr. A. S. McNeil, L.R.C.P., to the *British Medical Journal* should therefore be carefully studied, for few midwives or nurses would, we believe, have supposed this danger to exist:—

On April 23rd a male infant, aged three months, fed naturally from birth, was brought to me for treatment. It had all the signs of gastro-intestinal trouble, and, as the mother did not appear in the

best of health, I advised her to wean the child and put it on an artificial diet which I prescribed. Two days afterwards it was brought again suffering from "fits" in addition to the bowel trouble. On this occasion I made a more minute examination and discovered that the child had a long ulcerated foreskin, with retained smegma. After this had been thoroughly cleaned up and the mother instructed how to look after it, I thought this would put an end to the "fits." In spite of repeated and most careful examinations, however, both fits and the slimy offensive diarrhoea got worse. I made changes in the diet, gave bismuth and grey powders, and later morphine, but all to no purpose. From the character of the motions and the rapid wasting I now suspected tuberculous trouble, but I could not account for the very frequent fits, and it struck me that the parents were giving the child something other than I had told them. I questioned them closely and frequently on this point without result. It was not until five weeks after the child was first brought to me that the father, in showing me a jar of virol I had advised him to get for the child, casually showed me also a tin of "borax and honey" to put on the child's soothing teat. It struck me at once, when he admitted that they had been using this all along, that this was the cause of the fits, so I put the box in the waste bucket. The father was incredulous, but I warned him to get no more. The child was having as many as thirty fits in the twenty-four hours, and was at the point of death, but the fits now rapidly diminished in numbers and severity, until in a few days it was quite free from both fits and gastro-intestinal disturbance, and is now perfectly well.

I think it proper to publish this case because the habit of giving this mixture of borax, honey, and glycerine to children in this improper manner is becoming so widespread that chemists get large quantities of cheap honey from California for this purpose and issue the mixture in special tin boxes with "Borax and Honey" printed on the lids. I may say that the child was taken to two hospitals for further advice on different occasions during the time I was attending it. At one hospital the mother was given some pills "like flour" which made the child much worse, so she stopped giving them and brought him to me again. It is possible these pills were made of boric acid, with the idea of disinfecting the bowels. At the other hospital the child had a series of violent fits in the out-patients' room necessitating the attentions of the doctor and nurses. The mother told me that she dipped the child's teat in the borax and honey in front of the doctor and gave it to the child. She told me this to justify herself in giving the mixture, as she quite refused at first to believe it was the cause of the illness. I should say that it was their first child, and both the parents were

thoroughly worn out with sitting up with him. Since then a woman in the same street has volunteered the information that her baby had fits till it was nine months old and had to be carried about on a pillow. She gave it a soothing teat until about that age, dipped in borax and honey, on the advice of a nurse, and she now thinks she knows what caused the fits. It seems to me that this matter deserves the attention of medical officers of health and district nurses, as well as the general body of medical men.

It would seem as if the commercial preparations of glycerine and honey are dangerously strong for infants. The dilute ones, the use of which is sanctioned by members of the medical staffs of hospitals, are constantly used without ill effect. At the same time, nurses and midwives should avoid using on their own responsibility preparations which may have such serious consequences.

DIARRHŒA IN BOTTLE-FED BABIES.

"After many experiments," says *The Medical Record*, "Dennett came to the following conclusions:—

"1. Underfed, poorly nourished babies with diarrhœa do best on the milk and water mixture, boiled, without sugar.

"2. Those that do not improve on these mixtures are benefited by albumin milk.

"3. Babies that have repeated or prolonged attacks do better on albumin milk.

"4. Older, well-nourished babies with a diarrhœa do best on a barley gruel diet for a few days.

"5. Infectious diarrhœas, if seen early, should have a cathartic and starvation for forty-eight hours. The milk-and-water mixture, boiled, or albumin milk should then be given.

"6. Cathartics should be given to babies with diarrhœa with great discretion."

MATERNITY TRAINING FOR CHARGE NURSES AT THE BELFAST POOR LAW INFIRMARY.

At a recent meeting of the Belfast Board of Guardians the Infirmary Committee reported that they had, as directed by the Board, reconsidered the question of affording maternity training to charge nurses, and also considered the report of Dr. M'Liesh, visiting medical officer, relative to this subject, in which he suggested that charge nurses who had not obtained maternity training should be sent over to fill extra vacancies as they arise. The Committee recommended: "That the Board grant a course of maternity training to all charge nurses who have not yet received such training as opportunity arises to enable this proposal to be carried out without infringing the nursing regulations under which sixteen probationer nurses are to be trained yearly. Any nurse receiving maternity training is not to be paid

salary during the period. That the Lady Superintendent and medical staff be authorised to arrange as to the method of sending nurses for the training." It was agreed to adopt the recommendation, which should certainly have the effect of increasing the applications for posts at the Infirmary.

PROSECUTION OF AN UNCERTIFIED MIDWIFE.

The first case of prosecuting an uncertified midwife in the county of Somerset occurred recently, when Mrs. Sarah Newton, of Huxham, East Pennard, was summoned at the instance of Miss C. C. du Sautoy, inspector of midwives, for and on behalf of the County Council of Somerset, acting as the local supervising authority for midwives within the area of the said county, for that she, not being a woman certified under the Midwives Act, 1902, unlawfully did habitually and for gain attend certain women in child-birth, otherwise than under the direction of a qualified medical practitioner.

The defendant pleaded guilty in all except one of the cases mentioned, which Mr. A. J. Mawer (of Wells), who prosecuted, professed himself willing to have struck out.

Mr. Mawer further stated that the case was an important one; and he wished, therefore, to address a few words to the Bench. He explained that he appeared for the Somerset County Council, which was the Local Supervising Authority, to prosecute in this case, but, as the defendant had pleaded guilty, he had no desire to press the charge. It was the first case that had been brought under the Midwives Act of 1902 in the county; and the only object of the prosecution was to put an end to the indiscriminate practice of midwifery by unqualified persons.

He then traced the history of midwives from the time when they were recognised as a separate class of the community at the Court of Pharaoh, when Moses was born, to the passing of the Midwives Act, in 1902. He explained that at the passing of the Act a period of grace was provided, in the interests of women who were in actual practice, and the Section of the Act, under which they were proceeding, in this case, did not come into force till 1910. In that year the Somerset County Council issued a circular, under the hand of Dr. Savage, the County Medical Officer of Health, calling attention to the fact that the Section of the Act came into force in April of that year; and this particular handbill was sent to the defendant, and one was also left at her house by a policeman, so that she must have had cognizance of it.

The defendant said she never read the County Council paper; it was destroyed by mistake.

The Chairman of the Bench said that the defendant was liable to a penalty of £10, but the County Council did not wish to press the case. They had got to put a stop to this sort of thing going on. It appeared the defendant had a warning, and did not take any notice of it. He fined her 10s. and half the costs, £1 3s. 4d.

REPORT OF THE MIDWIVES ACT COMMITTEE OF THE L.C.C.

The Midwives Act Committee of the L.C.C. presented the following report, signed by the Acting Chairman, Mr. A. L. Leon, to the Council, at its meeting on Tuesday:—

CHARGES AGAINST CERTIFIED MIDWIVES.

1. On May 15th, 1912, the Central Midwives Board asked the Council to investigate, pursuant to the provisions of Section 8 (2) of the Midwives Act, 1902, charges of malpractice, negligence or misconduct against a certified midwife pursuing her calling in the County of London. This investigation has been made, and we are of opinion that the matter is not of sufficient gravity to warrant the finding by the Council that a *prima facie* case has been established against her. We recommend—

That, in the opinion of the Council, a *prima facie* case of malpractice, negligence or misconduct within the meaning of Section 8 (2) of the Midwives Act, 1902, has not been established against the certified midwife with respect to whom charges were remitted to the Council by the Central Midwives Board on May 15th, 1912; and that the Board be informed accordingly.

2. On December 12th, 1911, the Council, on our recommendation, decided to inform the Central Midwives Board that a *prima facie* case of negligence had been established against a certified midwife pursuing her calling within the County of London. The Board, in due course, considered the charge, and asked the Council to report at the end of three months, and again at the end of six months as to the midwife's conduct.

On May 14th, 1912, the Council authorised the sending to the Board of a favourable report of her conduct during three months, and we are now able to report that she has continued to be satisfactory since that day. We consider that this case is of special interest, in showing the value of action on the part of the Council and the Central Midwives Board, as when the Council first called the attention of the Central Midwives Board to the practice of the midwife, she had not only neglected her patients but there were strong grounds for suspecting that she kept one bag of appliances for inspection by the Council, while she used another set of apparatus in her practice. We recommend—

That, as the certified midwife against whom the Council decided on December 12th, 1911 (p. 1486), to report the establishment of a *prima facie* case of negligence continues to show improvement in her methods of practice, a communication to this effect be made to the Central Midwives Board.

3. On May 14th, 1912, the Council decided to inform the Central Midwives Board that a certified midwife against whom a *prima facie* case of negligence and misconduct had been established had, since the hearing of the charge by the Board, shown improvement in her methods of practice.

The Board has notified to the Council that, as this midwife's conduct now appears to be generally satisfactory, no further action will be taken in the matter.

THE CENTRAL MIDWIVES BOARD.

A Special Meeting of the Central Midwives Board, to consider charges brought against certified midwives, was held at the board room, Caxton House, S.W., on Tuesday last, with the following results:—

Struck off the Roll and Certificate Cancelled.—M. E. Boyce (No. 10320), E. Dixon (No. 15048), E. Donaghue (No. 1249), E. A. Jackson (No. 4929), M. McQuilling (No. 5979), J. M. A. Markham (No. 3714), A. Oates (No. 10734), J. Payne (No. 2193), M. A. Penketh (No. 16629), E. Poundall (No. 12970), C. Ridden (No. 1133), J. Roberts (No. 1842), S. Robinson (No. 19977), S. Saxe (No. 15946), E. A. Smith (No. 8133), E. Swyer (No. 12994), M. J. Wilson (No. 20703), S. Wolfenden (No. 2764).

Severely Censured.—E. Brearley (No. 3316), A. Swain (No. 2981).

Censured.—E. Fisher (No. 13012), L. Marsden (No. 15758).

Cautioned.—F. A. Preston (No. 1207).

Judgment Suspended.—In one case judgment was suspended.

Application for Restoration of Name to the Roll.—The application of Edith May Dalchow for the restoration of her name to the Roll was refused.

Cases Adjudged for Judgment, with option of Resignation.—Jane Cliffe (No. 10552) and Sarah Harrison (No. 18713), both resigned.

Cases Adjudged for Judgment on Report of L.S.A.—The names of Mary Ann Allen (No. 14224), Elizabeth Clasper (No. 18586), and Harriett Maria Davis (No. 3016), were struck off.

REGISTRATION OF MIDWIVES IN WESTERN AUSTRALIA.

The regulations issued by the Midwives Board under the Health Act in Western Australia, which came into force on January 1st, 1912, have specified certain certificates as exempting the holders from passing any examination under the Act, including the certificate of the Central Midwives Board in this country, and certificates of registration under the provisions of the Midwives Acts in Tasmania and New Zealand.

It seems very unfair on Australian nurses that while those trained in Sydney, Melbourne, and Adelaide must, as the *Australian Nurses' Journal* points out, hold a *twelve months'* certificate before they can be registered or allowed to practise, even though they are trained in general nursing, yet overseas midwives with three and six months' certificates in midwifery only may practise in Western Australia on those qualifications alone, competing generally with Australian midwives who are required to undergo a training twice or four times as long. Surely, legislators in Western Australia should protect the standards they themselves enforce by demanding that overseas nurses shall either produce evidence of having attained standards as high as their own, or pass the examination in force in Western Australia. Any other policy is suicidal.

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THE SPIRIT OF INTERNATIONALISM.

A PAGE OF NURSING HISTORY.

Many times I have thought I would place on record just how the International Council of Nurses came to be formed. Now, in as few words as possible, I will do it.

In the year 1893 I attended the World's Columbian Exposition at Chicago, as President of the Nursing Section of the Women's Committee of the British Royal Commission, and was at the same time appointed its Delegate by the Royal British Nurses' Association to represent it at the World's Women's Congress held in Chicago in May of that year, from which great meeting of the women of all nations may be dated the birth of internationalism amongst us. At this most inspiring Convention, where I had the happiness to meet—never to forget them—the fine pioneers of the true spiritual awakening of women—Puritan bred, American born—now passed to spheres of light where their sweetness and courage have found serenity, I came for the first time into actual touch with life as I had dreamed it might be—life simple and beautiful, which these stately, pure-minded, white-haired, eloquent women proved it could be.

At this Convention seventeen rooms were provided in which sessions could be held, some large and some small, in which at times just half a dozen women met, and spoke simple truths not always to be told.

I listened.

One afternoon, wandering through the corridors, I observed on a door a notice headed "The International Council of Women," notifying that a meeting would be held quite early on the following morning. I paused, and took notice of the title, the hour of meeting, and the number of the room. My attention was arrested for quite a while. Why? You tell me. I do not know.

I knew I was booked to take the chair at a meeting in the Woman's Building in the Exposition grounds—ten miles away from the city—on the following morning, at which questions

of National Health in England were to be discussed, and that it was not possible to be in two places at once—at least, in the flesh.

What happened was this—I was strongly urged, by what influence I cannot say, to attend the meeting of the International Council of Women—of which until that hour I had never heard—so strongly influenced, indeed, that I excused myself from presiding at the meeting—long since arranged—and at 8 a.m. on the following day found myself before the little room in which the International Council Meeting was to be held!

The room was not yet prepared, and a scrublady was languidly wielding a broom. I waited in the corridor until her somewhat superficial flapping was at an end, then seated myself in a corner.

The meeting was called for 9 a.m. The hour struck, yet the room was empty. Another hour passed; it was still empty. Then I made inquiries, and learned that the advertised chairman, Mrs. May Wright Sewall, of Indianapolis, was unavoidably detained.

"Would she ever come?" I questioned.

"Maybe," was the casual reply.

Down I sat.

An hour later a gracious woman, followed by others, hurried in, smiling and apologetic—a gay and gentle personality, who at once stepped on to the little platform; and, sweeping aside such inconsiderable items as hours ticked off by clocks, began to speak with us, and we all floated away on the wings of her eloquence from mere mundane surroundings into realms of delight. Inspired by the International Idea, she emphasised her belief in the oneness of the world, and even of all worlds. She had conceived of a vast sisterhood of women of all peoples, of all lands—meeting together, speaking with one another, learning from one another, becoming known to one another, working for the blessed ideal of kindness to one another, and to this federal idea she had given the title of the International Council of Women. Five years before in Washington she had delivered her message and formed the nucleus of the International Council, by associating to-

gather a few kindred spirits into the National Council of Women of the United States.

From this meeting she told us we must all go forth—even to the uttermost parts of the earth we must presently go—and teach the lesson of the common right of humanity to communion, participation, and fellowship. How infinitesimal are worlds—or spheres—even the whole universe—how pale, inert, how lifeless, deprived of the affluence of human feeling! The spiritual and intellectual forces of love and learning, the germ of the Divine in man, are these not the forces through which worlds are enlightened and kept sane?

Thus May Wright Sewall, apostle and prophet.

She ceased speaking.

Then matters of business were discussed. Councils must be formed in every country in the world, and those present must just go out and do it. Names were tossed about—international officers nominated.

Suddenly, smiling upon me in my far corner in her enticing way, she said: "I was aware whilst speaking of a personality in this room very much in sympathy with the International Idea."

"That is so," I answered. Someone introduced us, and suffice it to say in a few minutes I had been commissioned straight away to see Mrs. Eva McLaren, "of England," nominated International Secretary, and urge her from that meeting to form a National Council of Women of Great Britain and Ireland, preparatory to affiliation with the International Council.

This upon my return to London I did, and Mrs. Eva McLaren invited me to act as Hon. Secretary to a provisional committee, which ultimately, in conference with representatives of the National Union of Women Workers, decided to extend the Constitution of that Union, by forming a governing body of affiliated societies of women and branches; and this organization, under the title of the National Council of Women of Great Britain and Ireland, has long since formed a part of the great International Council of Women.

So far, well.

But what of the nurses? Year by year all over the world their usefulness to the community and their own professional needs grow and grow. How find time or interest to deal with them effectively in a general assembly? It did not appear possible. Why not commune together?

Of all classes of women the trained nurse is least tied and bound by environment. Sick humanity in the past, and now in addition how to prevent sickness, is her universal sphere

of action. Truly it has been said that there is no nationality in nursing. Metaphorically she should fly around, oblivious of geographical and spherical boundaries. Wherever she alights there, ready to hand, her work awaits her—need of the sanitary law, eugenics, home making, child tending, and mind training. Always—always first, prevention of injurious environment, then body building. All to have a sufficiency of earth, air, fire, and water, elemental human rights. Then unceasing war on human greed, body maiming, and spirit crushing, through wealth worship. Also, if disease creeps in, and accidents happen, every nurse must possess fundamental knowledge—theory and practice hand in hand, fine trained skill, mental and manual, so that, trained, wonderful, indispensable, she may outpour of her treasures all the time—it matters not *where*.

Why not encircle the world with the sympathetic touch of such a Sisterhood?

"Let us do it," I said to Isla Stewart. "Let us," she answered in her buoyant way.

So it came about that when the International Council of Women held its Quinquennial Meeting in London in 1899, the Spirit of Internationalism was in our midst. We invited its presence, and at the Annual Meeting of the Matrons' Council, at which foreign nurses were present, I proposed "That steps be taken to organize an International Council of Nurses." The resolution was seconded from the chair by the late Miss Isla Stewart and unanimously adopted.

The constitution as adopted was prefaced by the following preamble:—

"We, nurses of all nations, sincerely believing that the best good of our profession will be advanced by greater unity of thought, sympathy, and purpose, do hereby band ourselves into a confederation of workers to further the efficient care of the sick, and to secure the honour and the interests of the nursing profession."

Realising that professions, like nations, can only flourish by the development of the individual sense of corporate responsibility, the first aim of the International Council of Nurses was, through the affiliation of National Associations adopting graduate suffrage as a fundamental principle, to organize nurses all the world over and make them articulate. Rooted in the graduate vote, the nursing tree branches into Leagues and Alumnae Associations, blossoms by delegation into National Councils, inclusive of Superintendents' and Nurses' Associations, the ripe fruit of which is

seen in the work of the International Council of Nurses—in time to be composed, we hope, of the delegates of national associations from every civilized country in the world.

The decisions arrived at in general assembly by a body of nurses so constituted, and representative of all shades of opinion, must necessarily receive consideration and respect. Ultimately no doubt the International Council of Nurses will become the deliberative assembly, and supreme court of appeal of the nursing world.

The movement has surprising vitality. In thirteen years the International Federation will be composed of the nurses of Great Britain and Ireland, the United States of America, Germany, Canada, Holland, Denmark, Finland, India, and New Zealand in the precedence in which they have affiliated. Its inspiration has, however, gone far, far further afield. The Cologne Congress will be attended by fraternal delegates from Australasia, Africa, and Japan, France, Italy, Austria, Hungary, Switzerland, Belgium, and Sweden.

Is it not wonderful?

Now I know why, though not how it was I sat alone all those hours waiting for the coming of one of the world's most spiritual teachers—May Wright Sewall—on that summer's morning in Chicago—so many years ago.

ETHEL G. FENWICK.

THE PRESIDENT OF THE INTERNATIONAL COUNCIL.

Sister Agnes Karll, the President of the International Council of Nurses, who, in her official capacity, will give the Address of Welcome to the delegates and members, and preside over its General Assembly at the

Triennial Meeting in Cologne, is one of the best known and beloved of the officers of the Council, and when those for the present triennial period were elected, at its last meeting in London, it was felt that no more acceptable President could be found than Sister Agnes Karll, who, on intimating her willingness to accept office, was unanimously elected.

Sister Karll has the gifts necessary in the leader of a great movement which touches intimately the very difficult question of the status of women and their educational and economic conditions. She possesses in a singular degree personal charm, intellectual ability, courage, singleness and tenacity of purpose, and that unerring love of truth produc-

tive of personal loyalty, and the power of self-sacrifice. These gifts have been patriotically devoted to the formation and consolidation of the German Nurses' Association, of which she is the President, formed for the purpose of organizing German nurses on a professional basis with the object



SISTER AGNES KARLL, R.N.,
President of the International Council of Nurses,
President of the German Nurses' Association.

of obtaining personal freedom, better education, adequate pay and professional status. All legitimate demands, and in the interest not only of the nurses but of the community, but we in this country, who know how stern and bitter has been the struggle for our professional freedom, are able intimately to sympathise with our colleagues in Germany, to rejoice with them that, chiefly through the work of the German Nurses' Association, a uniform standard of nursing education and examination has been won for the nurses of the

fronted. It will take time to translate its aspirations into facts, but as these have their origin in justice and righteousness the full realization of its desires is only a matter of time. The future is bright with hope, for German women enter the profession of nursing with a good general education and knowledge of the domestic arts, a simplicity and industry which are an excellent stock on which to graft the special knowledge and skill required of them in the practice of their profession. And the great German nation is keenly



SISTER EDITH KOEHLER, R.N.
Matron, Moabit Hospital, Berlin.

Empire, which, if not all that can be desired, is a foundation upon which to build, and the attainment of which carries with it the right to the title of registered nurse.

Those who have met some of the many grand and earnest women forming that Association will be sure that they are working whole-heartedly in support of the aims which they have set before themselves in their professional organization, realizing the strength which is derived from unity of purpose.

The work of the German nurses has been uphill in the past, and it is difficult to realize the obstruction with which it has been con-

alive to the value of thoroughness in education, and will no doubt realize the justice of the demand of its nurses for higher professional standards, reasonable hours of work, and sufficient remuneration for their skilled labour, which the German Nurses' Association, with the indispensable aid of its official organ, *Unterm Lazaruskreuz*, is struggling to attain.

The members of the International Council of Nurses from overseas bring to their President heartfelt admiration for her splendid work, not only for German nurses, but for the profession at large, and their loyal support in her endeavours for its welfare.

A BEAUTIFUL ENSEMBLE.

Our Hon. Secretary, Miss L. L. Dock, writes from Cologne:—"It is a revelation to see how widespread and intent an interest is being taken in our Congress by the people of Cologne, and especially the women. They have raised a prodigious sum of money for the preliminary work and various expenses connected with the meetings, and are so enthusiastic over it all. They are taking the greatest pains over the production of the Pageant and throwing themselves into its details as earnestly as if it were their own lifework. The Pageant, I suppose you know, will be differently represented here from in England. There is not the necessity of making it here a plea for State Registration, as that is attained. And there is no real stage in the Gürzenich; the Pageant will therefore be modified as a series of living pictures, in which artists, musicians, and poets are helping to produce a beautiful *ensemble*. The interesting thing is that circles which are usually divided from one another by politics, religion, or point of view are all equally interested in the Nursing Congress, and are united like old friends on making things pleasant for the visiting nurses."

THE GERMAN DELEGATES.

SISTER EDITH KOEHLER.

Sister Edith Koehler was trained at the Victoria House, Berlin, the first Training School for Nurses in that city, which was founded by the Empress Frederick. Sister Koehler has devoted the whole of her life-work to the service of the Berlin Municipal Hospitals, and has been the reformer of the Moabit Hospital, where she has acted as Lady Superintendent for the last ten years, so that it now has the reputation of being one of the best training schools for nurses in Germany.

The whole staff of the hospital joined the German Nurses' Association after the nurses had an object lesson in the meaning of organization from the medical staff, who were united against them in one of those trying incidents which occur from time to time in hospital life.

Sister Koehler was elected on to the Board of the German Nurses' Association in 1911, an appointment which has given the staff of the Moabit Hospital much pleasure, and the authorities of the hospital have recognized her able work by sending her, with one of her charge nurses, as an official delegate to the meeting of the International Council of Nurses at Cologne.

SISTER MAIDA LÜBBEN.

Sister Maida Lübben was trained as a member of the Diaconie-Verein in the Municipal Hospital at Erfurt, and afterwards had some experience of private nursing and in private nursing institutions. She is one of the thirty nurses who founded the German Nurses' Association, and has served on its Governing Board. She was also one of the first members of the nursing staff appointed in Berlin in connection with the preventive work in tuberculosis. When, after more than seven years' work, she gave this up, she joined the staff of the German Nurses' Association, and is now at the head of it as Vice-President of the Society.



SISTER MAIDA LÜBBEN, R.N.
Vice-President German Nurses' Association.

She had exceptional opportunities of being grounded in statistical work, as from her sixteenth year she was the right-hand of her father, a governmental doctor, who was concerned with much work of this character, and whose early death is greatly lamented. At the present time nurses who have organizing ability, and gifts for office and statistical work, can utilize them to great advantage in connection with their professional associations. They probably render greater service to the sick by helping in the organization of their profession as a whole than by caring for individual cases.

Sister Maida Lübben is responsible for the calculations and summary of statistics as to the health of the 2,500 nurses of the German Nurses' Association embodied in a diagram for the Hygiene Exhibition at Dresden, and which will be on view in Cologne. She is one of the greatest bulwarks of the German Nurses' Association.

SISTER MARTHA OESTERLEN.

Sister Martha Oesterlen is another most steadfast and loyal supporter of organization of nurses in Germany. She is a pupil of the Diakonie-Verein, and did years of hard work in large State hospitals for the insane. Later, in order to be near her father, who was nearly blind, she took up private nursing at Stuttgart, and Württemberg, her native town.

Sister Oesterlen joined the German Nurses' Association during the foundation year, and during her years of private nursing tried to make a home for private nurses, and to form a branch of the German Nurses' Association, of which she is now the President, in Württemberg. Some years ago the authorities utilized her excellent qualifications by appointing her an inspector of orphans and poor people. Those who attended the International Congress in London in 1909 will remember her as one of the German delegates and speakers.

SISTER HELENE MEYER.

Sister Helene Meyer, Matron of the Municipal Hospital, Dortmund, has had a long and varied experience of hospital work. She was trained in that most famous hospital, the Eppendorf Hospital at Hamburg, and was one of the first group of nurses selected to train Turkish soldiers as nurses in the Gülhaué Hospital at Constantinople. After years of strenuous work, a breakdown compelled her to

resign and to reside for two years in Davos for the restoration of her health. She then returned to work in the Eppendorf Hospital until selected as Lady Superintendent of the Municipal Hospital in Dusseldorf, with the object of organizing the Nurse Training School there. The circumstances under which, after a few days, she had to give up this post is one of those episodes in nursing history which will make interesting reading when the time comes to write it.

Just at that time the German Nurses' Association was called upon to staff the Dortmund Hospital after 56 years of nursing by deaconesses. It was difficult to find a suitable Matron at once, and Sister Meyer did duty in this capacity for some months. Two years later she was invited to take

the position of Lady Superintendent at Dortmund, and in a few weeks she eliminated the worst features of the nurses' life there, and secured them a suitable home in some houses near the hospital, thus at once eradicating much ill-health.

Before training as a nurse she had passed the teachers' State examination and been a teacher for some years, an experience which should stand her in good stead in connection with the training of nurses, but unfortunately she has little time to give to this important side of her work. German nurses will never have a more thorough and courageous champion than Sister Meyer.



SISTER MARTHA OESTERLEN, R.N.
President Württemberg Branch German Nurses Association.



SISTER HELENE MEYER, R.N.
Matron, Municipal Hospital, Dortmund.

THE TRAINED NURSES' ASSOCIATION OF INDIA.

MISS CHARLOTTE R. MILL.

Under the constitution of the International Council of Nurses, Hon. Vice-Presidents are appointed in countries where a National Council is not fully formed, in order to keep in touch with the International Council, and to assist in forming the national organization.

In India this honourable office has been held by Miss C. R. Mill, the Matron of St.

George's Hospital, Bombay, who has now the satisfaction of knowing that the initial work is accomplished, and that the two national associations of nurses in India, the Association of Nursing Superintendents of India, President Miss Tip-petts, and the Trained Nurses' Association, President, Miss Tindall, affiliated together for the purpose in a central committee, have applied for admission to the International Council, and have appointed delegates to represent it at the Cologne meeting. The

inclusion of these Associations will be specially interesting, as membership of the Nurses' Association is open to native nurses with the necessary professional qualification; and this is the first instance of a national organization including Eastern nurses becoming associated with those of the West. The Indian Association will therefore receive a particularly warm welcome.

The Indian Committee includes the Presi-

dents of the two Associations, with Miss Mill as Corresponding Secretary, and two other members nominated annually, those for the present year being Mrs. Klosz and Miss Creighton, who are two of the official delegates to the International meeting.

Miss Mill, to whose efforts the affiliation of the Indian Association is largely due, has had an interesting nursing career. She was trained at the Royal Infirmary, Dundee, after-

wards holding the position of Sister at the Western Infirmary, Glasgow, and of Assistant Matron at the Lewisham Infirmary. She has had three years' experience of Army nursing, and five of plague nursing in India. In 1902 she was appointed Matron of St. George's Hospital, Bombay—sometimes known as the European General Hospital—a position she still holds.

One of the most interesting functions at the meeting of the International Council of Nurses is the reception of new Councils. Miss Mill, as Hon. Vice-President, has sent a letter to be read when

the Trained Nurses' Association of India is received at Cologne, and the four delegates appointed to represent the Association are Mrs. W. H. Klosz, Editor of *The Nursing Journal of India*; Mrs. Barr, Manager; Miss Creighton, a member of the Executive of the Superintendents' Association; and Miss Bonser, Hon. Secretary, T.N.A. It will be agreed that the Association has appointed very acceptable delegates.



MISS C. R. MILL.

Matron, St. George's Hospital, Bombay; Hon. Vice-President for India, International Council of Nurses.

THE NEW ZEALAND TRAINED NURSES' ASSOCIATION.

MISS JEANNIE M. SUTHERLAND.

Miss Jeannie M. Sutherland, who attends the meeting of the International Council of Nurses as one of the four delegates from the New Zealand Trained Nurses' Association, was born and educated in the Dominion, in the town of Dunedin, and received her three years' professional training at the Dunedin Hospital, which ranks high as a training school for nurses. She afterwards worked at the Auckland Hospital, and since 1898 has been Matron of the Chalet Private Hospital, which she built for the purpose.

The affiliation of the New Zealand Trained Nurses' Association with the International Council is especially gratifying, as the Dominion was the first country to pass a Nurses Registration Bill, which became law in 1901, followed in 1904 by a Midwives Act, and in 1908 by a Private Hospitals Act. It is true that Cape Colony provided for the registration of its nurses in 1891, but this was effected by the inclusion of some clauses in the Medical and Pharmacy Act, and the State is only one of a number in South Africa. To New Zealand belongs the honour of the first Nurses Registration Act.

The Act has now been in operation long enough to test its value, and the official testimony of the late Dr. MacGregor, and of Dr. Valentine, the Inspector-General of Hospitals,

is unanimous as to its value. Recently also Dr. Chapple, M.P., who has practised in New Zealand, and been a Member of Parliament in the Dominion, and is now a Member of the House of Commons in this country, has paid high tribute to the effect of the Act in attracting a better class of women to the profession, raising the status of nurses, and their whole standard and tone.

The Dominion has instituted an excellent system of State Maternity Hospitals, known as the St. Helen's Hospitals, in which patients are received, and midwifery nurses trained and prepared for the State examination.

Under the Private Hospitals Act licences are only issued to registered nurses and registered midwives, or to institutions where a registered nurse or midwife is in the position of manager. These hospitals are now regularly inspected and a report made upon them to Government through Miss Maclean, Assistant Inspector of Hospitals.

In addition to her many public duties, Miss Maclean is President of the New Zealand Trained Nurses' Association, and editor of its official organ, *Kai-Tiaki*.

The delegates nominated to represent the Association are Miss J. M. Sutherland, Matron and Proprietor of the Chalet Hospital, Dunedin; Mrs. Holgate, a native of New Zealand, who received her training at the Middlesex Hospital, London, and for some years has had a nursing home in Wellington; and Miss Beswick, for 20 years Matron of the Seacliff Mental Hospital, Otago.



MISS JEANNIE M. SUTHERLAND, R.N.,
Matron, Chalet Private Hospital, Dunedin, Delegate
from the New Zealand Trained Nurses' Association.

THE CANADIAN NATIONAL
ASSOCIATION OF TRAINED NURSES.

MISS MARY ARD MACKENZIE.

Miss Ard Mackenzie, R.N., who has succeeded Miss M. Agnes Snively as President of the Canadian National Association of Trained Nurses, has had a distinguished career. Born at Toronto, Ontario, Canada, she was educated at the Model School in connection with the Collegiate Institute and University of Toronto, and received a B.A. degree with honours in modern languages in 1892, and a specialist's certificate from Ontario Normal College in 1893.

Subsequently she taught in a High School for four years, and was Principal of a Church School for one year. She then entered the Massachusetts General Hospital, Boston, Mass., U.S.A., as a probationer, and graduated from this hospital, and from the Sloane Maternity Hospital, New York, in 1901. She held the position of Head Nurse at the Massachusetts General Hospital from 1901-1902, was Superintendent of the Vincent Memorial Hospital, Boston, 1902-1903; Superintendent of the Margaret Pillsbury Hospital, Concord, from

1903-1904; Superintendent of the Training School of the Brooklyn General Hospital, New York, 1904-1905; was engaged in private, district, and smallpox nursing in Washington from 1905-1908; and in that year returned to Canada as Chief Superintendent of the Victorian Order of Nurses for Canada, a position which she holds with distinction at the present time.

The Victorian Order of Nurses was founded under Royal Charter in 1807 in commemoration of Queen Victoria's Diamond Jubilee, and

aims at carrying skilled nursing, by means of Cottage Hospitals and fully trained district nurses, to all parts of the Dominion; the post of Chief Superintendent is therefore an onerous and responsible one.

The Canada National Association of Trained Nurses entered into affiliation with the International Council of Nurses at its last meeting in London in 1909, when the President at that time, Miss M. Agnes Snively—to whom the Association owes much—and four delegates were present, and Miss Snively presented a report, comprising a review of the status of

Nursing Education from the Atlantic to the Pacific Coast, demonstrating the unity of Canadian Superintendents and Nurses through their various organizations. Since that time Ontario has been the first State to recommend a Bill, and as the whole of the nurses' associations in the Dominion, with the *Canadian Nurse* as their official organ to voice their needs, are working wholeheartedly with this object, the registration of nurses throughout Canada is an assured fact in the near future.

Territorially the Dominion of Canada is the largest country at present in membership with the International Council of

Nurses, and great honour and prestige have already been conferred upon it.

By special permission of the late King, during the International Congress week in London in 1909, Miss Snively, as President, in the presence of the Canadian Delegates, was permitted to place a floral offering on the tomb of Queen Victoria at Frogmore, and King Edward subsequently accepted an illuminated address by the President, a duplicate of which is preserved in the archives of the Association at Toronto.



MISS MARY ARD MACKENZIE, R.N.
President of the Canadian National Association of Trained Nurses.

A NURSING REFORMER IN FRANCE. DR. LOUIS LANDE.

Since our last International Congress the Angel of Death has again and again removed from our ranks those whom we seem least able to spare. Great Britain and Ireland, the United States of America, France, and India are united in a common sorrow, by the loss of those to whom they looked, and never in vain, for leadership, counsel and guidance.

One of the most distinguished members of our Congresses in Paris and in London was Dr. Louis Lande, Professor of Forensic Medicine at the Bordeaux University, Member of the Superior Council of the *Assistance Publique* of France, Vice-President of the General Association of Medical Practitioners in France. Dr. Lande had notified his intention of attending the Congress in Cologne, and many of those who appreciated his great gifts were looking forward to meeting this distinguished medical man, who has so nobly supported the movement for the training of nurses in France on Florence Nightingale's system.

As our readers are aware, Dr. Lande, after delivering his inaugural address as President of the Medical Association in Paris, was suddenly stricken down with paralysis and shortly afterwards passed away.

Dr. Lande was a native of Bordeaux, and in the most public spirited way identified himself with the interests of the town. During the Franco-Prussian War he had charge of the Red Cross Ambulance of the Gironde, and at

the end of the campaign received the Cross of the Legion of Honour. It was in 1903, when Mayor of Bordeaux, that Dr. Lande founded the first nursing school on Miss Nightingale's principles in a State Hospital—the St. André Hospital. Later it was moved to the Tondu Hospital, where, under the direction of Miss Elston and the fostering care of Dr. Lande, 86 nurses have been trained and certificated. Nine matrons have also been supplied to other

hospitals, and six military hospitals have turned to the Tondu for nurses. By Dr. Lande's advice, two public schools in Bordeaux have appointed nurses in charge of their sick rooms, the Municipal Council has appointed a school nurse in the largest Board school, and district nursing has been initiated in Bordeaux.

Dr. Lande was also a true friend to the Protestant Hospital, which, under Dr. Anna Hamilton's direction, demonstrated the advantages of the modern nursing system later introduced into the State hospitals, and *La Garde Malade Hospitalière* owns him as its founder.

In recognition of his great services to his country, the Government raised him to the highest rank possible, that of Commander of the Legion of Honour.

By the kindness of Dr. Hamilton and of the *Comité d'Organisation du Congrès d'Assistance Publique and de Bienfaisance privée*, Nantes, we are able to publish this portrait.

Much sympathy is felt with the Bordeaux nurses in the irreparable loss they have sustained.



PROFESSEUR LANDE.

Membre du Conseil Supérieur de l'Assistance Publique de France.
Président de l'Association des Médecins de France.

THE INTERNATIONAL COUNCIL OF NURSES.

(Founded July, 1899.)

THE GRAND COUNCIL.

The following members of the I.C.N. have the right to attend and vote at the Meeting of the Grand Council convened to meet in the Gürzenich, Cologne, on August 5th, at 9.30 a.m. and 2 p.m.

The Honorary Officers as defined in Article II of the Constitution.

1. The President: Fraulein Agnes Karll.
2. The Hon. President: Mrs. Bedford Fenwick.
3. The Presidents for the time being of the affiliated National Councils of Nurses.
4. Hon. Vice-Presidents: elected to represent countries where no National Council is organized.
5. The Councillors: Foundation Members.
6. The Honorary Secretary: Miss L. L. Dock.
7. The Honorary Treasurer: Miss M. Brey.
8. Four elected Delegates from each Affiliated Council.

OFFICIAL DELEGATES.

The following ladies have been appointed by the affiliated National Association of Nurses as their official delegates, to attend the International Council Meeting:—

GERMANY.

The German Nurses' Association.

Sister Edith Koehler, Berlin, Matron of the Municipal Moabit Hospital.

Sister Helene Meyer, Dortmund, Matron of the Municipal Hospital.

Sister Maida Lübben, Berlin, Vice-President G.N.A.

Sister Martha Oesterlen, Stuttgart, President of the Württemberg Branch G.N.A.

GREAT BRITAIN AND IRELAND.

The National Council of Trained Nurses.

Miss Beatrice Cutler, Assistant Matron St. Bartholomew's Hospital, London, Hon. Sec. N.C.N.

Miss Christina Forrest, President Victoria and Bournemouth Nurses' League, Hon. Treasurer N.C.N.

Miss Gertrude Rogers, President Royal Infirmary Leicester Nurses' League.

Miss B. M. Kelly, Lady Superintendent, Dr. Steevens' Hospital, Dublin (Irish Nurses' Association).

UNITED STATES OF AMERICA

The American Nurses' Association.

Miss M. Adelaide Nutting, R.N., Director, Department of Nursing and Health, Teachers' College, Columbia University, New York.

Miss Anna Maxwell, Superintendent of Nurses' Training School, Presbyterian Hospital, New York.

Miss Helen Kelly, Superintendent, County Hospital, Wauwatosa, Wisconsin.

Miss Donna L. Burgar, Superintendent, Worcester Hospital, Mass.

CANADA.

Canadian National Association of Trained Nurses.

Miss Georgina Colley, Secretary, Montreal.
Miss Helen A. de Braisay, Montreal.
Miss L. L. Rogers, Superintendent, Public School Nursing, Toronto.

HOLLAND.

The Dutch Nurses' Association.

Sister Tilanus, Sister Verwey Mejan, Sister van Rijn, Sister Spruijtenburg.

DENMARK.

The Danish Council of Nurses.

Sister Maiken Lütken, Secretary, Danish Council of Nurses.

Mrs. Charlotte Munck, Matron and Member of Representative Board Danish Council of Nurses.

Mrs. Dr. Agnete Claudius, Editor of Journal Danish Council of Nurses.

Miss Kirstine Pedersen, Director of the Office, Danish Council of Nurses.

INDIA.

The Trained Nurses' Association of India.

Miss May Bonser, Hon. Secretary.

Miss Annie R. Creighton, Vice-President.

Mrs. Klosz, Editor of *Nursing Journal of India.*

Mrs. Barr, Manager

NEW ZEALAND.

The New Zealand Trained Nurses' Association.

Miss Jeannie M. Sutherland, Matron, Chalet Private Hospital, Dunedin.

Miss Beswick, formerly Matron, Mental Hospital, Scachil, Otago.

Mrs. Holgate, formerly Matron, Private Hospital, Wellington.

FRATERNAL DELEGATES.

From countries where no National organisation of Trained Nurses exists.

FRANCE.

M. André Mesureur, Chef de Service, Administration Général de l'Assistance Publique à Paris, Administrateur de l'Ecole des Infirmières

Mlle. Clément, Surveillante Général de l'Ecole des Infirmières.

Mlle. Blondeau, Monitrice de l'Ecole des Infirmières.

Mlle. Gosselin, Monitrice de l'Ecole des Infirmières.

ITALY.

Miss Grace Baxter, Matron, Ospedale Gesù-e-Maria, Naples.

Miss Dorothy Snell, Matron Scuola Convitto Regina Elena, Policlinico, Rome, and several members of nursing staff.

AUSTRIA.

Herr Linsmayer, Director, Jubilee Hospital, Vienna.

Sister Hedwig Brezina, Charge Nurse, University Children's Clinic, Vienna.

Sister Poldi Vogt, Assistant, University Children's Hospital, Vienna.

BELGIUM.

La Comtesse Jean de Merode, Brabant.
 La Comtesse Albertine de Villegas, Hainault.
 Dr. van Swieten.
 Dr. Maurice Peremans, Stuyvenburg Hospital.
 Sent by City of Antwerp.
 Dr. Marcelle and Mrs. Marcelle, Hospital St. John, Brussels.
 Mlle. Proqucant, Monitricc.
 Mlle. Ménétreay, Infirmière.
 Mlle. Rancy, élève.
 Mlle. Verbeck, President National Council of Women of Belgium.
 Representatives of the Ecole Saint Camille, Brussels.
 Five members of the "Vereeniging voor Ziekenverpleging, Antwerp.

HOLLAND.

Dr. A. Couvée, Amsterdam, Nederlandschen Bond for Ziekenverpleging; and
 Miss G. Reeling Browver, Rykskliniek, Utrecht.

SWITZERLAND.

Sister Emmy Oser, Zurich, Swiss Nursing Federation.

JAPAN.

Miss Take Hagiwara, Matron Red Cross Hospital, Tokio.
 Miss Yao Yamamoto, Red Cross Hospital, Tokio.
 Mrs. Reri Watatani, Matron, Mitsui Hospital, Tokio.

AUSTRALASIA.

Australasian Trained Nurses' Association, Sydney.
 Miss Winifred Tait.

Miss Muriel Peyton-Jones, a member of the Royal Victorian Trained Nurses' Association, has been studying German preparatory to taking part in the Congress; and Miss Olive Ross and a nurse friend from the Royal Victorian Hospital, Montreal, will be two more Canadians present.

REPRESENTATIVES.

A very large number of nurses from all the countries which at present form the International Council will attend the Congress. The United Kingdom sends nearly 100, and many Societies are sending special representatives. Many members of the Matrons' Council have joined Miss Mollet's party of 57, and as hon. secretary she is appointed as representative of the Council. Miss E. Barton, President, Chelsea Infirmery Nurses' League, represents the Poor Law Infirmery Matrons' Association, and Miss Melrose, Matron Royal Infirmery, Glasgow, and Miss Graham, hon. secretary, the Scottish Matrons' Association. Mrs. Bedford Fenwick represents the Society for State Registration of Nurses, and Miss H. L. Pearce, the School Nurses' League; Miss E. Bann, the Fever Nurses' Association. Miss B. Kent, the Nurses' Social Union. The League of St. Bartholomew's Hospital Nurses is sending Miss E. M. Hunter. The General Hospital, Birmingham, Nurses' League, Miss Macfarlane. The Royal

South Hants Nurses' League, Miss Lee Smith. St. John's House Nurses' League, Miss M. Burr. The Irish Nurses' Association. Miss Carson Rae. The Catholic Nurses' Association (Ireland), Miss McLaughlin. The National Association of Midwives will be represented, and the Incorporated Society of Trained Masseuses send Miss Grafton.

From far and wide throughout the German Empire nurses will attend the Congress, Holland, Denmark, Sweden, will be represented by large contingents from each country. France, Italy and Belgium mean to be well to the fore, and a very large number of Americans will help to make the gathering the success it deserves to be after the devoted labours of our German sisters in its organisation.

THIRD TRIENNIAL MEETING.**PROGRAMME.**

MONDAY, AUGUST 5TH.

MORNING SESSION, 9.30 a.m. to 12.30 p.m.

The Third Triennial Meeting and Grand Council of the International Council of Nurses will be held in the Gürzenich, at Cologne, on Monday, August 5th.

Chairman: Fraulein Agnes Karll, R.N., President of the International Council of Nurses.

AGENDA.

1. Call to Order.
2. Address of Welcome: The President.
3. The Watchword, "Aspiration": Mrs. Bedford Fenwick, Founder of the International Council of Nurses.
4. Minutes of the London Meeting: Miss L. L. Dock, R.N., Hon. Secretary.
5. Report of the Hon. Secretary.
6. Report of the Hon. Treasurer, Miss M. Breay.
7. International Recognition of the Services to the Nursing Profession of the President, Fraulein Agnes Karll.

Invitation to Fraulein Agnes Karll to accept the Honorary Membership of the National Council of Trained Nurses of Great Britain and Ireland; Mrs. Bedford Fenwick, President.

Music—German National Anthem.

8. The Affiliation of National Associations of Nurses: Welcome by The President.

(a) The Trained Nurses' Association of India.

(b) The New Zealand Trained Nurses' Association.

Presentation of the Representatives of incoming Associations: Mrs. Klosz (India), and Miss Jeannie M. Sutherland (New Zealand).

Music—The British National Anthem.

9. Speech in Honour of the Dead: The President.

Isla Stewart, Great Britain & Ireland.
Isabel Hampton Robb, United States of America and Canada.

Jeanie Kildare Treacy, Ireland.
Jane Winifred Thorpe, India.
Louis Lande, France.

Music.

10. Election of Hon. Officers.
11. Selection of Next Meeting Place.
12. Resolutions—
(a) On the Rights of Citizenship—Women's Suffrage.
(b) On State Registration of Nurses.
13. Welcome of Members of Allied Organisations.

AFTERNOON SESSION, 2 to 4 p.m.

1. Report of the International Committee on Nursing Education.

The Preliminary Education of Nurses: Presented by Miss J. C. van Lanschoot Hubrecht, President Dutch Nurses' Association.

2. Organisation and State Registration:
(a) England: Report from the Society for State Registration of Trained Nurses. Miss Christina Forrest.
(b) United States America: Miss Charlotte Ehrlicher, late Superintendent of the German Hospital, in Brooklyn, U.S.A.
(c) Germany: Sister Emma Ampt.
(d) Denmark: Sister Maiken Lütken.
(e) Belgium: La Comtesse de Merode.
(f) Japan: Miss Take Hagiwara.
(g) Hungary: Sister Kadar Jldiko.

5 p.m. Festival by the Municipality of Cologne in the Floral Town Gardens.

THE INTERNATIONAL CONGRESS OF NURSES IN THE GÜRZENICH.

PROGRAMME.

TUESDAY, AUGUST 6TH.

Morning Session. 9 a.m. to 12.30 p.m.

President of Session: Miss M. A. Nutting, R.N., Director, Department of Nursing and Health, Teachers' College, Columbia University, New York, U.S.A.

THE OVERSTRAIN OF NURSES.

Speakers:

Herr Regierung and Geheimer Medicinalrat Hecker, Strásburg.

Oberin Meyer, Dortmund.

Miss Margaret Breay, London.
Sister Spruijtenburg, Amsterdam.

Discussion.

Afternoon Session: 2 to 4 p.m.

President of Session: Mrs. Bedford Fenwick.

1. THE DUTIES OF THE MATRON IN THE TRAINING AND EDUCATION OF NURSES.

Speakers:

- Miss M. Mollett, England, formerly Matron of the Royal South Hants and Southampton Hospital. (In German.)
Miss Anna Maxwell, United States of America, Superintendent of Nurses' Training School, Presbyterian Hospital, New York.
Fraulein Agnes Karll, Germany, Berlin.

Discussion.

2. THE DUTIES OF THE MATRON IN THE ADMINISTRATION OF HOSPITALS.

Speakers:

- Sister Lisbeth Becker, Evangelischer-Diakonie-Verein Germany.
Sister Verwey-Mejan, Holland.
Mother Mary Albens Fogarty, Ireland.
Sister Mary Ignatius, Mercy Hospital, Chicago.

- 5 p.m. Visit to the Lindenburg Municipal Hospital.

Evening Session, 8.30 p.m.

President of Session, Fraulein Hedwig Busch, Hanover, Women's College, Evangelical Women's League for Social Work.

THE SOCIAL WORK OF THE NURSE.

Reports by Miss M. A. Nutting and Miss Wald, New York. Read by Sister Marie Lustnauer, Louisville City Hospital, Fraternal Delegate from Kentucky.
Speaker: Fraulein Agnes Karll.

WEDNESDAY, AUGUST 7TH.

Morning Session, 9 a.m. to 12.30.

President of Session: Miss Mary A. Snively, formerly Lady Superintendent of the General Hospital, Toronto, Canada.

Afternoon Session: 2 to 4.

President: Fraulein Agnes Karll.

THE SOCIAL WORK OF THE NURSE.

(Special Branches.)

1. Miss Beatrice Kent, London. (In German.)
2. Care of Orphans: Sister Martha Oesterle, Stuttgart.

3. The Work of the Police Assistant: Sister Henriette Arendt, Ascona.
4. Homes for Working Women: Sister Alyke v. Timpling, Davos.
- 5 & 6. The Care of Babies: Sister Else Knoerich, and Fraulein W. Schubert, Darmstadt.
7. Welfare Work for Consumptive Patients: Sister Dorothea Taubert, Solingen.
Sister Tilanus, Amsterdam.
Sister Maiken Lütken, Copenhagen.
Sister Emmy Lindhagen, Stockholm.

Discussion.

8.30 p.m. Banquet in the Hotel Disch.

THURSDAY, AUGUST 8TH.

Excursion to Kaiserswerth.—Departure 9.30 a.m., by steamer. Fare: dinner on board and ticket on electric car, at Dusseldorf, 5s. From 1 to 6 p.m.: Visit to the Kaiserswerth Deaconess House. Afternoon coffee. Return by steamer to Dusseldorf, 6 p.m. Leave Dusseldorf for Cologne by train, 8 p.m.

FRIDAY, AUGUST 9TH.

Whole day Excursion to Bad Neuenahr, Ahrweiler. Departure: Central Station, 9.30 a.m., on the invitation of Herr von Ehrenwall. Luncheon 11.30 a.m., as guests of the Kurverwaltung. Visit to Bad Neuenahr. Departure for Ahrweiler, 2.30 p.m. Visit to the San. Rat. v. Ehrenwall's Sanatorium for Nervous and Mentally Diseased Patients. Afternoon tea in the Forest. Return to Cologne, 8 p.m. Fare 4s.

THE BUREAU.

There will be a Congress Office in the Gürzenich, at which visitors should at once call, where tickets, badges and information can be obtained (from 1st to 3rd August, apply at Quartermarkstaal).

TICKETS.

The price of tickets will be as follows: For Congress and Exhibition for members of the I.C.N., and for all nurses, 3s. For others, 5s. Day tickets for Congress, each session, 6d. Exhibition, after opening day, 2½d.

Banquet tickets, 10s. each, including wine. Excursion to Kaiserswerth, 5s.

Excursion to Neuenahr and Ahrweiler, 4s.

All those wishing to attend these functions should procure their tickets as soon after arrival as possible. As 550 visitors (exclusive of residents) have already notified their intention of attending the Congress, everything should be done promptly, so as to facilitate arrangements.

BADGES AND RIBBONS.

Badges and ribbons will be supplied; the brassards will be embroidered with the name of country. In our case Great Britain and Ireland will distinguish members of our National Council with I.C.N. in gold. Those nurses who in addition wish their nationality still further dis-

tinguished can wear a ribbon with the words England, Scotland, or Ireland on it, but must provide these badges for themselves. There is certain to be "Wearing of the Green."

On presentation of Congress ticket the town permits free visits to the museums. Arrangements have been made for conducting parties over public institutions, hospitals, and places of interest, from 10 a.m. to 5 p.m.

Many of our Matrons have been disappointed. August is the month in which so many hospital secretaries and medical superintendents take their holiday, and duty claims the Matron at home. Owing to the much regretted inability of Miss Heather Bigg to attend the Congress, Miss Elma Smith has consented to take part in the Pageant as Elizabeth Fry. The English National Council will offer a wreath to be placed on the grave of Friederike Fliedner at Kaiserswerth, the first wife of Pastor Fliedner, whose creative and executive work must now be recognised as the origin of that marvellous organisation on the Rhine, from which Mrs. Fry, Miss Nightingale and Miss Agnes Jones learned and passed on to the nursing world lessons of inestimable value.

The following will take part in the Pageant:—Miss B. Kent, as Phoebe of Cenchrea; Mrs. Manson, Queen Philippa of Hainault; Miss Macvicie, a Choir Sister of the Augustinian Order; and Miss Clara Lee as Sister Rahere (1850).

Sister Agnes Karil may be addressed at Baseler Hof, Hermannstrasse, 17-19, Cologne; and Miss L. L. Dock, at the same address.

MEETING OF THE EXECUTIVE COMMITTEE.

There will be a meeting of the Executive Committee of the I.C.N., held at the Hôtel Disch, on August 4, at 2 p.m., to consider the Agenda for the following day.

THE BOOKSTALL.

The following publications will be on sale on the literature stall in the Gürzenich during the Congress:—

THE BRITISH JOURNAL OF NURSING, price 1d., with numerous illustrations.

"The Queen's Nurses Magazine," price 6d.

"The Isla Stewart Oration," price 6d.

"The Report of the Society for the State Registration of Trained Nurses," price 2d.

Pictures of Nurses of Note, including Presidents of National Councils.

The Mother Books: "Children: A. Maerchen," by Dr. Hugo Salus, price 1s., and "Dolls Dead and Alive," by Otto Ernst, price 1s. 6d. English edition, translated by A. C. Caton.

OUR PRIZE COMPETITION.

WHAT POINTS WOULD YOU OBSERVE ON THE ADMISSION OF A NEW PATIENT TO A WARD. AND WHY?

We have pleasure in awarding the prize this week to Miss Elizabeth Martin, the Royal Halifax Infirmary, Halifax.

PRIZE PAPER.

The patients admitted into our hospital wards may be divided into two classes, viz., urgent and non-urgent.

The chief points to be observed when admitting a new case to a ward are:—

- (1) The general condition of the patient.
- (2) The choosing of a suitable bed.
- (3) Preparation of mackintoshes, blankets, hot bottles, &c. (These points are of greater importance when the case is an urgent one.)

(1) *The Condition of the Patient.*—It is the duty of the ward sister or staff nurse to admit the new patients, and every care must be taken in noticing as much as possible about any new case.

An internal and external temperature should be taken on admission; the pulse and respiration also should be counted for a whole minute and charted. These should be taken again about half an hour later, after the patient has become more settled and less nervous. Notice if the patient is suffering from shock, and try to relieve the same, from a nursing point of view, until further treatment is ordered by the doctor. Any hæmatemesis, hæmoptysis, melæna, hæmaturia, &c., must be reported, and specimens saved for inspection.

Procure a specimen of urine in any case as soon as possible.

Report any distention; and all apparently slight injuries, wounds, scars, bruises, &c.

All these things are of vital importance, and are also of great help to the medical man.

(2) *The Choosing of a Suitable Bed.*—This entirely depends upon the case admitted.

If a surgical case, and an urgent abdominal operation, the patient should be nursed as near the centre of the ward as possible; by this arrangement many draughts are avoided from either end of the ward.

Have a fracture bed prepared for all cases of fractured leg, especially a fractured femur. All head injuries, &c., should be put to bed without pillows. (Sometimes a water pillow is ordered later.)

Water beds should be prepared for cases of fractured spine and fractured pelvis, and also for some medical cases, such as paraplegia and hemiplegia.

(3) *Preparation of Mackintoshes, Blankets, Hot Bottles, &c.*—All urgent beds should be covered with mackintosh and bath blanket, as all bathing must be done in bed, and the nurse should have blankets in readiness by the fire.

If the new patient is admitted in a very cold and collapsed state, more hot blankets will be required and hot bottles.

Great care must always be taken when placing hot bottles in the bed. Every bottle must have a cover and be placed between blankets, so as not to burn the patient, who may be in a semi-conscious condition.

The ward should always be kept as quiet as possible, and the nurses on duty should always be very quiet and orderly.

New patients and their friends are naturally very nervous of hospital, and many (friends especially) have been known to get quite a wrong impression.

With regard to history, &c.—The house surgeon is responsible for all history from the adult patients, but, as a rule, all history, &c., for the children is taken by the ward sister or her most senior nurses. Therefore all nurses should be taught how to take the history of a child's illness as accurately as possible, and the importance of history taking explained to them.

Why these points should be observed when admitting a new patient to a ward is:—

- (1) For the comfort and welfare of the patient.
- (2) For the benefit of the training of the nurses.
- (3) For the report to the house surgeon.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Emily Marshall, Miss E. F. Stokes, Miss E. H. Gibert, Miss M. Cullen, Miss A. Rhind, Miss P. Macfarlane, Miss M. Saunders, Miss A. McCabe.

Miss Gibert writes: "One of the most important qualities which every Sister should try to bring out and cultivate in those for whose training she is responsible, is the power of observation, and, in so doing, she might do well to bear in mind the words of Taylor, 'Remember that as thine eye observes others, so art thou observed by Angels and men.'"

Nurses often do not realize how much they may be able to assist surgeons and physicians by paying special attention to this important power.

Amongst the points to be observed, Miss Emily Marshall mentions:—Note whether the patient is conscious, delirious, semi-con-

scious, unconscious, feverish, collapsed, and report as necessary.

Take notice of any rash, wounds, bruises, paralysis, defective speech, or any other sign of abnormality, report the same, and make notes for reference.

Inspect patients' hair and report if not clean, and free from nits and pediculi, also report discharges of any kind.

Note and report deafness, defective sight, any signs of insanity, burns, or blisters, or any skin affections, swellings on any part of the body; in fact, the smallest defect should be noted and reported to the doctor on his next visit.

Miss Stokes mentions deformities, bruises, bedsores, and ruptures amongst the things to be noted and reported at once, as these may have been overlooked by the patient's friends, who may cause a great deal of unpleasantness by saying that they were not there on admission. Rashes should be immediately reported. With children it is a frequent occurrence to find ringworm or scabies or other contagious skin eruptions. These call for special attention, and care must be taken to keep the child's comb, brush, and clothing separate, or otherwise an epidemic may be the result.

Miss Cullen says: "I should first of all notice the general aspect of the patient, whether he looked ill, if he was cyanosed or breathing badly, and also note how he was brought in, whether he was carried in on a stretcher or chair, or walked in. All these points must be carefully observed, as such observations help towards the next steps to take."

Miss A. Rhind mentions:—For identification and reference verify admission ticket as to name and age. Take address—home address or address of nearest relatives. It is also usual to take the patient's present address.

These particulars are usually obtained from the friends accompanying the patient; failing these, from the patient. If no friends are present and the patient is not in a fit condition to give any information, attempts must be made to identify the patient from personal belongings, clothes, letters, note-books, lining of hat or cap. Tattoo marks sometimes help.

Many of the papers are very interesting, and prove that many nurses realize that the reception of a patient into a ward is not a simple matter, but that trained observation, alertness, tact, and kindness are requisite in nurses in the discharge of this duty.

QUESTION FOR NEXT WEEK

Enumerate the principal physical, mental, and moral qualifications in a trained nurse?

THE TRAINED WOMEN NURSES' FRIENDLY SOCIETY.

On Saturday, July 27th, at a meeting of members summoned for the purpose, the Trained Women Nurses' Friendly Society was formally inaugurated.

Mrs. Bedford Fenwick presided, and after briefly explaining the objects of the meeting, invited Miss M. Mollett, Provisional Hon. Secretary, to present a report. Miss Mollett reported that the Society had been approved by the National Insurance Commissioners, and then explained the present position, and in regard to proposed benefits, said that the Provisional Committee made no proposal to vary the statutory benefits at first. If after a time there was a surplus, and experience had been gained as to the most desirable alternative benefit, it would be then open to the members to adopt it.

ELECTION OF OFFICERS.

The Chairman then announced the nominations of the Executive Committee for the positions of officers, but said it was open to any member to make other nominations. The following officers were unanimously elected:—

President—Mrs. Bedford Fenwick.

Vice-President—Mrs. Paston Brown, Chairman of Kingston Board of Guardians.

Trustees—Miss E. M. Waind, Lady Superintendent, Galen House, Guildford.

Mr. H. W. Maynard, late Director Union-Castle Line.

Mr. H. Dixon Kimber, of the firm of Messrs. Kimbers & Boatman, Solicitors, Lombard Street.

Treasurer—Mr. T. W. Craig.

Secretary—Miss M. Mollett.

Miss Mollett explained that she was quite willing to act as Secretary for a time and see the thing through, but she was afraid she could not undertake the position permanently. She had only recently entered into partnership with a friend who was unwilling to move nearer London. She was therefore elected on this understanding.

THE TREASURER'S SPEECH.

Mr. T. W. Craig said that personally he had been interested for many years in nursing and nurses, and it was an additional pleasure to him to help this Society. He was in sympathy with the principle of insurance, and always encouraged everyone to insure, and he believed the advantages offered to nurses by the Trained Women Nurses' Friendly Society were superior to any other. No other society, so far as he knew, offered them the advantages of professional association, through which they could maintain the status of membership. In the insurance world the difficulty was always to eliminate the inferior element. It was up to the members of this Society to secure nurses standing well professionally, and with good lives from the insurance standpoint. He therefore advised each member to induce a friend to join

their society, rather than one with an indiscriminate membership. Moreover, it seemed probable that the majority of the members were of a class who would not require to come on the funds of the society after marriage. In that case we should hope to retain their interest and assistance as Hon. Members. Mr. Craig then explained the principle of insurance and concluded by expressing his pleasure at being associated with the President, Committee, and members in the promotion of the Society.

COMMITTEE OF MANAGEMENT.

The present Provisional Committee were then elected as the Committee of Management, with the addition of Miss Knight (Nottingham), Miss Buckingham (Birmingham), Miss O'Brien (University College Hospital), and Miss Mollett, making a thoroughly representative Committee.

IRISH NURSES' ASSOCIATION.

A special meeting of the Executive Committee of the above Association was held on July 24th, Miss Shuter, the President, in the chair. There was a large and representative attendance.

A resolution was proposed by Miss Huxley, Elpis Private Nursing Home, seconded by Miss Reeves, Royal Victoria Hospital, and was passed with only two dissentients, most regretfully entirely dissociating the Irish Nurses' Association from the Irish Nurses' Insurance Society.

The President and Committee of the I.N.A. wish it to be understood that they have no wish to retard in any way the success of the Insurance Society; on the contrary, they will be very pleased if a successful Society can be formed; but as they do not approve of the methods of administration, they think it only fair to all nurses that they should at any rate understand that the Insurance Society is not controlled by the Irish Nurses' Association. For another reason they consider this explanation necessary, as the fact of the Insurance Society having rented a temporary office at 34, Stephen's Green, the headquarters of the Irish Nurses' Association, is liable to lead to some confusion.

A copy of the resolution will be sent to all members of the I.N.A. within a few days.

(Signed) E. HANAN,

Secretary Irish Nurses' Association.

We feel sure that the Irish Nurses' Association has taken this step in the belief that it is for the best interest of the members, and we have pleasure in giving publicity to it.

TWO QUEENS AT ALTON HOSPITAL.

The visit of Queen Alexandra and Queen Amélie of Portugal to Lord Mayor Treloar's Hospital and College for Cripples at Alton gave immense pleasure to those who are working so hard at this wonderful institution, and also to all the little patients and pupils.

Her Majesty and party first visited the college, where Sir W. Treloar showed her round the leather shop, where the college boys were at work. Her Majesty spoke to every boy, and seemed especially interested in the boys making surgical boots for children in the hospital. That seemed to appeal to her tremendously. She questioned those boys who were wearing surgical boots if they made their own. Both Queen Alexandra and Queen Amélie asked that a large assortment of goods made in the College should be sent for their inspection in London.

Dr. Gauvain, the medical superintendent, and Miss Robertson, matron, were presented to Her Majesty and conducted her over the hospital. The nursing staff and convalescent patients were also drawn up outside the observation wards, where they were received by the Royal party.

Going through the observation wards Her Majesty expressed warm admiration of all the arrangements made for preventing the spread of infectious disease. She insisted on speaking to every child. Her Majesty then visited the cot ward and spent some time among the babies. Here she was interested in a little child wearing a high plaster jacket, and made numerous inquiries as to whether the child was comfortable or not, being most happy to know that the discomfort was very small. Gladys Jory, who occupied the King Edward Cot, and who is suffering from tuberculosis in the elbow, ankle and knee joints, had the honour of presenting Queen Alexandra with a bouquet of carnations and Queen Amélie with a one of sweet peas, grown on the estate.

Her Majesty then went into the splint ward, and Dr. Gauvain explained the use of the splints, in which Her Majesty was immensely interested. One of the back splints of a patient was removed in order to demonstrate its use, but the Queen insisted that it should be replaced immediately, so that no discomfort should be given to the patient. The plaster room was also visited, and here the Queen saw a little patient fitted with a plaster cast. The X-Ray room was another feature of the work in which the Queen was very delighted. Repeatedly Her Majesty expressed her regret that her stay was not of longer duration. The trustees' house at the top of the slope on which the hospital stands was visited, and in front on the lawn Queen Alexandra and Queen Amélie each planted an oak tree.

Together over an hour was spent in the hospital, and the Royal train left on the return journey shortly after five o'clock, amid cheers from the boys and others who witnessed the departure.

APPOINTMENTS.

MATRON.

General Hospital, Cheltenham.—Miss Christine Falconer has been appointed Matron. She was trained for two years at the Stephen Cottage Hospital, Dufftown, and for three years at the General Hospital, Northampton, and has held the position of Sister of Medical Wards at the General Hospital, Leith, where she was subsequently Night Superintendent and Assistant Matron, and since February, 1910, has been Assistant Matron at the General Hospital, Birmingham.

The Queen Victoria Cottage Hospital, Quarry Hill, Tonbridge.—Miss Annie Foxall has been appointed Matron. She was trained at the Royal Victoria Infirmary, Newcastle-on-Tyne, and has been Sister at the General Hospital, Stroud, Night Sister at the Essex County Hospital, Colchester, and Sister at the King Edward Memorial Hospital, Ealing. She is a certified midwife.

NURSE-MATRON.

Isolation Hospital, Acomb.—Miss Lena Driver has been appointed Nurse-Matron. She was trained at St. Mary's, Islington, Infirmary, London, and has held the position of Charge Nurse at Sculcoates Infirmary, Hull, and at the Park Hospital, Lewisham. She has also been Night Superintendent at the City Fever Hospital, Bradford, and Home Sister at the Sanatorium, Hull.

STAFF NURSE.

The Cottage Hospital, Carnarvon.—Miss Dora Richards has been appointed Staff Nurse. She was trained at St. Helen's Hospital, Lancashire.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

Transfers and Appointments.—Miss Catherine Parry is appointed to Lincolnshire as Assistant County Superintendent, Miss Florence Worthington to Carlisle, as Senior Nurse, Miss Mary Adcock to Stonbridge, Miss Lilian Butler to Leicester, Miss Mary E. Cowlshaw to Brigg, Miss Rhoda Griggs to Northampton, Miss Clara Moore to Melbourne, Miss Nora Sherwood to Buckland.

PRIZES.

The Duchess of Marlborough presented the prizes to nurses at the West Ham and Eastern General Hospital, Stratford, London, E., on Tuesday last as follows:—

Senior Nurses' Class.—Gold Medal (presented by the Duchess of Marlborough), Miss Harris. First Prize (also presented by the above), Miss Kingstone. Second Prize (also given by the above), Miss Skinner.

Junior Nurses' Class.—First Prize (given by the Hospital Committee), Miss Ellerker. Second Prize (also given by the above), Miss Pearson.

The Duchess also presented a prize given by the late Matron, Miss Ough, for the neatest and most conscientious nurse, which is balloted for every year, and this year won by Miss A. Huggins.

NURSING ECHOES.

The "At Home" given by the Lord Chancellor, Lord Haldane, and Miss E. S. Haldane, at 28, Queen Anne's Gate, on the 25th July, to meet the Matrons of the Territorial Force Nursing Service, was a delightful function. As host and hostess no one could have been more kind and genial, and everyone present thoroughly enjoyed this quite unique occasion. The Lord Chancellor and Miss Haldane received their guests at the head of the stairs leading into the beautiful double parlour on the first floor. The house, of Adam period, has all the artistic charm of a past century, and has escaped the desecration of modern improvements. Panelled walls, Georgian square-paned windows, lighting by chandeliers, polished floors, and Persian mats, chintz-covered seats, and a wonderful assortment of finely bound books, with bright rose-coloured curtains, fine needlework, and porcelain—just enough and no more—and you can imagine the delightful background to the picturesque company. The matrons wore the uniform of the T.F.N.S.—soft grey gown and cape bound with scarlet, graceful white "handkerchief" cap, and badges, and cunning little silver "T's" on the corner of capes. The general company, patriotic men and women—the majority of whom are working on Committees of the Service or on other nursing organizations—were in best bib and tucker, wearing their Orders in honour, no doubt, of the illustrious host, and the professional women, whose services he has so wisely enlisted in the service of soldiers for home defence.

From the ground-floor one can step into a pretty patch of garden—with only the Bird-cage Walk between it and beautiful St. James' Park. This garden was carpeted, and lighted around by gay Chinese lanterns—and here in chairs one could sit and chat and enjoy the delightful breezes from off the rippling sheet of water in the Park.

Refreshments were served in the white-panelled dining-room, and the whole scene was very bright and charming.

Amongst the guests were the Countess of Minto, the Lady Hermione Blackwood, Lady Emmott, Lady Dimsdale, the Director-General A.M.S., Mr. and Mrs. George Byron, Mrs. Bedford Fenwick, Miss S. Browne, R.R.C., Miss A. W. Gill, R.R.C., Miss Amy Hughes, Miss Finch, Miss Lloyd Still, Miss Goodhue, Miss Davies, Miss Barton, Miss Wamsley, Miss Riddell, Miss Pinsent, Miss

Todd, Colonel Hislop, Colonel Broome Giles, Colonel Harrison, Colonel Harper, and many other matrons and guests, a very happy company, who thoroughly enjoyed the thoughtful hospitality of the Lord Chancellor and Miss Haldane.

Queen Victoria's Jubilee Institute is reported to be negotiating with the great friendly societies with a view to securing a basis of payment of nurses' services under the medical benefit sections of the Insurance Act. The leading friendly societies have made an offer of so much per member to meet the cost of nursing, but the amount of this capitation fee is so small as to be nearly nominal; but if paid in respect of each insured person it should mean substantial remuneration for those nurses who will have to work under the Act. Two things must be kept in sight—only trained and efficient nurses should be employed, as they are to be subsidised by the State; and they should be well-paid for their work. Trained nurses are the only class to be employed to look after the insured sick—who have no State protection—they must not therefore be State exploited.

Sir Edward Wood, Chairman of the Royal Infirmary, Leicester, speaking at the Annual Meeting, said that the retirement of their valued Lady Superintendent, Miss Rogers, had caused the Board very considerable anxiety. Miss Rogers had trained there 33 years ago, and had had the confidence of every succeeding Board. The work of her life had been her work at the Leicester Infirmary. As the result of her training of the nurses the Leicester Infirmary had attained a very high position in the nursing world. Many of the nurses and Sisters trained there were now enjoying important positions as Lady Superintendents in other hospitals, and wherever the name of Miss Rogers was mentioned in the nursing world it was always received with profound respect.

In the case of a public servant like Miss Rogers, who had done so much for the institution, it was felt that some public acknowledgment should be paid to her, but Miss Rogers had firmly declined to accept anything of the kind. Some members of the Board and a few private friends had, however, warmly responded, within a few days, to a letter suggesting a private gift. Sir Edward Wood said that he thought the public would like to know that although the Board were prevented, in accordance with Miss Rogers' wish, from making any public appeal for help in this direction, her

private friends, mostly members of the Board, felt they could not allow Miss Rogers to go without providing in some way for her future.

Miss Margaret Carrington, of New York City, says the *Standard*, has started a novel career for trained nurses—that of invalid motor chauffeur. Six months ago Miss Carrington, who is herself a trained nurse, recognised the superiority of the motor car over the carriage for invalid outings. She designed a specially smooth-running car, in which an invalid chair could be wheeled without any discomfort to the occupant, fitted it with a medicine chest, and started her career as invalid chauffeur. Her clients increased so rapidly that she has now six cars, run by competent trained nurses, in constant use. She is also training a staff of nurses who wish to emulate her example in other cities of America.

Our friend and ally, Mutsu Hito, Emperor of Japan, has passed away. It is reported that during his illness the Empress was unremitting in her attendance, and that all the sick room nursing was performed by ladies-in-waiting dressed in foreign white linen. It had been urged that foreign trained nurses should be employed, but it was found that the ladies-in-waiting, all of whom had gained practical experience in the war with Russia, were most efficient. Japanese women, so gentle and deft by nature, make dear little nurses, and possess charming graces we Western women might well emulate in the sick room.

The administration of subcutaneous injections, authorised by the Empress and Crown Prince, was a quite unprecedented step, as the person of the Mikado is regarded as semi-divine.

A MISLEADING ADVERTISEMENT.

We notice that the Nurses' Insurance Society in connection with the Nurses' Pension Fund continues to advertise that "it is the only Approved Society open to none but Women Nurses." We call the Secretary's, Mr. L. Dick's, attention to this misstatement, and hope that he, or the Matrons associated with the scheme, will have it corrected forthwith. Mr. Dick is fully aware that the Trained Women Nurses' Friendly Society has been approved by the National Insurance Commission, and also, as his Society insures midwives, who are not nurses, and sick attendants who are not trained, to state that "none but women nurses" are admitted is not a fact.

THE FIRST INTERNATIONAL EUGENICS CONGRESS.

The first International Eugenics Congress, which opened with a brilliant banquet at the Hotel Cecil on Wednesday in last week, when the President of the Congress, Professor Darwin, presided, has been from first to last an extraordinary success.

Both Mrs. Gatto, Secretary of the Eugenics Education Society, upon whom much of the initial work devolved, and Mrs. Alec Tweedie, the talented Hon. Secretary of the Entertainments Committee, are greatly to be congratulated on the success of the Congress. The hospitality throughout the week was most enjoyable, and added greatly to the pleasure of a most interesting Conference.

CONGRESS KERNELS.

The sections of the Congress, which was held at the University of London, were most comprehensive and illuminating. In this journal we can only mention briefly a few of the kernels of the papers.

DR. SOREN HANSEN, COPENHAGEN.

"If Eugenics is the study of agencies under social control, that may improve or impair the racial qualities of future generations, either physically or mentally, it must be one of the first objects of Eugenics to take account of the agencies, under social control or not, that have already improved or impaired the racial qualities of the present generation."

DR. LOUIS QUERTON, BRUSSELS.

"The control of children, subject to conditions so little suited to their needs, would appear to be an absolute necessity, if we wish to ensure the education of the individual and at the same time to prevent the degeneration of the race.

"The control should be relegated to medical men, as the registration of births and deaths is relegated to them at the present time, but after the birth is registered, and the position of the child as regards the community established, the doctor should continue to exercise over the child permanent control through the different phases of its development."

PROFESSOR VERNON LYMAN KELLOGG, CALIFORNIA.

"Syphilis is a disease that renders marriage an abomination, and child-bearing a social danger. And, as a crowning misfortune, this disease does not kill, but only ruins its victims. While phthisis and cancer carry off their subjects at the rate, in England, to-day, of 1,000 per year to each 1,000,000 of population, syphilis kills but one person in a million. It is, then, not a purifying, but wholly a contaminating disease."

MR. H. E. JORDAN, U.S.A.

"Modern medicine, yielding to the demands of real progress, is becoming less a curative and more a preventive science. It is safe to predict that in several centuries medical men generally will be more of the order of guardians of the public health than doctors of private diseases."

BOOKS TO READ AND POSSESS.

Publishers' announcements just now are offering a most attractive selection of books of interest to nurses.

MESSRS. G. P. PUTNAM'S.

Nurses and others who have read with delight the first two volumes of "A History of Nursing," by Miss Lavinia L. Dock and Miss M. Adelaide Nutting, will receive the announcement that the third and fourth volumes will shortly be published by Messrs. G. P. Putnam's Sons, 24, Bedford Street, Strand, London, W.C., with enthusiasm. We may expect that many orders will be given for them at the International Nursing Congress at Cologne. Other books published by this firm are "Materia Medica for Nurses," price 3s. 6d., and "Hygiene and Morality," price 5s., also by Miss L. L. Dock, both of which every nurse should possess; and "Practical Nursing," by Miss A. E. Pope and Miss A. C. Maxwell, price 6s., designed to be of great assistance to nurses, and deservedly popular.

MESSRS. CHARLES GRIFFIN, LTD.

Messrs. Griffin, of Exeter Street, Strand, are the publishers of that well-known and most popular book, "A Manual of Nursing," by Laurence Humphry, M.D., M.R.C.S., which is now in its thirty-fourth edition; price, 3s. 6d. "An Introduction to the Study of Midwifery," by Dr. Archibald Donald, should prove of much use to midwives; while all nurses and midwives should acquaint themselves with the principles contained in Sir R. W. Burnet's book on "Foods and Dietsaries."

MESSRS. BAILLIÈRE, TINDALL & COX.

Messrs. Baillière, Tindall & Cox, 8, Henrietta Street, Covent Garden, London, W.C., are just bringing out "The Nurses' Complete Medical Dictionary," at a cost of 2s., which contains many more words than any other dictionary published at a similar price, by Miss M. Theresa Bryan. Another most useful book published by the same firm is an "Index of Practical Nursing," by Dr. J. Basil Cook, Senior Assistant Medical Officer at the Kensington Infirmary, a book which nurses will find of great assistance to them in their work.

VIROL.

An article of diet much prescribed, often with the greatest benefit, in cases of infantile diarrhoea and wasting, is Virol, which is now used in more than 1,000 hospitals and consumptive sanatoria. It is supplied by Virol, Ltd., Old Street, E.C.; and the number of cases in which great improvement has taken place is most encouraging testimony to its value. It is not too much to say that in many instances life has been saved, which otherwise would have been lost, if Virol had not been prescribed.

OUTSIDE THE GATES.

WOMEN.

It is to be regretted that there is a widening breach between the constitutional and militant Suffragists' societies. As militancy becomes, as is inevitable, more violent, condemnation also becomes stronger. This is greatly a matter of temperament, and all we hope is that sympathy between women who are striving after freedom of soul will not be shaken. Personally we are of those who indignantly resent the humiliation of the denial by men of full citizenship to women. We are not to be convinced that such denial is not injurious to the moral and mental progress of women, and that for this cause men must be convinced that craft and cruelty can only result in the deterioration of humanity thus despoiled of life's sweet sense of responsibility. The vote we must have—now, *now*; or those who deny justice—must take punishment.

Miss Mary Coleman, of the United States, considers the Rev. Elmer Huffner, of Grand Junction, Colorado, "an intolerable old duffer," and so think all of us. Figure to yourself, as our French neighbours say, this obsolete divine has been prating of "old maids." Fancy "old maids" in the twentieth century. On this side we have pretty maids, bachelor women, and mothers in Israel, all indispensable and lovely people, but no longer any "old maids."

In a recent sermon on love, courtship, and marriage, this clergyman said that no woman had done duty by the world unless she had borne children, and he suggested that spinsters should be banished to a desert island as "waste humanity." Naturally a lively protest has been evoked.

Mrs. William Grant Brown, President of the New York City Federation of Women's Clubs, says, "When I think of the beautiful and unselfish lives that single women lead, their goodness to the poor and to children, I am stirred with the deepest indignation against their unworthy truder. They are a particularly noble type, far from waste humanity. The unmarried woman is frequently an uncrowned saint."

That very wealthy and noble woman, Miss Helen Gould, defending the spinsters, is advised by the "intolerable" one to take a position in the backwoods incognita, when perhaps she will find a righteous and industrious man who would love her for her true self and for her charming personality.

Mr. Huffner does not notice the suggestion thrown out by Miss King, of California, that "But for the dear old maids some preachers would be hunting for jobs," or the statement of Miss Mary Boyle O'Reilly, daughter of the Boston poet, that "The care of the helpless, the weak, the poor, and the sick has almost always been done by unmarried women, who have given up their lives to the service of the Church."

BOOK OF THE WEEK.

BETWEEN TWO THIEVES.*

The authoress of the "Dop Doctor" has preserved to the full her brilliant reputation in her new book.

So full is it of incident, so varied in theme, so generous in introduction to men and women of absorbing personality—good, bad, subtle, brilliant and simple—all drawn with finish and infinite care, and each convincing.

It is a book that should especially commend itself to nurses, for amidst the uncompromising portraits of human frailty, in contradistinction to the wanton Henriette de Roux, the authoress has boldly introduced "The Lady of the Lamp," under the name of Ada Merling, as the bright and particular star of this remarkable book, and has woven around her a tender love romance. Hector Dunoisse, the chivalrous soldier, the brave gentleman true, though he fell a prey to the siren Henriette, much though there is to regret in his relation with her, died in extreme old age, with the image of this noble woman in his heart and her letters in his hand. "He turned his head that his cheek might rest against the letter-case. The letters told no tale of love—womanly, gracious letters. How devoutly they had been kept and cherished; how delicately and reverently handled" Do you know why Dunoisse would not consent to die? "He was waiting for the letter that told him of her love. He had waited fifty-six years. She died in August, and the letter would never come now."

Where did young Dunoisse first meet the idol of his later years? In a home for sick and aged gentlewomen, whither he went to visit his old governess.

He asks her, never guessing from her simplicity of manner who she is: "Would the directress of this charitable house favour me with a private audience. Could you graciously, mademoiselle?"

"She said, with intent eyes still reading him: 'I should tell you it is the rule of this house that no attendant in it should be addressed as "Mademoiselle," "Miss," or "Mrs." *Nurse* is the name to which we all answer, and we try to deserve it well.'

"Her smile wrought a radiant, lovely change in her. The pearl, white teeth it revealed shone brilliant in the light of it, and the dark blue-grey eyes flashed and gleamed like sapphires between their narrowed lids. But the next moment she stood before him, pale and grave, as she had seemed to him before, with her white hands folded on her white apron.

"The voice that spoke was sweet—barely raised above an undertone—presumably for the sake of sufferers within neighbouring rooms that opened on the landing."

And afterwards, in the hospital at Scutari: "She stood upon a rising knoll of ground upon the right of the entrance to the hospital. As in his

* By Richard Dehan. William Heinemann.

dream of her, she wore a plain black dress, and a black kerchief tied over the white frilled cap. Nurses in grey or brown holland and white caps gathered about her . . . Sisters of Mercy conspicuous among the rest . . . diligent as little black-and-white humble-bees obeying the orders of their Queen. It is upon record that all through the day, all through the night of fog-beared moonlight, and far into the morning that followed, Ada Merling stood while the sick and wounded were carried into the hospital."

In these pages it seems so eminently suitable to dwell at length on this inspiring and attractive personality, that space forbids so much as even a reference to what is of more general interest.

But this is, undoubtedly, a great book; and one that should commend the closest attention of all lovers of true literary genius.

H. II.

VERSE.

The camel, at the close of day,
Kneels down upon the sandy plain
To have his burden lifted off,
And rest to gain.

My soul, thou, too, shouldst to thy knees
When daylight draweth to a close,
And let thy Master lift the load
And grant repose.

The camel kneels at break of day
To have his guide replace his load,
Then rises up anew to take
The desert road.

So thou shouldst kneel at morning's dawn
That God may give thee daily care,
Assured that He no load too great
Will make thee bear.

Unknown.

READ.

"Between Two Thieves," by Richard Dehan.
"Mightier than the Sword," by Alphonse Courlander.
"Out of the Wreck I Rise," by Beatrice Harraden.

COMING EVENTS.

August 3rd.—Opening of Nursing and Health Exhibition, Marzellen Gymnasium, Cologne, 11.30 a.m.

August 4th.—Reception, Banquet Hall, Gurzenich, Cologne. Organ Recital, Addresses, Concert, Men's Choral Society. Pageant, "The Triumph of Hygeia," 7 p.m.

August 5th.—Meeting Grand Council International Council of Nurses, Gurzenich, Cologne, 9.30 a.m. and 2 p.m.

August 6th to 9th.—International Congress of Nurses, Cologne.

WORD FOR THE WEEK.

That undisturbed satisfaction with what is, is more fatal than a dozen misplaced enthusiasms.

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.

HOW WE STRIKE THE PUBLIC.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—I read the letter in the *Church Times* referred to in THE BRITISH JOURNAL OF NURSING for this week with some indignation, and I was very pleased to see the editorial criticism on it.

Although it is to be hoped that the writer's view of the callousness and frivolity of nurses is exaggerated, I think it is sometimes good to see how we strike the public.

It is, unfortunately, not uncommon to hear two nurses in a ward discussing some new piece at a theatre, or how they have spent, or intend to spend, their next off-duty time, and the patient or patient's friends puts them down as "hard hearted." One cannot, of course, expect nurses to live on "domes of silence," still, they should realise that a quiet, professional manner is above all things desirable on duty.

The private nurse who discusses her last case, and shows any present she may have received from a former patient to her present one, is a type of nurse greatly to be deplored.

The nurse also one sees in the streets laughing and talking loudly, and with her bonnet strings tied under her ear, is not an uncommon sight.

The scraps of conversation I have heard between nurses on 'buses, &c., have been of such a nature that I personally should be sorry to wear outdoor uniform unless obliged to do so. It is without doubt these types of nurses who drag down the nursing profession and bring discredit to the whole.

The nurses a quarter of a century ago, to whom the Editor refers, probably did not behave in this manner, and if State Registration is going to mend all this by raising our professional status, let us hope we get it before we sink into the lowest depths.

MABELLE AUGUSTIA FUSSELL.

Hospital for Sick Children,
Great Ormond Street, W.C.

PROGRESS IN HOLLAND.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR.—Imagine my distress on reaching Amsterdam to find Miss Van Lanschot Hubrecht ill in a private hospital, entirely unable to go to the Congress, and with the prospect, I fear, of a somewhat tedious, even if not dangerous, illness, as she has been overworking badly for a long time, and her digestion has given out for the time being. I was greatly grieved over this, not only because of the Congress, but for the sake of all she was doing. She is one of the workers who are in every

country too rare, and because of her devotion to and enthusiasm over all that she sees needs to be done, like all workers, she has undertaken the work of several women and now must pay the penalty.

Besides continuing to lead in nursing organisation, she has become very active in the Woman Suffrage work; has assumed duties both on the National Journal for Women Suffrage and on the International Magazine *Jus Suffragii* published in Rotterdam, and has been to the front in pushing the affairs of a Suffrage Society which has lately opened headquarters in Amsterdam. I find, though, that Suffrage propaganda in Holland is not as free as ours and yours. Street meetings, for instance, have not been attempted, and it is unlikely that the public authorities would permit them. Miss Hubrecht has also brought about a decided piece of progress for the Nurses' Society, Nosokomos, namely, the foundation of a central headquarters and the centralising of all the various offices and departments under the care of a nurse as office secretary. This will give great impetus and strength to the Society, and will make it much easier to bring in new members. The address of this headquarters is 13, Von Eeghen Str., and the nurse in charge is Miss Dien Von Rijn, a charming woman and most progressive in her ideals.

Another very important achievement of Miss Hubrecht's has been the founding of a State Society for the State registration of nurses. It is modelled on the lines of your English Society, the members being nurses and men and women of the laity. It was only organised last February, and already has over 300 members, many of whom are liberal physicians. Miss Hubrecht said she had been too busy to write to any of us about this gratifying development.

Yours very truly,

L. L. Dock.

[We much regret to learn of the cause which will deprive us of the presence of Miss Hubrecht at the Congress. The loss will be great. She was to have presented the report of the International Committee on Nursing Education.—Ed.]

A MORE LIBERAL SPIRIT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—When the International Council of Nurses came to London the nurses in this hospital were practically forbidden to attend. Our present Matron permits THE BRITISH JOURNAL OF NURSING in the sitting-room, and a more liberal spirit prevails. We are much interested in the meeting at Cologne, and I only wish I could afford to go. Especially should I like to go to Kaiserswerth, and see the German pageant of Nursing. Wishing the lucky ones a happy time,

I am yours sincerely,

AN APPRECIATIVE READER.

NURSING HOMES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I quite agree that it is quite useless to register nursing homes unless nurses are registered. In Australia the nurses employed in private hospitals must be registered. This is only honest. The patient pays for skilled nursing, and has a right to it. But in London in some Homes the greatest dishonesty prevails on the quality (of the nursing provided) and I know from personal experience that young women in their teens are employed—often on night duty—who have never been trained at all. It is no uncommon thing for the patient to instruct the nurse. High fees are charged, and these untrained girls are sometimes paid infinitesimal salaries—"as they are being trained"—and in one place I know these poor things actually pay for their training! THE BRITISH JOURNAL OF NURSING is strongly disapproved of, and registration of nurses violently opposed. I hope Miss Stower will agitate for reforms.

Yours truly,

S. F. P.

STATE REGISTRATION IN RHODE ISLAND STATE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Your cordial letter of congratulation to us from the Society for the State Registration of Trained Nurses, London, was received a few days ago. We heartily thank your Association for their interest in us.

Please convey to your Society our hearty appreciation of their kindness.

Yours sincerely,

SARA LOWDEN, Secretary.

55, Eddy Street, Provident, R.I.

[We are asked by the Hon. Secretary of the State Registration Society to publish this letter.—Ed.]

OUR PRIZE COMPETITIONS FOR AUGUST.

August 10th.—Enumerate the principal physical, mental, and moral qualifications requisite in a trained nurse.

August 17th.—Mention some of the emergencies you have met with in the course of your nursing career and your methods of dealing with them.

August 24th.—How would you deal with severe post partum hæmorrhage in the absence of medical assistance?

August 31st.—Describe the preparation of a patient for receiving an anæsthetic. What precautions would you take before and after?

NOTICE.

A Subscription Form for THE BRITISH JOURNAL OF NURSING will be found on page xvi. of our advertisement columns. THE JOURNAL is the official organ in Great Britain and Ireland of the International Council of Nurses, and full reports of the Cologne meetings will be published in it.

The price is 1d. weekly. Abroad, 9s. per year, post free. Office, 431, Oxford Street, London, S.W.

The Midwife.

THE CENTRAL MIDWIVES BOARD.

A meeting of the Central Midwives Board was held at the Board Room, Caxton House, Westminster, on Thursday, July 25th, Sir Francis Champneys presiding.

A letter was considered from the Clerk of the Council referring to the salary of the Secretary of the Board and suggesting that an age limit should be fixed for retirement.

The Board decided (a) that in accordance with the communication received from the Clerk of the Council the salary of the present secretary be increased, as from April 1st last, by annual increments of £25, to a maximum of £750 per annum; (b) that he retire at the age of 65. The question of the Secretary's salary to be subject to revision on the first vacancy. A letter was considered from a candidate who had failed to pass the Board's Examination on two previous occasions, and who for the purpose of obtaining a post falsely stated that she had passed the Examination, asking permission to enter for the next Examination.

It was agreed that the candidate be informed that her certificates of character are void, and that she cannot be admitted to the Examination until the Board is satisfied by special testimony that she is a trustworthy person.

A letter was considered from the Clerk of the Notts County Council suggesting a material modification of the limitations imposed on suspension by Rules F. 2.

It was decided that the letter from the Clerk of the Notts County Council lie on the table.

A letter was considered from the Clerk of the East Sussex County Council, enclosing a copy of a report by the County Medical Officer of Health with regard to the failure of Sarah Linton, No. 16591, to notify the Authority on two occasions when she had advised medical help. The Board decided to forward a copy of the correspondence to the Privy Council.

A letter was considered from the Hon. Secretary of the Norwich Maternity Charity renewing the application of the Charity for permission to hold written examinations at Norwich, and it was decided to grant the application.

A suggestion from the Medical Officer of Health for Manchester that pupil midwives should be obliged to reside with the midwife by whom they are being trained was considered. It was decided that the reply of the Board be that it is not prepared at present to amend the rules in the sense desired.

In connection with a complaint from a candidate who successfully passed the last Examination of the manner in which she had been treated by one of the examiners it was decided that no action be taken in the matter.

Letters were read from the Matron of the Newport Maternity Home and from the Local Supervising Authority as to notifying that Authority. It was decided to reply that the Newport Health Committee be informed that they appear to have misunderstood the Board's letter, and that they also be informed of the Chairman's opinion as communicated to Miss Barrett (the Matron of the Home) and of her undertaking to comply with it, and that the Board trusts there will be no further obstacle to the friendly co-operation of both parties in future.

A letter was considered from the County Medical Officer for Cheshire as to the propriety of advertising by a midwife. The Board adopted the recommendation of the Standing Committee on the motion of Sir George Fordham, seconded by Mr. Parker Young, that the reply be that the Board is unable to express an opinion on matters which may come before it in a judicial capacity.

The applications of five midwives for removal from the Roll were granted, and the Secretary was directed to remove their names from the Roll of Midwives and to cancel their certificates.

THE EXAMINATION.

The Secretary presented a report on the recent Examination giving the analysis of training. The percentage of failures in candidates trained in institutions was 14.6; in private, and institutions, and private tuition, 19.2; the total percentage of failures being 15.6.

THE NEXT EXAMINATION.

The next Examination of the Board will be held in London, Birmingham, Leeds, Manchester, and Newcastle-on-Tyne, on October 22nd, 1912.

THE ROTUNDA HOSPITAL.

We desire to draw the attention of our readers to the facilities for training in midwifery and also in monthly and gynecological nursing, particulars of which will be found on page vi of our advertisement columns. The Hospital is the oldest school of midwifery in the British Empire, and its reputation, both as to the experience available and as to the training available is the highest possible. The Rotunda certificate carries with it prestige to all parts of the world.

THE BRITISH JOURNAL OF NURSING

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EDITORIAL.

OUR WORLD CONGRESSES.

Our pleasant home, the world, has no unlucky numbers. Thirteen years have we seen slip by, since the first assemblage of nurses gathered in London at the beck of Internationalism, and stronger than ever, more confident in our future than ever, more than ever at home in our world, we have gathered from the four corners of the earth in joyful reunion for the sixth time. With every meeting we have gained in numbers, in extent, in earnestness, in enthusiasm. At each reunion we have seen farther and more clearly, have understood better, have resolved more steadfastly. Ours is a part of the vast emancipatory movement which is sweeping the earth; we are a part of the great advance of women to a larger life.

The active work of our profession, the work of nursing, has, since Time begun, been considered as especially womanly. How natural, then, that it should be one of the pioneer professions—that it should lead in the vanguard of the Woman's Movement. All-important was it that women should learn to say how their own work should best be done—that they should learn to take the helm in directing and developing it. Through compassion and pity women first asserted their right to say how their own work could be, and must be, best done, an assertion and a right that might have been longer stifled had it not been for the dominant quality of protectiveness in the characters of our pioneers; but now, with vision ever keener, bent forward to the future of mankind, they daily assert more firmly and more intelligently their right to develop and mould their own woman's work in all ways and in every direction where it leads.

To this end are our national and international associations framed, and for this purpose do we gather from the four corners of the earth. Our leaders point the way, and each member gives of her experience and knowledge. We learn from one another, and take home fresh material of worth and use. Vigorous natural growth is then seen on all sides; inspiration is contagious, and in spontaneity and freedom is the security that our work as professional women shall not be fettered and trammelled, nor cast in shapes of rigid formalism and of timid subserviency. Immense is the courage and reassurance gained in co-operation. Well was it said by an American patriot in a time of trouble: "If we do not all hang together, we shall all hang separately." So would it undoubtedly be in our work of building up the science of health-nursing, still more in our defence of good standards in sick-nursing. Were it not for the links which unite us together, and which enable one to draw upon the fortitude of all, progress would halt or cease altogether.

It is easy to see why the enemies of woman's higher advance seek first of all to keep them isolated from one another; to throw barriers around and between; to choke free union among women. But the day is past when that can be successfully done. Having once learned to know one another and to share aspirations and ideals in work, women will never again consent to give up the joy of co-operation with one another in the furtherance of those ideals.

And so our International gatherings are destined to flourish exceedingly, and to become more epochal, more significant in the general direction of nursing work, more influential; for, as we show our standards, men of large mind and true civilisation will meet us half-way in recognition and in co-operation.

L. L. DOCK.

*

MEDICAL MATTERS.

THE TREATMENT OF DIPHThERIA INFECTION BY MEANS OF DIPHThERIA ENDOTOXIN.

Dr. Tanner Hewlett, F.R.C.P., Professor of Bacteriology in the University of London, and Dr. A. T. Nankivell, D.P.H., contribute to the *Lancet* an interesting article on the above subject, in which they say in part:—

“Those occupied in the prevention and treatment of infective diseases know how frequent are diphtheria carriers and chronic cases of diphtheria. An attack of diphtheria after early treatment with antitoxin may pass rapidly to a complete convalescence. In a few weeks the patient may be well, ready and desirous for discharge from quarantine; unfortunately, however, the diphtheria bacilli may still be present in the throat or nose. Some of these chronic cases may remain infective for months, yielding pure cultures of virulent diphtheria bacilli; indeed, one such case, under the care of one of us (A. T. N.) persisted for so long as 15 months. Naturally such cases are a source of trouble to the authorities of isolation hospitals: the expense of their maintenance is great; and their anxious, and often importunate, relations may fail to recognise that continued isolation is essential in the interests of the public health.

“The cause of this chronicity and persistence of infection is not known. Certainly, it seems to bear no relation to the quantity of antitoxin given to the patient, nor is it associated especially with any one morphological variety of the bacillus diphtheriæ. Again, it is impossible to foretell in what patients the infection will become chronic, and hence difficult to answer the question of the parent who asks how long the child will remain infectious. Speaking generally, we should say that children, who physically are not robust, are more likely to become chronic carriers than other more healthy children. Patients suffering from scarlet fever, who at the same time harbour the B. diphtheriæ in nose or throat, more often become chronic carriers of the bacillus than do pure diphtheria cases. On the other hand, diphtheria patients who subsequently contract scarlet fever do not tend towards chronicity in their B. diphtheriæ infection.

“Ever since the practice of swabbing convalescent cases of diphtheria became general, the treatment of the chronic carrier has received more and more attention. On the whole, it may be said that the treatment of this condition is very unsatisfactory. Perhaps complete isolation (in order to prohibit the possibility of re-

infection) has, in hospitals, hitherto been the least unsuccessful. Local treatment, antiseptic gargles, syringing, lozenges, sprays, and inhalations have given no definite and immediate results; nor do we wonder at this failure. The crypts of the tonsils or the accessory air sinuses of the nose offer favourable and impregnable resting-places for the bacilli, where they are far removed from the influence of the antiseptic. Medicinal treatment likewise is unlikely to destroy the organisms.

“In selecting our cases for treatment with diphtheria endotoxin we have, so far as we were able, taken only those in whom chronicity of infection seemed to be well established; but here, as in other treatment, the *post hoc aut propter hoc* difficulty is present: Would the patients have become free of their infection without the use of the endotoxin?

“We tried to put this question to a practical test as follows. Ordinary cases of faucial diphtheria are not, as a rule, free from infection for a month or five weeks after the onset of the attack. We gave diphtheria endotoxin to five such cases while the membrane was still present on the tonsils; all these cases gave practically pure cultures of the B. diphtheriæ. Between ten days and a fortnight from the date of injection of the endotoxin four of these five cases were free from diphtheria bacilli, and the fifth was free a fortnight later. This rapidity of the disappearance of the micro-organisms may have been a coincidence, but we think it unlikely.

“Most of our patients had harboured the diphtheria bacilli for many weeks or months. After one or more injections of the endotoxin all the cases showed definite improvement. In many the diphtheria infection ceased entirely; in some it persisted, and the patient remained un cured; but even in these unsuccessful cases we noted invariably a diminution in the number of bacilli present microscopically; where previously the swab had given almost a pure culture of the diphtheria bacillus, a few isolated clumps only were found.

“With regard to dosage, we began with small quantities of the endotoxin—0.5 mgm. and 1.0 mgm.; but our cases treated with these doses did not do so well as subsequently, when we employed an initial dose of 2 mgm. At the end of a week or ten days, if the swab was still positive, a dose of 5 mgm. was given; and this, if necessary, was repeated later. The dose was the same for children and for adults. No ill effects, except some redness and tenderness around the site of injection, follow the administration of the endotoxin.

"We wish to insist that in no way do we consider the diphtheria endotoxin to be a substitute for diphtheria antitoxin; the latter is to be used in the treatment of the case in the ordinary way."

CLINICAL NOTES ON SOME COMMON AILMENTS.

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

TUBERCULOSIS IN CHILDREN.

I have chosen the subject of tuberculosis as it affects children for two reasons; firstly, because it is not very easy for a nurse to get a clear idea of the subject from the average text-book of medicine, where she will probably have to wade through a large quantity of facts and figures only to find, after all, that they relate mainly to pulmonary consumption in adults—a very different thing.

Then I know of no disease which so well illustrates the way in which the body reacts to an attack made on it by micro-organisms, and I always think that, if a nurse has in her head a clear idea of the nature of the fight which is constantly going on between ourselves and these our invisible enemies, she is much less likely to think of the care of her patients as drudgery—everything, incidentally, which we do not understand, but yet have to do, must be either drudgery or a meaningless ritual.

So I am going to begin with the tubercle bacillus itself, and then show how it affects the children who are exposed to its attacks. As usual, I shall leave out very much in order that the main outlines of the picture may be clear.

The tubercle bacillus is an organism that has a great power of living under adverse circumstances; in particular, it may lie in a dried-up state for a long time, but so soon as it reaches a supply of moisture and food, it emerges from its inactivity and grows with vigour in its new surroundings. It is also rather hard to kill, a fairly prolonged contact with quite strong solutions of disinfectants being required for this purpose. Some of the so-called antiseptics it has no objection to whatever, as it will even grow after it has been treated with a solution of them. Though this is rather a digression, I may say that it is very much to be wished that some law could be passed making it illegal to publish false descriptions of disinfectants. Many poor people spend shillings which they can ill spare on preparations which merely smell, and which do not give the much

advertised protection from disease which causes them to have so ready a sale; they may subsequently pay the penalty for their quite excusable faith in the loss of one of their children from the ravages of an organism which has been liberally attacked according to the directions on the bottle.

Now the tubercle bacillus attacks cattle as well as human beings, so that the two main sources of bacilli which can infect children are dust containing dried-up bacilli from the expectoration of persons whose lungs are affected by the disease, and milk from infected cows. These latter often suffer from tuberculosis of the udder, even though they appear to be pretty well in themselves, and take their food well. Many cow keepers therefore do not know when they have such animals in their possession, and, as the reports of inspections of farms show, some do not mind mixing milk from cows that they know to be thus diseased with the common stock. It was formerly believed, on the dictum of a celebrated bacteriologist, that bacilli from cows could not give rise to tuberculosis in human beings, but this assertion has now been shown to be erroneous—in fact, the possibility of bovine infection has been proved up to the hilt by the deaths of thousands of small children—a veritable massacre of the innocents.

Tuberculous milk, however, is not the chief source of infection in children, though it is, or should be, the most easily preventible. In a large series of fatal cases it was found that the organism had entered by the lungs in 63.8 per cent., by the ear in 6 per cent., and by the intestine in 29 per cent. In rather less than one-third, therefore, was the milk to blame, and infected dust must be held responsible for the remaining two-thirds—it is probable that the ultimate source of this in almost every case is the dried-up expectoration from adults with phthisis, or "consumption," as it is popularly called. Hence the "prevention of spitting" notices in public places.

As regards the frequency of the disease, statistics of post-mortem examinations show that about one-third of the children who die in hospitals do so on account of tuberculosis in one form or other, and in a further 12 per cent. signs of tubercle are found, though this has not been the actual cause of death. This is rather an appalling state of things when we consider that the sources of infection are known and preventible.

Now in childhood, the tubercle bacillus attacks the blood-forming organs. We know from the researches of physiologists that the

red corpuscles of the blood are manufactured in the red marrow of the bones, and the white cells in the lymphatic glands which are situated all over the body. Now we have seen that in the majority of cases the bacilli are inhaled in infected dust. In healthy children the glands which serve the bronchi, or tubes down which the dust is drawn in the process of inspiration, are able to deal with the bacilli and destroy them; each gland contains a large number of white blood corpuscles which are the policemen of the body in the sense that they arrest and withdraw from the community such criminals as micro-organisms. Consequently nothing more is heard of the tubercle bacilli in the case of the thousands of healthy children who are daily inhaling tubercle germs.

But let us suppose that these glands are not very healthy themselves. Instead of the white cells destroying the bacilli, these latter destroy the corpuscles, and the germs are thus able to enter the general blood stream, whence they are carried, amongst other places, to the bones and joints, or it may be to almost all the internal organs simultaneously, when we get the disease known as general (or miliary) tuberculosis. The commonest cause of this weakening of the bronchial glands is a previous attack of bronchitis from measles or whooping cough. Similarly, when infected milk is swallowed, the mesenteric glands which serve the intestine should stop the invaders; but if they do not they become filled with bacilli themselves, and so these organisms are enabled to reach any part of the body through the blood stream. Perhaps the commonest cause of weak intestinal glands is digestive trouble (diarrhoea and so on) from improper feeding of the child on "what we has ourselves." Whether the bacillus enters in dust through the lungs or ear, or in infected milk through the intestine, there is a great tendency for the disease to spread through the various organs of the body, and this is much more likely to happen in children than in adults, and, strange though it may seem, there are often very few symptoms, even when the general invasion is extensive, and the reason is that the child, as a rule, dies before the little patches of tubercle germs have had time to break down into abscesses, when they would give rise to discoverable signs. Consequently we have to rely on certain general, and often rather indefinite, symptoms, and the diagnosis is often very difficult; indeed, I have seen, post-mortem, all the internal organs of the body riddled with little patches of tubercle in a case where most careful clinical examination failed

to discover any definite sign of that disease, though its existence was, of course, suspected. And it must be remembered that children, as a rule, do not expectorate, so we cannot examine their sputum under the microscope for the presence of tubercle bacilli, as we can in adults. The first of these general signs is irregular pyrexia, without anything to account for the rise of temperature. When this is combined with wasting we should always suspect the existence of disseminated—that is, spreading—tuberculosis. Or we may not get even a rise of temperature at the commencement of the illness, but only apparent illness, or fretfulness without any discoverable sign of gross disease on careful and exhaustive clinical examination.

Recently, however, some help has been obtained from the discovery of the fact that if we scratch the skin of a child, and then rub in some dead tubercle bacilli or else put a few of these into the eye, nothing happens if the child be not tuberculous; but if he is, inflammation will appear round the site of the scratches, or a slight redness of the conjunctiva if the eye has been selected, and we are often able by this means to detect tubercle in quite an early stage, when it may be sometimes possible to cure the patient. Another valuable sign is the investigation of what is known as the opsonic index for tubercle. In this process a little blood is taken from the finger and mixed with some dead tubercle germs in a small tube, which is then placed in an incubator for twenty-four hours. A drop of the mixture is then examined under the microscope, and the number of the patient's white cells which have tubercle bacilli inside them—showing that the corpuscles have made an attempt to swallow the bacilli—is compared with the result of a similar drop from a mixture of bacilli and the blood of a healthy person. If the patient's corpuscles have fewer bacilli inside them than those from the healthy person, it shows that he is in all probability tuberculous.

But we have seen that the glands at the root of the lung—the bronchial glands—and in the abdomen—the mesenteric glands—are very likely to be attacked, so we have to see if we can recognise the presence of tubercle in these.

In the case of the bronchial glands we can suspect disease when the child has a frequent spasmodic cough, and, as a matter of fact, when a child has an attack of whooping cough which does not clear up, we should always suspect that tuberculosis of the bronchial glands may have supervened. There are other signs also which are rather too

intricate to be described here, but in practice we do not often succeed in detecting this trouble until one of the glands has broken down into an abscess which has burst into the lung and has given rise to tubercular inflammation there also.

In the case of the abdomen the outlook is not so hopeless, because the signs are easier to detect, and, moreover, abdominal tuberculosis is much more easily curable in children than tubercle of the lung.

In practice we detect tuberculosis of the abdominal glands by the spreading that almost always takes place into the surrounding peritoneum, which becomes hard and matted together in masses, or there may be free fluid in the abdominal cavity; both the lumps and the fluid can be easily felt when the abdomen is handled. The condition is known as tubercular peritonitis, or, as it used to be called, "tabes mesenterica," and is a very common form of tubercular disease in children.

We have also seen that in some cases the germs enter through the middle ear. Probably the immediate source of this is settling of infected dust in the external ear passage, but if the ear itself be intact, it is very doubtful whether much harm is done as a rule. But the case is different when the dust finds a hole in the drumhead leading into an ear which is the subject of chronic discharge, generally from a previous attack of scarlet fever or measles. Then the tubercle bacillus finds soil in which it can grow and multiply, and sooner or later the trouble spreads from the ear into the closely adjoining covering of the brain, and we have inflammation of the meninges—tubercular meningitis—or disease of the brain itself—tubercular tumour or cerebral abscess.

It is not always, however, in this way that the brain or its membranes become infected. They may be attacked by germs from a tubercular bronchial gland, or from enlarged tonsils or adenoids, or the bacilli may reach the brain through the nose. In any case, unless the surgeon can successfully intervene before the organisms reach the inside of the skull, death almost always results.

But tubercle need not necessarily be a "medical" disease. We may have the various forms of so-called "surgical" tuberculosis, and this simply means that tubercle has attacked either lymphatic glands or bones in regions that are within the reach of the surgeon. One very common form of this is the enlargement of the glands in the neck; if these are not dealt with in the early stage they may break down into abscesses which dis-

charge through the skin, leaving a track or sinus leading from the skin to the gland, which is perpetually discharging, healing up, and discharging again, until the system becomes infected, and we then get either general tuberculosis or involvement of the lungs, abdomen, or brain as before.

Or some bone may be attacked. Here, though we may get almost any bone affected, two forms are most common, namely, disease of the hip-joint and of the spine, and it is these two between them that are responsible for the pathetic procession of crippled children who pass from one general hospital to another, having often to be discharged before they are cured, owing to lack of room, until they ultimately reach a workhouse infirmary, unless, indeed, they are fortunate enough to secure scientific treatment in pure air in such an institution as the Treloar Home.

I do not now propose to describe these two diseases in detail, but I may mention that hip disease shows itself first in pain (which is often agonising) in the hip and knee, then in fixation of the joint in such a position as to cause a limp, and, finally, in the breaking down of the inflamed bone into an abscess which discharges through one or more channels in the skin round the joint—a perpetually running sore.

In disease of the spine we get at first pain in various regions, according to the situation of the disease, and then an abscess which discharges in the groin—pus abscess—and if death does not—shall we say fortunately?—previously ensue, the deformity that we know as hunchback.

Before going on to the treatment of tuberculosis in children, which will form the subject of the next paper, I may sum up the course of the disease. The germ gets in generally through infected dust or through infected milk. It reaches the bronchial glands, and goes on to kill the patient by infection of the lungs or brain, or the abdominal glands, proceeding thence to attack the peritoneum and intestine; or it attacks the ear and thence the brain or its membranes; or it seizes on external glands, or on bones with the resulting crippling deformities. But by whatever path it enters, unless its progress can be arrested, the end is ultimately death from generalised tuberculosis. Considering the life that a tubercular child in poor environment has to lead, we may perhaps be pardoned if we sometimes think that the sooner this comes the better.

Our readers will be glad to have the opportunity of reading Dr. Gordon's paper on the treatment of tuberculosis in children.

THE COLOGNE CONGRESS.

THE NURSING EXHIBITION.

The ceremony of opening the Nursing Exhibition in the Marzellen Gymnasium on the morning of Saturday, August 3rd, was one which no one attending the Congress in connection with the meeting of the International Council of Nurses would willingly have missed. The Delegates and others who arrived in Cologne on the evening of Friday, August 2nd, had ample time to obtain their tickets and badges from the bureau at the Gürzenich before going to the Exhibition, and numbers thronged there for this purpose, but, thanks to the excellent arrangements and the courtesy and kindness of the ladies managing the bureau, everyone obtained the necessary tickets as quickly as possible, and thus equipped went out to see something of the city, with its stupendous cathedral, as its centre, dominating the whole, and provided with a guide compiled and dedicated to the visitors to the International Congress of Nurses by the thoughtful kindness of the Cologne Verkehrs-Verein, and published in English, German, French, and Dutch.

The cathedral or Dom Platz was crowded on Saturday morning for the Requiem Mass for the late Archbishop, who was lying in state there, was being sung with all the impressive and gorgeous accompaniments with which the Roman Church knows so well how to honour her faithful sons and daughters, and naturally, for a Cardinal-Archbishop, the ceremonial is on the most magnificent scale possible. A huge congregation filled the cathedral, and in the Platz, troops, commanded by officers splendidly mounted, and wearing gorgeous medals and decorations, were on duty from an early hour.

The Marzellen Gymnasium, where the Nursing Exhibition is being held, is a fine hall kindly lent by the Lord Mayor of Cologne, and freshly decorated for the occasion. The principal hall, which is of fine proportions and beautifully moulded is decorated in gold, and, in the centre, enclosing the exhibit of the Lindenburg, rise four white pedestals bearing baskets of crimson roses in moss, which one sees from all parts of the hall, and which give just the note of colour necessary to perfect the scheme of decoration.

The Committee organizing the Exhibition included Frau Regierungsrat Hoefler, Frau Tiltz, Frau Reg. Rat. Rusack, Herr and Frau Dr. Martin, Herr and Frau Reg. Banmeister-Moritz, Frau Spokenbach, Frau Dr. Auerbach, Fraulein Worringer, Fraulein Hopmann,

Herr and Frau Geheimrat Bardenheuer, Frau Bùrgers, and Herr Ezaplewski.

The opening ceremony was performed by Frau Regierungsrat Hoefler, and grouped about her were distinguished citizens who came to honour the Exhibition with their support, the officers of the International Council of Nurses, delegates, and visitors.

THE GREETING.

Frau Hoefler, in the name of the Committee of workers, and all the leaders, greeted all those present, and extended a special welcome to strangers, saying that the Committee hoped to be able to show what German industry has done to help sick nursing. She spoke of recent wonderful exhibits relating to women's work—public health and nursing—held in Dresden and Berlin, and said she believed in comparison there was no need to feel dissatisfied with results here. She spoke also of the great instructiveness of exhibits as compared with spoken words, and expressed the gratitude of the Committee to the Central Committee of the Red Cross for sending its splendid exhibit.

Models, pictured representations, statistics, indexes, as well as portions of conspicuously good work by both German and foreign nursing sisters, could be studied and compared.

The Committee were specially indebted to the Catholic Nursing Orders for the interest they had shown, and to the German Evangelical Women's Union.

She also thanked the Lord Mayor for his interest and his kindness in lending the hall, and all those authorities who, with counsel and personal work, have helped to bring about the work presented.

THE SPEECH OF THE PRESIDENT.

Sister Agnes Karll, President of the International Council of Nurses, said that association in congresses and exhibitions had come to be an essential part of the work of nurses. In order to keep abreast with the times we must meet together and bring to a common centre our knowledge and problems. She outlined the beginnings of our International organization as related by Mrs. Bedford Fenwick, the Founder, in the last issue of THE BRITISH JOURNAL OF NURSING, entitled "A Page of Nursing History"; she spoke also of the first Congress in London, and of those in Buffalo and Berlin, and said that the Exhibition had far surpassed her expectations. Also when she saw how the Cologne ladies had transformed the Gymnasium she was greatly delighted. It was a plain, unadorned building, and they had decorated and beautified it. She cordially endorsed the thanks offered to the

Committee of the Red Cross and all who had helped.

Burgomeister Dr. Krautwig, Head of the Medical Department of the City of Cologne, spoke a few words of appreciation of the importance of nursing and of the educational effect of exhibits, and in a very earnest way wished success to the Exhibition and Congress, and complimented the ladies of Cologne on the manner in which they had carried out the arrangements for the former.

THE EXHIBITS.

The Exhibits, which are many and various, occupy both the ground floor and the first floor of this large building. In the principal hall are the exhibits of nurses, and of various firms.

The town of Cologne sent a beautiful model of the Lindenburg State Hospital, which occupies the centre of the hall, and there is also a model of Dr. von Ehrenwall's hospital for mental and nerve cases at Ahrweiler, with photographs illustrating different departments of the work, and some excellent specimens of handicraft executed by the non-paying patients. Photographs, pictures, models, statistical charts, have been sent by many different groups of Sisters, and also from the Victoria House, Berlin. The German Nurses' Association have, of course, a very complete exhibit, including photographs of the office and staff; a statistical chart prepared by Sister Maida Lübben concerning the health of the 2,500 nurses in the Association, embodied in a diagram; photographs taken from "A History of Nursing," which has been translated into German by Sister Karll; bound copies of *Unterm Lazarus Kreuz*, and much else beside.

Close by is a fascinating exhibit, arranged by Sister Anna Hopffe, of Dresden, showing work done in the preparation of cultures in connection with the Royal Veterinary High School from germs found in the open air, in water, and in the stomach of an ox. Also a cat mummified after the Egyptian method, and a cat and kitten embalmed.

The other side of the work is to show milk preserved whole, modified milk, extraneous matter filtered from milk, and the best method of preserving milk in a bacteria-free condition.

Another exhibit included some wonderful wax models of eruptive rashes, of syphilis, and lupus, and others of syphilitic and diphtheritic throats. Foreign countries also sent exhibits, including America, Canada, Denmark, Great Britain and Ireland, Holland, and Sweden.

The British Group includes similar exhibits to those which, in London recently, received prizes awarded through this Journal, illustra-

tive of the nursing methods and appliances used in connection with the Head (Royal Leicester Infirmary), the Abdomen (Royal Free Hospital, London), the Bladder and Kidneys (St. Peter's Hospital for Stone, London), Gynaecological Nursing (Chelsea Hospital for Women, London), Splints (St. Bartholomew's Hospital, London), Special Splints and Appliances (Lord Mayor Treloar's Hospital, Alton). A group of dolls in the uniforms of the matrons, sisters, and nurses in different branches of nursing work, sent by Miss Barton, Matron, Chelsea Infirmary, are attracting special attention and admiration. A picture of Mrs. Elizabeth Fry comes from the Institution of Nursing Sisters in Devonshire Square, London, which she founded, and Brownlow Hill Infirmary, Liverpool, sent a bust of Miss Agnes Jones. Pictures of Miss Nightingale and Sister Dora are also included in this exhibit, and the Nurses' Social Union sent some striking posters.

THE RECEPTION AND PAGEANT.

The Banquet Hall of the historic Gürzenich was crowded on Sunday evening, August 4th, for the Reception and Pageant with which the Congress was inaugurated. The City Fathers in the 15th century, who built the Hall in order to possess a place in which to entertain distinguished guests with a magnificence worthy of the city, built with no niggard hand. Round three sides of the Hall runs a gallery borne by richly carved wooden pillars, and the windows are filled with stained glass of historic interest, while the walls are decorated with a representation of the Procession on the completion of the Cathedral in 1880.

This building, with its memories of the past, was on August 4th taken possession of by the modern nurses of all nations, who, in their neat, spotless, and picturesque uniforms, together with their hostesses, brought into it light, and life and colour.

THE SPEECHES.

Geheimrat Ruhsack, speaking in the name of the Government, welcomed the guests, saying that it fully appreciated the zeal and aims of the International Council of Nurses, its endeavour to promote the thorough education of nurses and to unite all nurses in a world-wide organization. In Germany, he said, statistics showed that there were 70,000 women who nurse, of whom 26,000 were Catholics, 12,000 Protestant Deaconesses, and 4,500 Red Cross workers, besides others not included in any statistics.

It was necessary to clear one's views and to see that conditions now are different to those of past centuries in regard to women's work. Let women freely show their knowledge and powers, and the same applied to nurses. He welcomed those who had assembled from all countries, and hoped that in the future there would only be a peaceful emulation. In olden times nursing was entirely in the hands of the Catholic Orders. Now things were changed, and we had "free nurses" also. But the soul and heart of nursing was just the same, and, whether Catholic, Red Cross, or Free Sisters, all would give their lives to serve the sick in time of war or epidemics.

Burgmeister Krautwig said that the old Gürzenich had stood for years and years, and seen many meetings, but seldom such guests as that day—the organized nurses from all parts of the world. He suggested for a motto the words of Goethe, "Edel sei dar Mensch hilfreich und gut."

Professor Dr. Seigart spoke in the name of the Academy of Practical Medicine, and said that since October, 1909, arrangements had been made for the examination and State Registration of nurses, and Frau Bachemseiger, speaking in the name of the Local Committee, said that she brought those present a heartfelt welcome. They had come together for earnest work, but they must not forget that on the Rhine humour and gaiety were the rule.

Sister Agnes Karll expressed her pleasure that the Reception was taking place in the historic Gürzenich, and also offered words of welcome.

THE MANNER-CHOIR.

Then followed part-songs by the Cologne Männer-Gesang-Verein, in which Cologne provided for its guests a time of rare enjoyment. The lovely choir, famous throughout the world, and the wonderful harmonies of the great organ produced an effect which delighted and enthralled the audience. At the end it burst out into such rapturous applause that the choir responded with another charming song.

THE TRIUMPH OF HYGEIA.

Then followed the marvellous series of living pictures arranged by the ladies of Cologne, concluding with the "Triumph of Hygeia." The *motif* of the pictures was to illustrate the development of sympathy for the sick and poor. These pictures, really represented by living people, bore an astonishing resemblance to figures carved in wood, stone, or bronze, as cathedral statues; and again Hygeia chiselled—out of marble.

ST. ELIZABETH.

First was presented "die heilige Elizabeth" (St. Elizabeth of Hungary, a royal nurse belonging to a Religious Order), mounted on a pedestal, wearing veil and crown and bearing the model of a church on her left hand. At her feet the white lilies of purity, and near by the legendary crimson roses. Most human of saints, St. Elizabeth is one of the best loved of the noble army of martyrs.

Introducing this and the other pictures was lovely music and melodious poetry. The music specially written by Herr Paul Mania, the poem (spoken by Herr Heinz Jatho) by Herr Otto Rennefeldt. Presiding at the organ was Herr W. Bredack; at the piano, Herr Allekotte; and the soloist was Fraulein Louise Jonghaus. Art—music—poetry—the world is the richer for them all, and they were combined very perfectly in the presentation of St. Elizabeth and the succeeding pictures.

THE FOUNDERS OF THE REVILLEN HOSPITALS.

Next was revealed a picture of the Founders of the Revillen Hospitals at Cologne, Damian von Löwen, his wife, Mechtild, a nurse living in the world, and their daughter. They were represented kneeling with clasped hands on the cross beam, under a Gothic arch, surmounting a door in a wall grey with age. So perfect was the resemblance to figures carved in stone that it was almost impossible to believe that they were living persons. Life was introduced into the picture by two Béguines, who walked in front of the wall, paused to kneel before the pious founders of the hospital, and then disappeared.

THE DEAD WARRIOR.

The next picture represented in bronze relief a dead warrior lying on his bed of honour and surrounded by his fellow-warriors, stern and upright, a military nurse, and a weeping maid, the date being 1813. In front were hung a laurel wreath and azure blue banners. This picture was preceded by a splendid march, to the strains of which soldiers marched to battle at that period.

THE TRIUMPH OF HYGEIA.

The last picture represented a marble statue of Hygeia, the goddess who claims the allegiance of the modern nurse. She was revealed, draped in white, against a background of greenery, and holding before her a large evergreen wreath were two nurses of the New York City Hospital, Mrs. R. L. Williams and Miss Ada J. Senhouse. Then nurses of past ages and of the present time, bearing ropes of ever-

green and carrying crimson roses, filed past, a brave array, with banners and emblems, each pausing to offer to Hygeia a crimson rose and then place it in a bowl at her feet. Many of our old friends were there—Phobe of Cenchrea (Miss B. Kent); Queen Philippa of Hainault (Mrs. Manson), magnificent and resplendent in jewelled crown and gorgeous robes; an Augustian Choir Sister (Miss Macvitie); heroic Jeanne Mance of Canada (Miss de Braysay); Elizabeth Fry (Miss Elma Smith); a Sister Rabere in the middle of the 19th century (Miss C. Lee), and others.

Added to these must be mentioned the holy Hildegardis (Miss Sophie von Ehrenwall), who lived about 1150 A.D., and joined a Sisterhood in a nunnery on the Rhine; she had prophetic vision and was able to foretell the future; the holy Gertrandis, who lived between 500 and 600 A.D. (Sister Clara Weidmann) and succoured those travelling from place to place in search of work. Myke von Tumppling (1380 A.D.), represented by her namesake and descendant, a member of the German Nurses' Association, who lived at Thüringen, in conjunction with her husband founded and endowed a hospital named Brüder Spital at Jena, for twelve old and infirm persons, which still exists. Another interesting personality was the Princess Elizabeth, who, in the religious war in 1552, took care of wounded and exiled persons in her own castle at personal risk to herself.

The modern nurses included Miss Hunter, Miss Burr, Miss Lee Smith, and others, bearing the banner of their various Leagues, and Miss Barton in the uniform of a Matron of the Territorial Force Nursing Service, which she had official permission to wear, with instructions to place a band of crepe on the left arm as mourning for the Emperor of Japan; and Miss Breay, with a crimson plume denoting her connection with THE BRITISH JOURNAL OF NURSING and the professional nursing Press.

The Pageant over, dainty refreshments were most hospitably served, and then those present dispersed, with all gratitude to those who had spared neither time, pains, or expense to make the evening one never to be forgotten, most especially to the renowned lady artist who designed the pictures and acted as stage manager—Frau-in-Alexe Altenkirch.

THE MEETING OF THE GRAND COUNCIL.

The triennial meeting of the Grand Council of the International Council of Nurses was held in the Gürzenich on Monday last. Sister

Agnes Karll presided. We shall give a full account of the proceedings later. We have now only space to publish the Watchword and to say that a cordial invitation was received from the Californian Nurses' Association for the Council to meet in San Francisco in 1915. The Officers and Delegates unanimately decided to accept the invitation, which was warmly supported by the Delegates of the American Nurses' Association present. On the proposition of Mrs. Bedford Fenwick, it was decided to send the thanks of the Council to the Californian nurses for their gracious invitation. The place of meeting having been decided upon, it was unanimately agreed to invite Miss Annie W. Goodrich, who has held the highest positions in the National Association of American Nurses, to become the President of the Council, and to cable the invitation, in the hope that the answer may be received during the Congress week.

The following resolutions were adopted unanimately:—

RESOLUTIONS.

STATE REGISTRATION OF NURSES.

Whereas the experience of those countries where State Registration for Nurses has been put in force shows that the State regulation and control of nursing education, by setting a standard of genuine and uniform professional training for the nurse, is wholly in the best interests of the sick and helpless, therefore be it

Resolved—

That this meeting emphatically endorses the movement for State Registration of Nurses, expresses its satisfaction with those Governments that have enacted Registration Acts, and calls upon those Governments that have so far denied this obviously just demand of nurses and of public bodies to reverse their attitude of inaction and to legislate in protection of the sick against fraudulent and incompetent nursing care.

WOMAN SUFFRAGE.

In the belief that the highest purposes of civilisation and the truest blessings to the race can only be attained by the equal and united labours of men and women possessing equal and unabridged political powers, we declare our adherence to the principle of woman suffrage and regard the suffrage movement as a great moral movement making for the conquest of misery, preventable illness, and vice, and as strengthening a feeling of human brotherhood.

THE WATCHWORD.

SPOKEN BY MRS. BEDFORD FENWICK.

ASPIRATION.

Madam President, Members of the International Council of Nurses, and Fraternal Delegates,—It is our custom when in Grand Council assembled to select a Watchword which shall serve as a common bond of union till we meet again. Work—Courage—Life—all these have sounded the note of our endeavours for a period of years, and the word I propose we shall take as our motto for the next triennial term is Aspiration.

This word expresses a desire to seek eagerly after that which is above us. That was the inspiration of the Council Idea, and that is its goal. The essential essence of Nursing is not merely to afford skilled help to suffering and diseased humanity—it is something far higher than that. It is the endeavour to appropriate the spiritual force which is the common heritage of our profession, bequeathed to it by many noble men and women, our predecessors, who have served the sick of all ages in every land; a reserve force upon which, as long as we walk worthily, we may freely draw, a force potent with grace, so that in helping to heal the body, those to whom we minister may discern the fineness of motive which inspires our vocation, and the uplifting spiritual zeal which inspires our service, and may be sustained and comforted thereby.

From its inception our Council has aspired far beyond what was considered practicable.

To infuse with a sense of professional solidarity the nurses of all nations, so that as a community they should zealously conserve the health and happiness of the people—the essential right of Life—that with sound knowledge and skill they should serve and restore to health the sick in mind and body—and in so doing maintain the honour of their profession—are lofty aims. Believing, as we do, that these high aims can be advanced by greater unity of thought, sympathy and purpose, we have banded ourselves together in this International Council to further them, and we come together from all parts of the world to confer on questions not merely of imperial, but of human weight and consequence. Our highest aspiration is—to keep pure and sacred the physical fount of Life, and thus give liberty and solace to the Soul.

High aspirations indeed, but not beyond attainment, and high aspirations are the best incentive to high endeavours.

It is not enough, however, that we attend these great gatherings and enjoy communion. It should be the aspiration of each one of us to help to build up by personal service our National Organizations, from which internationalism derives its vitality and strength. That is one aspiration which I invite you to translate into accomplishment during the next triennial period. Do not let us allow the inspiration of our conference to evaporate in sentiment. We need to capture, concentrate, and utilize it as a compelling force in the uprising and resultant happiness of all things sentient.

Then to aspire to have all things in common—especially to be generous in sharing knowledge. That which one has acquired—after stress and toil—let her hasten to pass on, so that the more may benefit from the result of her labour, and we could have no more effective medium through which to teach than this world-wide confederation of nurses.

Also, whilst cherishing the entrancing vision of the ideal, a vision which guards monotony of work from becoming monotony of life, we should aspire to be eminently practical. Thus let us take counsel together of practical ways and means—of the happy Home life and humane Hospital life of the pupil—of a sound and thorough basis for our Educational Curriculum. Let us see that, when the worker is worthy of her hire, the hire shall be worthy of the work accomplished. Only thus can we fit ourselves for our high vocation, and make that vocation respond to the needs of the community. Let us aspire to the purest and most strenuous endeavour.

It has been written that “he is a profane person that performs holy duties lightly and superficially; all our duties ought to be warmed with zeal, winged with affection, and shot up to Heaven from the whole bent of the soul. Our whole hearts must go with them; and the strength and vigour of our spirits must diffuse themselves in every part of them. . . . Truly all our sacrifices must be offered up to God with fire; and that fire which alone can sanctify them, must be darted down from Heaven; the celestial flame of zeal and love, which comes down from Heaven, and hath a natural tendency to ascend thither again, and to carry up our hearts and souls upon its wings.”

Let Aspiration be our Watchword until our next meeting, assured that, if touched with the celestial flame, our hearts and souls may aspire to make altogether lovely the beneficent work to which the members of this great Federation of Nurses have the happiness to give their lives.

APPOINTMENTS.

MATRON.

Marston Green Cottage Homes, Birmingham.—Miss B. S. Dittmer has been appointed Matron. She was trained at King's College Hospital, and has since been Sister at the County Branch of the Royal Hospital for Sick Children, Glasgow, and Ward Sister, Night Superintendent, and Home Sister at Lambeth Infirmary.

Cottage Hospital, Ripley, Derby.—Miss Holford has been appointed Nurse-Matron. She was trained at the Royal Infirmary, Sheffield, and has since been Sister at the Horton Infirmary, Banbury, and at the Mansfield Hospital, Nottinghamshire.

SISTER.

The Kensington Infirmary, Marloes Road Kensington.—Miss Annie Horsfall has been appointed Sister. She was trained at the West Derby Union Infirmary, and has been Staff Nurse at the Edmonton Infirmary, and Charge Nurse at Eastbourne Infirmary.

Miss Polly Hutchinson has been appointed Sister in the same institution. She was trained at the Bradford Union Hospital, and has held the position of Staff Nurse at the South Eastern Hospital, London, under the Metropolitan Asylums Board.

The Hackney Infirmary, Homerton.—Miss Lilian M. Edmonds has been appointed Sister. She was trained at the Steyning Union Infirmary, and has been Staff Nurse at the Camberwell Infirmary, and at the Royal Infirmary, Manchester.

Haverfordwest and Pembrokeshire County Hospital, Haverfordwest.—Miss May Aloysius Finnan has been appointed Sister. She was trained at the City Hospital, Liverpool, and the Millar Hospital, Barrow, and has been Staff Nurse at the Isolation Hospital, Devizes, and the Accident Hospital, Ilkeston.

Sanitary Hospital, Boscombe.—Miss F. Fairbrother has been appointed Sister. She was trained at the Hampstead General Hospital, and has held the position of Nurse at the Fever Hospital, Winchester; Charge Nurse at the Fever Hospital, Little Bromwich; and Sister-in-Charge at the Fever Hospital, Darlington.

Essex County Hospital, Colchester.—Miss Fraser has been appointed Sister of the Male Surgical Ward. She was trained at St. Bartholomew's Hospital, E.C., and has held the post of Sister at the Hospital, Faversham, and is a Certified Midwife.

Essex County Hospital, Colchester.—Miss A. Smith has been appointed Sister of the Women's Surgical Ward. She worked as a Paying Probationer at Adenbrooke's Hospital, Cambridge, and afterwards trained at Clayton Hospital, Wakefield, where she was also a Charge Nurse, and has since held the post of Sister at the Infirmary, Bury, Lancs.

QUEEN'S NURSES.

Queen Alexandra has been pleased to approve the appointment of the following to be Queen's nurses, to date July 1st, 1912:—

Thurstan, A. V., Jeffries, J. M., and Kershaw, R., Birmingham (Moseley Road); Davies, G. E., Jones, C., Küfler, L. F., and Mellor, G. A., Birmingham (Summer Hill Road); Barlow, A., Bolton; Bamford, C., Carryer, K. M., Chumley, E., Groom, H. M., Hall, E. M., Lewis, E., Moss, M. A., and Radburn, R. E., Brighton; Travis, E., Birtley; Bailey, S. E., Camberwell; Walkdin, E. B., East London (Southern); Gillett, F. C., Gloucester; Burd, W. M., and Owen, M. R., Hackney; Ackrovd, A. E., and Firth, A., Halifax; Wells, W. M., Hammersmith; Acton, A. M., Kingston-on-Thames; Henderson, J. D., Leeds (Central); Stol, A. W., Leicester; Davies, E. R., and Wallace, D. E., Liverpool (Central); Bell, E. E., Liverpool (East); Ward, A. K., Liverpool (West); Peers, M., Manchester (Ardwick Home); Briggs, E. E., and Nicol, M. M., Manchester (Bradford); Boydell, A. M., and Dickinson, M. E., Manchester (Harpurhey); Cordingley, C. E., and Plummer, S. H., Manchester (Salford Home); Andrews, J., Blundell, R. M., Bullough, L., Paling, R. E., Salmon, F. E., and van Dam, E., Metropolitan Nursing Association; Searle, F. E., Northampton; Aland, M., Allen, C. S., and Inchley, P. M., Portsmouth; Taylor, L. E., St. Helens; Farrelly, M. M., and Howson, O., St. Olave's; Stringer, E., Sheffield; Burn, J., Miles, G. E., and Miller, E., Sunderland; Parker, H., Pate, E., and Thomas, B., Cardiff; Brock, A., Cochrane, A., Grant, H. B., Lumsden, J. H., Smith, G. M., Smyth, S. J. P., and Stephen, L. J., Scottish District Training Home, Edinburgh; Walker, I., Higginbotham Home, Glasgow; Kehily, E., McDonnell, M. J., and Scannell, M. M., St. Lawrence's Home, Dublin; and Parke, E., St. Patrick's Home, Dublin.

PRESENTATION.

Miss Athill, Lady Superintendent of the Royal Nursing Association, Derby, has been presented by 97 of its nurses with an illuminated address, inscribed as follows: "To Miss Agnes H. Athill, Lady Superintendent of the Royal Derby and Derbyshire Nursing Association.—We, the Nurses of the above Association, desire to express our affectionate regard for you, and we heartily thank you for all you have done for us during the eighteen years you have been our Lady Superintendent. We rejoice with you in the great prosperity of our Association under your able management, and we sincerely hope and pray that you may be spared to continue your useful work for many years to come.—Assuring you of our loyal support, we are yours affectionately (97 signatures)." The presentation was made by Nurse Edwards, the senior member of the staff, who spoke warmly of Miss Athill's work for the association. Miss Freeman and Miss Cash endorsed her remarks. Miss Athill suitably replied by thanking the nurses for the kind words of the address, which would be a great comfort and strength to her in her future work.

NURSING ECHOES.

At a meeting of the Council of the Metropolitan Hospital Sunday Fund held at the Mansion House last week, when the Lord Mayor presided, awards to the following nursing associations were authorised:—Belvedere, Abbey Wood, £6; Brixton, £18; Central St. Pancras, £18; Chelsea and Pimlico, £18; Hackney, £24; Hammersmith, £42; Hampstead, £18; Isleworth, £12; Kensington, £42; Kilburn, £6; Kingston, £30; Lambeth Road (Catholic), £12; Metropolitan (Bloomsbury), £12; St. Olave's (Bermondsey), £18; Paddington and Marylebone, £40 16s.; Peckham, £12; Plaistow, £103 16s.; Plaistow (Maternity), £166 16s.; Rotherhithe, £12; Shoreditch, £54; Sick Room Helps Society, £28 16s.; Sidcup, £6; Silvertown, £18; South London (Battersea), £54; Southwark, £52 16s.; South Wimbledon, £36 12s.; Tottenham, £11 8s.; Westminster, £24; Woolwich, £36; East London, £150; North London, £60; London District, £300.

The nurses of the Kingston Infirmary recently held their annual garden party, which is always a most enjoyable function. As on previous occasions invitations had been extended to former nurses trained at the Infirmary and members of the Nurses' League, and many availed themselves of the opportunity for reunion afforded, some present not having been able to attend a similar gathering for a period of six or seven years. Letters of remembrance were received by the Matron, Miss A. Smith, from nurses in Russia, New Zealand, France, and many other places. Including several of the *Guardians*, the guests numbered about 120, and every one agreed that the party was delightful.

Canon Scott Holland, preaching in the Cathedral, Oxford, on behalf of hospitals, said that, passing down hospital wards, people saw poor scrofulous children, poor little girls and boys with their bodies rotten; they knew well why it was so. It was the sin of the parents which had put them there, and they all knew it. But for all that, the doctors and nurses, who knew it best, disregarded it—it had nothing to do with them. There might be a man, brought in full of festering evil, which it was perfectly clear was the result of his own lust and drink, but the doctors and nurses left that behind. Here was a man to be cured, and they would spend themselves on that man just as they would for the most innocent child.

All their skill, love and tenderness were for him; it was enough that he was suffering and that they could help him. So, the hospitals of our great cities were filled with a love which was born of Christ. The beautiful tenderness of nurse and doctor was the best similitude of what Jesus Christ did for them on the Cross.

By the kind invitation of Miss Carpenter-Turner, an interesting meeting of the Mothers' Union was recently held at the Royal Hants County Hospital, Winchester, when hospital, district, and maternity nurses in the city had the pleasure of hearing an address by Mrs. Sumner, Foundress and Hon. President of the Union, who said that it is now seven years since a definite effort was first made to gain the interest and co-operation of hospital nurses and other nurses in the Mothers' Union. During these years about 75 meetings have been held, and the results in many places have been most encouraging and satisfactory. Nurses are now among the regular workers of the Mothers' Union, and, as they go from place to place, they try to bring their patients into touch with local branches.

At the monthly meeting of the Catholic Nurses' Association at Lourdes House, Dublin, the Association unanimously agreed to give an annual subscription to Linden Convalescent Home, so that members needing change may be admitted there. The members and friends had their second outing on the 23rd ult. to the Hill of Howth, where a sumptuous tea was served. Unfortunately, the pleasure was somewhat marred by the heavy downpour of rain which came on during the evening.

The *International Hospital Record* states that the validity of the Illinois state law governing nurse registration is being tested in the court. Miss Velora E. Randel, supervising nurse, and Miss Marion Finn, head surgical nurse, at the Rhodes Avenue Hospital, at Chicago, have been arrested at the instigation of the State Board of Nurse Examiners, for using without authority, in the catalogue of the hospital, the title R.N. In case a verdict is rendered in favour of the State Board, the Rhodes Avenue Hospital officials announce their determination to appeal the case to the Illinois supreme court on the ground that the law is unconstitutional. It is altogether probable that the case will be appealed. If, as it appears, Miss Randel and Miss Finn have used, or have allowed to be used in connection with their names, the title R.N., they not being

registered under the Illinois state law, the nurse will be a leading one. It is a plain provision of the law as entered in the state statutes that it is a punishable misdemeanour to use the title R.N. unless a nurse be registered under the law, and our contemporary can see no possible chance for acquittal of the defendants.

We always regret we have not more time to enjoy the professional nursing journals, but they pour into this office in such wonderful abundance that we fear we do not learn half they have to teach. Miss Nancy E. Cadmus, R.N. Superintendent of the Manhattan Maternity Hospital, New York, and a member of the Nurse Board of Examiners of the State, has a paper in the *American Journal of Nursing*, entitled "The Awakening," in which she points the moral to the foolish virgins who failed to register in the time of grace "because I can't see it means any benefit to me!"

Often we have been pained by the apparently selfish view taken by those who should have been broad enough to see into the future, and not been so entirely influenced by the question of personal gain.

She continues: "The Awakening has come; graduate nurses find they cannot possibly enjoy the same standing without as with registration; they soon learn on application for a position in practically any one of the many channels now open to the trained nurse that it is of very little use unless she is registered."

"We all who compose this body of women known as trained nurses, holding credentials from reputable schools, should feel the responsibility of the future of our work, and not confine ourselves to seeking personal benefits, but rather give ourselves in every possible way to further the progress of the nursing profession in promoting and maintaining high standards of living and action."

On Bush Nursing the *Australasian Nurses' Journal* says: Work and business progress so smoothly at Jindabyne, the first district to have a Bush Nurse, that more and more it is being proved how useful and necessary a member of the community she is. It will be remembered that the Australasian Trained Nurses' Association set its face sternly against any system of providing a class of nurses for nursing in the Bush which was not thoroughly trained and adequately paid. Thus, though the system may be more slowly adopted in rural far-away districts, the quality of nursing when provided will be safe and worth having. This is true economy, both for patients and nurses.

REFLECTIONS.

FROM A BOARD ROOM MIRROR.

Prince Arthur of Connaught, in opening the Health Exhibition at York in connection with the Annual Congress of the Royal Sanitary Institute, made a reference to the presence at the Congress of delegates from Japan. Commenting, he added, were odious, but from personal knowledge he could testify to the fact that this country has much to learn from its allies in the Far East with reference to cleanliness in the home.

We are glad to hear that most useful hospital the East London Hospital for Children is now out of debt, largely due to the magnificent donation of £4,000 given by Mr. C. F. Deeny, in memory of his late wife.

The report presented by the Secretary, Mr. W. M. Wilcox, showed that there had been a decrease of considerably over £2,000 in the expenditure during the past half-year compared with the corresponding period in 1911. The number of both in-patients and out-patients showed a diminution, this, it was thought, being due to the more healthy conditions prevailing in the district and the absence of epidemics.

Queen Amélie of Portugal visited the Royal Free Hospital recently and expressed great appreciation of all she saw. The Matron, Miss Cox-Davies, was amongst the members of the staff who conducted her round the wards. We can imagine Queen Amélie a first-rate hospital matron.

HEALTH LEAFLETS.

The National League for Physical Education and Improvement has recently added four new health leaflets to its well-known series, which has already met with so much appreciation both by Public Health Authorities and by the ever-increasing number of voluntary health workers. One deals with cleanliness in the home, another with fresh air and ventilation, while the other two contain instructions on bringing up breast-fed and bottle-fed infants respectively. The latter were drawn up by the Medical Sub-Committee of the Association of Infant Consultations and Schools for Mothers and by the Metropolitan Branch of the Society of Medical Officers of Health. The instructions have purposely been published separately, as it is thought that the indiscriminate distribution of printed matter, dealing in the same leaflet with both methods, tends to encourage bottle-feeding. All four are written in simple, forcible language understandable by the most ignorant.

Specimen copies will gladly be sent on application to the Secretary of the League at 4, Tavistock Square, W.C., if a stamp is enclosed for postage.

WITH THE RED CROSS AT FLEET.

In our detachment of the V.A.D. of the B.R.C. Society there was great excitement when we heard that we were to mobilise with other detachments and arrange a hospital for the wounded in the battle which was to take place near Aldershot on July 25. On the 24th many of us were at the Pinewood Hall (given into the charge of the Eversley and Fleet detachments, each of which was to be responsible for twenty beds) at 2.30.

When we arrived there was indeed a scene of chaos—bedsteads in pieces, bundles of bedding, and mattresses tied up lying scattered in all directions. But in a wonderfully short space of time our twenty beds were set up in their places, a double row in one half of the hall, with packing case or box, containing towels and shirt, doing duty beside each bed as a locker. A doctor's stand was also provided, and at the door end of the hall was a long table on tressels for bandages. When all this was arranged our preparatory work was finished.

On the 25th we got into our uniform (in our case white dresses, Red Cross aprons, caps, and brassard), and were at our posts at 12 o'clock, when we helped to arrange the stores on the table, padded rough splints with tow, and saw that our beds were all quite correctly made with mackintosh and draw sheet—the top blanket and sheet rolled to the foot of the bed, and the receiving blanket over all. At one o'clock we had a light luncheon of sandwiches and lemonade, provided by a member of the V.A.D., and were then "ready, aye ready."

Meanwhile the Eversley and Yately detachment had arrived, and we admired the businesslike way in which they set to work, and got their beds in order. Their uniform dress was grey, so there was no danger of confusion as to detachments.

As usually happens on such occasions, the wounded, who were expected soon after one o'clock, did not come until long after that time. But we had food for excitement in visits from various officials, who asked questions about the detachment, visited the kitchen, and inspected the beds and stores.

At 2.30 the first batch of wounded began to arrive, gently carried in on stretchers by men of the B.R.C. It was a great moment for us when we read on labels attached to each the case they were in. We attended to them to the best of our ability, and then tried to pass away the time for them (buns and lemonade were a help) until their turn came to be carried off to the base hospital and we received another batch. So the hours passed until we were told that there were no more wounded to come, when, after a hasty but welcome cup of tea, arranged by another member of the V.A.D., we hurried down to the station, where a base scene was in progress. The special train of trucks was on a siding. Many wounded were already slung in their stretchers in these trucks, and others were being placed there. All who could walk were in ordinary carriages. By the side of the line in the station yard was a hospital

tent under the Hartley Wintney and Elvetham Division of the V.A.D. Here the beds were chiefly pallets of straw on stretchers raised from the ground on bricks, pillows being improvised from rolls of straw, or anything handy which would serve.

All was most practical and won our admiration, but there was not much time to inspect—the train began to move! It was gently brought from the siding to the platform, and here ladies of the place regaled the wounded with refreshments, and at last off it went to Basingstoke (each truck or carriage carrying a Red Cross Nurse in charge) amid the cheers of wounded and bystanders. Our busy day was done after the hospital had been put straight, and we returned to our homes with new experience and knowledge, but with also, perhaps, a new heartache as we realised a tiny bit more of what war must mean, and with the prayer that our country may never be devastated by a foreign foe.

E. P. C.

THE EDUCATIONAL STATUS OF NURSING.

The Bulletin on the Educational Status of Nursing, by Miss M. Agelaide Nutting, Director of the Department of Nursing and Health at Teachers College, Columbia University, New York, and published by the United States Bureau of Education, should be studied by all interested in this important question, for it is a brilliant survey of the situation. In introducing it Miss Nutting points out that "although there have been no radical changes in methods of education in nursing during the past five years, there are yet substantial evidences of progress to record. Training Schools for Nurses throughout the country are steadily, even if slowly, effecting improvements in their work and conditions. The professional field of nursing is widening and embracing new and important activities, and offering new incentives to effort. Public interest in hospitals and training schools is growing, and an intelligent public opinion on nursing affairs is gradually forming. The education of nurses, long looked upon as a matter in which hospitals only were concerned, is now beginning to be seen as a matter in which the public also is deeply and necessarily concerned."

In connection with opposition experienced to the principle of State registration for nurses, Miss Nutting writes: "A somewhat careful study of the opposition which has been met both in this country and abroad, shows how largely commercial it has been and is in its nature and to what lengths the exploitation of pupil nurses has been carried. There could, indeed, be no possible rational objection urged against a procedure, the principle of which is recognised as sound in all other professions or vocations in which scientific knowledge and technical skill in definite degrees are essential for public safety."

The Bulletin is published by the Government Printing Office, at Washington.

JOHNNIE'S MOTHER.

CHILD NURSING AS A CAREER FOR
EDUCATED WOMEN.

Someone once said it was the prettiest ward in London. It really was the prettiest in the world, but that is beside the mark. On a particular day in June the sun was shining through the many windows, flowers in abundance adorned the shining tables, cheerful sounds of life and movement came from the thoroughfare without. Within a canary sings, and there is a subdued murmur of conversation from the men.

Subdued, because behind those screens yonder, unconscious of all the sounds of life and joyousness, Johnnie lies a-dying. Johnnie with hair like the ripening corn and eyes blue as the cornflower, with straight and slender limbs, and for all his fourteen years, the face of an angel.

Johnnie's mother sits calm by his bedside, with the terrible resignation of extreme poverty. She makes no sign, save for an occasional tear that she dries furtively on the corner of her poor shawl, save that with her toil-worn hand, a tender mother's hand withal, she smooths from time to time the golden hair, damp with death dew.

She had given the "history." "He was allus a good boy, was my Johnnie. A good boy to 'is mother 'e was. Only left school at Christmas. 'E never went to work afore he lit the fire and got me a cup o' tea. Worked at wood-choppin', 'e did. Yes, sir I'm coming to it." To-day dinner-time I ses to 'im 'Johnnie,' I ses, 'run and fetch a penn'orth of cheese.' 'All right, mother,' 'e ses. And them was the last words as I 'eard 'im say. They ses as it was one of them big vans as knocked 'im down."

Everything possible had been done for the boy. The surgeon had come down, had shaken his head, said "nothing could save the poor little chap," and had returned West.

How long the afternoon seemed. But with the setting sun came a long sigh, and the blue eyes opened wide. What did they see? Not his mother. They had a distant look.

"Johnnie, 'ere's mother. Kiss mother, Johnnie."

For the first time in his short life he is deaf to the entreaty in his mother's voice.

What are the words that come floating down the ward?

"We commend to Thee the soul."

Ah! Johnnie's mother!

There is complete silence in the ward now. Within the screens Johnnie's mother rises from her knees. With quivering lips she kisses the angelic face, and leaves upon it the tears of her Gethsemane.

"Good-bye, my darlin'," she whispers. "You was allus a good b'y to me, but I reckon as God knows a lump best."

She wipes her eyes once more with her threadbare shawl, and draws it closely round her, as though she were chilly on that warm evening, takes that pathetic parcel of her boy's clothes, and goes out alone.

H. H.

Scotland can claim to be pioneer in many educational schemes, but not in the particular one about which we write; but Edinburgh has taken the lead on this side of the Border in providing training for nursery nurses—a profession which should appeal to all women, whether they wish to follow it as a means of living or simply in order to qualify them for the many and responsible duties of home life.

The training as nursery nurse may be commenced when a girl leaves school—a time when many mothers are concerned as to what they shall do with their daughters. Hospital training, which has had a great attraction for our young people in the past, cannot be started for several years after the age of eighteen; so, as a preliminary to hospital training, or as giving facilities for the study of the science of infant life, this training appeals in a very strong measure to educated girls.

The day is now past when unskilled work in any sphere is in demand. Girls very often, unless they are obliged to earn their living or have a strong bent towards some profession, seem to consider that the world holds nothing for them but a possible marriage; and for marriage the majority of girls, unfortunately, do not realise that training is needed. Thus, there is always a large number of women in the community who enter this most difficult and important of professions without having prepared themselves in the least for it, besides an equally large number who, hoping to marry, have not trained themselves in anything; and if it is a bad thing for a country to be over-stocked with unskilled workers, it is surely infinitely worse for it to be over-stocked with unskilled wives and mothers. The training given in nursery colleges will be invaluable to any girl in after life, and an occupation that gives her the power to earn her own living as well as make a satisfactory wife and mother is worth consideration. Preventive and educative work are the lines on which we must work in these enlightened days and it must be fully recognised that if mothers and nurses had the knowledge required, and which can be obtained by the training in our nurseries, a tremendous amount of illness would be avoided.

The kind of girl to whom this work will appeal most of all is the child-lover, with a vocation for her work, and with it the strong love and patience which go hand in hand; it will also appeal to those who want a quiet home-life without the necessity of a long professional training. Child nursing ought to be as attractive as the now somewhat over-rated hospital life; it demands the best qualities of mind and body in those who undertake it; and the status of the position should be as fully recognised as that of the hospital nurse,

provided that the nursery nurse is as capable in her sphere as the hospital nurse is in hers.

The Edinburgh Training School for Nursery Nurses is at 9, St. Bernard's Crescent, where pupils are received for twenty three weeks' training in the home, for a fee of £25, which includes board, residence, and tuition. A limited number of non-resident pupils, at a fee of £10, to cover board and tuition, will be taken. Pupils receive their

clothes, and attend classes on first aid and hygiene.

Pupils who have completed their training in the Nurseries in a satisfactory manner will have the option of three months' residence at the City Hospital, where they will gain experience in nursing the usual children's ailments, without any further fee.

The nurses will be known as the "Edinburgh Nurses," and will receive a certificate at the end



INTERIOR OF DAY NURSERY.

practical experience in the Crèche Day Nurseries and in the model Day and Night Nursery, where infants and children are in residence. (A most essential part of the training is the care of infants during the night.) Another feature of the training will be the care of delicate children in the Model Nursery. Pupils also receive instruction in elementary cooking, laundry and making of children's

of their twenty-three weeks' training, and the badge of the Training School after a year's satisfactory service. The profession of a nursery nurse is not overcrowded; in fact, the demand is greater than the supply. Many applications have been received here already for trained nursery nurses; and the salaries bear favourable comparison with those given to hospital nurses, even after three or

four years' training. The training will also open various fields of public work to the students, such as appointments in other crèches, schools for mothers, &c. To ensure pupils getting work, a register will be kept, and a list of posts vacant.

Miss A. M. Beedie, the lady principal, is a certificated nurse, and has held several posts as matron of hospitals, in addition to which she has had a large and varied experience in the care and management of children. She is most anxious that her pupils should turn out intelligent women, who will be of use in any household to which they may be sent, and aims at making them responsible beings and at raising the dignity of their work so high in their eyes that there shall never be any question in their minds as to what is, or is not, their place.

F. H. R.

BOOK OF THE WEEK.

JULIA FRANCE AND HER TIMES.*

This novel is written with a definite object, and as often happens in such a case, the object somewhat spoils the story. Though we have no quarrel with women's suffrage as such, we feel rather aggrieved that it should accept such a large proportion of this very interesting book, and would prefer to gather information from the ample literature dedicated to that object.

As may be gathered from the above remarks, the times of Julia France were stormy ones. She is first introduced to the reader as Julia Edis, a beautiful young debutante making her first appearance at a ball at the Government House in the little capital of Basse Terre, West Indies.

"She was a charming young creature, with a mane of untidy red-yellow hair, immense grey eyes with thick black lashes on either lid, narrow black brows, a refined but not undistinguished nose, a sweet childish mouth whose undefined shape Nature had left to life, a flat figure rather under medium height, covered with a white muslin frock, whose only comparison was a faded blue sash unmistakably Victorian. Her skin, like that of the other Creole girls reared in West Indian heats was a pure transparent white which not even dancing tinged with colour."

Her mother is frankly an eligible husband hunter.

"This is the eighth time Lieutenant France has taken my girl out," she announced. "And it is true that he will be a duke." Mrs. Edis disdained finesse, although she was capable of hoodwinking a Parliament.

The old Captain to whom these words were addressed cleared his throat and glanced uneasily at the formidable old lady, then answered resolutely:

"Better take your girl home, ma'am, and keep her safe while we are in harbour. . . . I mean, Madam, that France is not a decent sort and

would have been chucked out long since but for family influence. . . . I'd rather see a daughter of mine in her coffin than married to him."

Nevertheless, Mrs. Edis, who was suspected of dabbling in the black arts, was convinced that the horoscope had determined Julia's destiny in this direction.

An innocent girl mated with a man of France's character, must perforce develop quickly, and her young, unformed and exceptionally ignorant mind unfolds before the reader in a highly interesting manner.

She begins her married life by declaring to a perfect stranger that she considers it was very kind of France to have married her. "After I have seen the world a bit and read some modern novels perhaps I shall understand Mr. France better. I should think it would be a good thing to understand one's husband."

Unfortunately the understanding brought her nothing but horror, but her self-protective instinct and her high courage stands her in good stead.

"I shall have everything I want or need so long as I live with you," said his wife deliberately. "If you don't want to pay for my clothes you can put me out. I can earn my own living. Ishbel would teach me how to trim hats."

France sat down, his mouth hanging open.

"You have got a will of your own, young lady."

"I have."

"Well, by Heaven, I'll break it."

"Try it." Julia shook out her shimmering hair.

"It's not your place to know what my income is or what I do with it."

"But you see I do."

Julia has travelled a long way since she left the West Indies, and the reason of her future absorbing devotion to the cause of Women's Suffrage is not difficult to understand.

Nevertheless, at the close of the book, when France has died in a lunatic asylum, and Julia's ardent nature is to be satisfied with Tay's devotion, we find symptoms of her cooling off.

Tay makes her promise to "chuck it" for a while.

"I promise," said Julia. "I really should like to feel quite young and frivolous for a bit. And love is as deadly serious as suffrage."

"So you will find when I get ready to make love to you."

H. H.

VERSES.

But God is never so far off as even to be near,
He is within, our Spirit is the home He holds most dear;

To think of Him as by our side is almost as untrue
As to remove His throne beyond the skies of starry blue,

So all the while I thought myself homeless, forlorn
and weary,

Nursing my joy, I walked the earth—myself God's
Sanctuary.

FABER.

* By Gertrude Atherton. John Murray, 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.

NURSING HOMES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I fully appreciate Miss Stower's desire for organization amongst proprietors of nursing homes, on the lines of self protection, by admitting only to the proposed association homes of good standing, and maintaining definite standards for their nurses. But how are we to arrive at these standards? We will, of course, eliminate the probationer. She has no place in a Home where patients pay high fees on the assumption that they are receiving *skilled* nursing, and further, the limited experience obtainable in a nursing home of a few beds does not qualify it to be a training school.

I consider that the standard of our Colonies where registration is in force is the only one which is satisfactory in relation to the registration of nursing homes, *i.e.*, that the proprietor and her staff are all trained nurses enrolled on the state register. Nothing else is really much use. Moral: Work to secure a Nurses Registration Act without delay.

Yours faithfully,
LOGIC.

HORSES AND THE HEAT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—With the advent of the hottest months of the year, will you allow me to make a practical suggestion with regard to "summering" horses? There seems to be an established idea that horses can be turned out for the summer, and that providing they have sufficient grass and water, they require nothing else. My belief is different, and my practice is this: During the heat of the day, and so long as the flies are troublesome, I bring my horses in at 9 a.m. and keep them stabled till 6 p.m., turning them out again for the night. They have only one small feed at mid-day, and yet they keep in capital condition and are ready for work when required.

It is certainly unwise to leave horses and live-stock out in the full heat and sunshine, as the irritation caused by the flies keeps them constantly on the move, and the force exerted by constant kicking, biting, stamping and stampeding is very considerable indeed, and is just so much waste of strength which ought to be avoided. I know of a case where a cart mare was turned out for the whole of last summer in some twenty acres of meadowland, on the level coast near Chichester, which Sir Rider Haggard says is the richest pasture in the Kingdom. This mare might have been expected to improve under these conditions, but by the autumn was absolutely nothing but

skin and bone, for which state (it was admitted by the owner) the flies had been responsible.

I am, yours faithfully,
W. J. C. NORRIS.

Thukeyham, Pulborough.

[We are always pleased to call the attention of our readers to methods of helping the dear animals.—Ed.]

REPLIES TO CORRESPONDENTS.

Enquirer (Sheffield).—The Sanatorium Benefit under the National Insurance Act begins at once. The Medical Benefit in January, 1913. You have no option as an employed person as to insuring, if you are engaged at a rate of remuneration not exceeding in value £160 per annum. If you have a private income, not dependent on your earnings, of £26 per annum, you are not bound to insure, but your employer must still pay his or her 3d. weekly, in which case it benefits the State only. You should, therefore, consider whether you will become a voluntary contributor and obtain the benefit.

Midwife (Liverpool).—It is desirable to give infants some cool water each day in addition to their mother's milk. This is specially important in hot weather.

OUR PRIZE COMPETITIONS FOR AUGUST.

August 17th.—Mention some of the emergencies you have met with in the course of your nursing career and your methods of dealing with them.

August 24th.—How would you deal with severe post partum hæmorrhage in the absence of medical assistance?

August 31st.—Describe the preparation of a patient for receiving an anæsthetic. What precautions would you take before and after?

NOTICES.

A Subscription Form for THE BRITISH JOURNAL OF NURSING will be found on page xii. of our advertisement columns. The JOURNAL is the official organ in Great Britain and Ireland of the International Council of Nurses, and full reports of the Cologne meetings will be published in it.

The price is 1d. weekly. Abroad, 9s. per year, post free. Office, 431, Oxford Street, London, W.

ADDRESS NEEDED.

A money order for 9s. from India, but without further information, was received at THE BRITISH JOURNAL OF NURSING Office on May 13th, 1912. The Post Office cannot trace it, so we shall be obliged if the sender—who, presumably, is not receiving the JOURNAL—will communicate with the Manager, THE BRITISH JOURNAL OF NURSING, 431, Oxford Street, London, W., England.

OUR PRIZE COMPETITIONS.

Owing to the absence of the Editor and Assistant Editor at the Cologne Congress, the award of the Prize Competition Prize is postponed till next week.

The Midwife.

EUGENICS AND OBSTETRICS.*

By DR. AGNES BLUM, Berlin.

1. Among the agencies under social control which impair the racial qualities of future generations, an important place is taken by the science of medicine, especially by obstetrics. For the increase of obstetrics increases the incapacity for bearing children of future generations.

2. The great difference in the capacity for bearing children between the primitive and civilised races depends only in part on the lessened fitness of the latter due to the increase of skilled assistance.

3. Incapacity for bearing children can be acquired; it develops, however, abundantly on the grounds of a congenital predisposition.

4. In so far as the latter is the case, obstetrics contributes towards the diffusion of this incapacity.

5. The most serious obstacles to delivery are effected by deformities of the pelvis, in at least 90 per cent. of which heredity plays a part. In this connection, rickets, the predisposition to which is inherited, takes the foremost place.

6. German medical statistics make it appear probable that incapacity to bear children is on the increase.

7. Medical help in childbirth brings, undoubtedly, numerical advantage to the race, but it endangers the quality of the race in other ways than through the fostering of unfitness for bearing.

8. The danger of the increase of incapacity for bearing through the increase of assistance in childbirth can be combated:—

(a) Through the renunciation of descendants by women unfitted to bear children.

(b) Through an energetic campaign against rickets, to which only the predisposition can be inherited.

(c) Through the permeation of obstetrics with the spirit of eugenics, so that the obstetrician no longer proceeds according to a settled rule (living mother and living child), but in each separate case takes into consideration the interests of the race.

IRON IN THE FŒTAL LIVER AT BIRTH.

Dr. Hugh Ashby, writing in the *Lancet* on the Relation of Iron to Anæmia in Infancy and Childhood, points out what a large amount of iron is stored up in foetal liver at birth. He writes:—

The liver is the organ that has most to do with the storage and with the metabolism of iron. The liver in intra-uterine life receives a very good blood-supply by means of the branches of the umbilical vein carrying arterial blood from the placenta. At birth, the liver forms from 4 to 5 per cent. of the body weight, which is twice the corresponding weight in the adult ($2\frac{1}{2}$ per cent. of the body weight). It seems that the liver performs a similar storage function with regard to iron as it does with fats and carbohydrates. When the iron is needed it is given up by the liver into the blood again, and used to make new hæmoglobin and red blood corpuscles. The absorption of iron from the intestine is, however, regulated by the demand, so that rarely are larger amounts than normal found in the liver, which fact my analysis bears out. In some diseases, such as pernicious anæmia, hypertrophic cirrhosis of the liver, there is a large amount of iron found in the liver which has been derived from the blood.

The liver has also other functions in connection with this iron. Together with spleen, it separates the iron from effete iron-containing pigment, which it stores in the form of a loose compound. The liver also transforms this iron into an organic compound, ferratin, which is ready for assimilation by young red blood cells, and is given out as it is required to make new hæmoglobin.

When iron is given to a patient, much the greater quantity is excreted again in the faeces, but at times it appears as if large quantities are kept in the body. Thus a patient with an ileo-cæcal fistula was given 416 mg. of iron citrate in two days, but only 338 mg. ever appeared in the faeces at the fistula.

IRON STORED IN THE LIVER OF THE FŒTUS AND INFANT.

As the liver has such a large blood-supply and is such a large organ in proportion to the body in infancy, it is not surprising that it

* The abstract of a paper presented at the first International Eugenic Congress, London, 1912.

should have a store of iron at birth, and that it should regulate the supply of iron to the body. During a healthy pregnancy, which Bar defines as "fetus sanus in matre sana," the mother has the power of extracting from her food all the materials required for the growth and development of the fœtus, and she in no way suffers by this self-sacrifice to the fœtus. During the last three months or so of intra-uterine life a store of iron is laid up in the liver, so that the infant when born starts its life with a good supply of iron in order to supply the needs of the hæmoglobin and red blood cells, which are to be formed as the infant grows. The necessity for this store of iron is made apparent when it is understood that a very small amount of iron there is in milk (7 to 14 times as little iron as in any other food), and when it is remembered that normally an infant has no other food than breast milk for eight to nine months at least, and often for much longer than this. This store of iron, which the infant starts life with, has thus to last till it can take food other than milk, and so obtain a sufficient amount of iron. If the store of iron is too small to start with, or if it gives out, then the infant will become anæmic for lack of iron if none is given in its food.

In deciding the question of man's need for inorganic salts, including iron, we must distinguish between the growing and the adult body; the former requires a considerable quantity of inorganic salts, and much more than the adult in proportion to its weight in order to keep up with the development. Now all the inorganic salts are supplied to the infant in sufficient quantities, except the iron.

MIDWIVES AND NATIONAL INSURANCE.

Mr. Rowntree, in the House of Commons recently, asked whether, under the National Insurance Act, a midwife must be insured whilst she was in attendance on a maternity case. Mr. Masterman replied that the Commissioners were advised that a midwife who undertook a case on her own account, without any understanding that she should work under a doctor, was not employed under contract of service. In these circumstances she need not be insured.

THE DECLINING BIRTH RATE.

The *Norddeutsche Allgemeine Zeitung*, discussing the question of the declining birth rate in Germany, points out that the problem is of a social and not of a physiological character, and expects that the inquiry which has been ordered by the Prussian Minister of the Interior into the causes of the evil will show the necessity of two classes of remedial measures—namely, economic and educational.

THE GLASGOW MATERNITY HOSPITAL.

The Corporation of Glasgow recently received a deputation, introduced by Councillor Dr. M'Connell, from the directors of the Glasgow Maternity and Women's Hospital for the purpose of hearing a statement of work carried on in the institution, and of the need for granting it financial assistance. Referring to the hospital as a training school, Principal Sir Donald Macalister, as reported by the *Glasgow Herald*, said: "He need not before the Council labour the point of the necessity of the hospital as a charity. The Council had again and again shown that it was alive to the importance of reducing infantile mortality in the interest of the city's good repute, and with the object of saving the lives and the health of those who in the future might become worthy citizens (and ratepayers) themselves. The maternity charity sought to aid the Council's efforts by checking infantile mortality and enfeeblement at the very beginning of life. It existed to diminish the awful waste of child-life and of mother-life that was inevitable in the crowded dwellings of the poor. And he claimed that in this it rendered a civic service that was worthy of civic encouragement and a civic subsidy. But there was another aspect of the hospital's activity on which he would lay no less stress. He referred to its function as a training-school for those who were hereafter to attend in their extremity the mothers, not of the poor only, but of all ranks and classes in the community. The equipment, the staff, and the opportunities offered at present by the Maternity Hospital were such that midwifery pupils, both men and women, paid £2,000 a year in fees in order that they might receive their technical training there. And there was no finer school for the purpose in this country. The reputation of Glasgow-trained practitioners and midwives stood high throughout the kingdom. If the Maternity had to be "shut down" by reason of the burden of debt, or of insufficient local support, Glasgow would lose the opportunity of securing the foremost place in Scotland as a technical training school in this branch of practice. The students must and would be trained: the professional authorities would see to that. But they would be trained elsewhere—in Dublin or in England—and their student loyalties (and their fees) would be transferred to the institutions out of Scotland which provided them with the instruction they required. It seemed to him that that result was one which Glasgow should not brook with indifference. They all wanted to raise not to lower the city's fame as an educational centre, and the city's claim on the loyalty of those who resorted to it to gain the training necessary for their life's work. They offered academic and technical instruction which was second to none. In medicine and surgery they were unsurpassed; but in the equally important branch of obstetrics their local provision was centred in the maternity training school, and that was now in danger of being taken away.

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EDITORIAL.

THE RESOLUTIONS OF THE CONGRESS.

During the meetings of the International Council and Congress of Nurses at Cologne, several important resolutions were discussed and carried. The two offered by the Executive were those passed on the first morning: (1) dealing with the State Registration of Trained Nurses, and calling upon those Governments which have so far denied this just demand of nurses to reverse their attitude of inaction; and (2) declaring the adhesion of the Council to the principle of woman suffrage. The third declared the complete and unshakable adherence of the Congress to the principle laid down by Florence Nightingale, that the head of every nursing staff must have full charge of the teaching and discipline of the staff; and the fourth declared that "Whereas with the advance made by scientists in the study and comprehension of the human mechanism, and with the new knowledge regarding the nature and effects of fatigue upon the human capacities by overstrain, Resolved, that we earnestly beg hospital authorities to give the same consideration to the problem of overwork among nurses that industrial leaders are giving to the question of overwork among workers in industry, in order that the present needless and grievous destruction of the health of nurses may cease."

It was further agreed to send the resolution to the Secretary of State for the Home Department in countries in which a National Council of Nurses is affiliated to the International Council.

A NURSES' INTERNATIONAL MEMORIAL.

In the fifth resolution the Congress requested the International Council of Nurses to stimulate enquiries into the social condition of nurses in the affiliated countries.

But the Congress will be chiefly memorable for the proposition made by Mrs. Bedford Fenwick at the Banquet, with which it concluded, that the nurses of the world should co-operate then and there to found an Educational Memorial to Florence Nightingale, a proposition warmly seconded by Miss Nutting, Director of the Department of Nursing and Health at Teachers College, Columbia University, New York, and supported by delegates of the various nationalities present. It is universally felt that the only International Memorial appropriate to so great a teacher is one which will emphasise her life's work as a teacher of sanitary science, of which nursing forms a part, and which would benefit the nurses of the world, and that it was fitting for such a Memorial to be established in England, the country where she lived and died, and where she has left her greatest memorial. This proposal the nurses of all nations assembled in Cologne agreed to further. The Executive Committee, when considering and endorsing the proposal, felt the desirability of a short statement which would briefly outline the nature of the scheme proposed, and Miss L. L. Dock, the indefatigable Hon. Secretary of the Council undertook to incorporate the scheme proposed in a leaflet, to be published in various languages, so that all nurses may become acquainted with it.

It is hoped that as the soldiers after the Crimean War voluntarily gave up a day's pay in order to subscribe to the nation's personal gift to Miss Nightingale, so the legions of nurses who owe her homage will be willing to subscribe a small definite sum to found a suitable Memorial to the genius of the founder of Professional Nursing. Several of the delegates at the Banquet spoke with definite assurance, that such subscription would be forthcoming in their respective countries.

THE INTERNATIONAL COUNCIL OF NURSES.

THE TRIENNIAL MEETING.

The historic Hall of the Gürzenich, in Cologne, was crowded to the walls on Monday, August 5th, with an audience composed of delegates and representative nurses from 23 countries, and the atmosphere was electric with enthusiasm when Sister Agnes Karll, the President of the International Council of Nurses, rose, amidst a tremendous ovation, to deliver her Address of Welcome. The President was supported on the platform by the Hon. President, Mrs. Bedford Fenwick, the Hon. Officers, Miss Doek and Miss Brey, several Councillors, and official delegates from Germany, Great Britain and Ireland, the United States of America, Canada, Denmark, Holland, India, and New Zealand.

Fraternal delegates were also present from South Africa, Australia, France, Austria-Hungary, Norway, Sweden, Belgium, Italy, Switzerland, Japan, and other countries.

THE ADDRESS OF WELCOME.

The President on rising to open the meeting was greeted with prolonged acclamation, and bowed her acknowledgment with evident feeling. Speaking first in German and then in English, she said: "I open from the chair the general meeting of the International Council of Nurses, and I thank you all—Germans and foreigners—that you have assembled here to unite with us in our deliberations, and I welcome you heartily in the name of the Fatherland and of the International Council of Nurses. It is a great joy to me that so many of you have come from so far, and I hope all our foreign guests will have a happy time in our wonderful city of Cologne on the Rhine, and that our German sisters will enjoy the week also. We shall welcome to-day into international membership the National Councils of India and New Zealand—a most happy enlargement of our circle."

GREETINGS.

Professor Dr. Franke then conveyed to the meeting the greetings of the Association of Teachers of Midwives, congratulating the Congress that it had chosen the ancient city of Cologne as its place of meeting. Cologne knew how to keep the freshness of youth. Last evening, he said, the Congress had been welcomed by the heads of the Government, and of the town, to the strains of music and a choir of lovely voices. Now it was the part of the medical profession to welcome it, and some of

its senior members were there to greet the members of the Congress and assure them that they had the best wishes of the medical profession in the city. Midwifery was one of the most important departments associated with nursing, in which the smallest mistake might have the most serious result, causing the death of both mother and child. He expressed his pleasure that the best educated women were taking up nursing and midwifery, and that they had a good professional position and had also attained a better position in society. The members of the medical profession knew that the best prescription was useless if trained nurses were not at the bedside to carry out their directions. The work of the trained nurse was animated by a spirit of love to her neighbour, and in this way she assisted the civilization of the nation and gained ideal victories for the Fatherland. In this way also she formed a support for the Government which did not fail in the day of emergency.

Dr. Franke concluded his address by saying: "You have come together for serious work, and we appreciate what you are doing for your profession, because we understand your aspirations and expect the best from you. We hope, therefore, for a blessing on this Congress in Cologne, so that in the power and success of its resolutions it may not be behind those that have preceded it, and we German doctors hope that where the nurses are not yet organized they may be strengthened and supported, and in this hope I welcome you."

Sister Karll, who thanked Dr. Franke for his kind words, said it was a real honour that he should speak in the name of the teachers of nurses and midwives.

Frau Bode-Engelhard then greeted the Council in the name of the Westphalian Women's Association, saying that it would follow with its best wishes the proceedings of the nurses who were gathered together from all lands to talk over professional matters.

Fraulein Busch, of Hanover, brought the best wishes of the Evangelical Association of German Women, and spoke of the sympathy which binds all women workers together. Her Association fully sympathized with the desire of the nurses that they should be well equipped for their work, and would always follow that work with interest.

Sister Agnes Karll, in her reply, said that the speaker knew the difficulties of nurses because she was a nurse herself.

Fraulein Rosa Kahnt, who spoke in the name of the German Association for Women's

Rights, said that its President, Frau Marie Stritt, very much regretted not being able to be present, and said that nurses were doing pioneer work for women's suffrage in obtaining equal rights for men and women, and reminded the audience that if they had equal rights they must realize their responsibility in assisting in the advance of civilization.

Frau Dr. Block spoke in the name of the Prussian Association for Women's Rights, and brought greetings from Frau Minna Cauer, saying that the success of the Congress was specially on her heart. She also expressed the sympathy of the Association for Promoting the Welfare of Mothers and Children.

Herr Georg Streiter, Superintendent of an Association of Male Nurses in Berlin, and speaking in their name, conveyed their greetings, and said that they hoped they might have the ability to use the lessons which they intended to gather from the Congress.

THE WATCHWORD.

The President then invited Mrs. Bedford Fenwick, the Founder of the International Council, to give the Watchword for the next triennial period. Mrs. Fenwick, who was accorded an enthusiastic reception, spoke on Aspiration—a speech reported in full in our last issue, and which was greeted with evident approbation. Upon leaving the rostrum, the President presented Mrs. Fenwick with a beautiful bouquet of roses.

TAKEN AS READ.

The minutes of the London meeting were taken as read. The reports of the Hon. Secretary and Hon. Treasurer were taken as read, Miss Breay announcing a balance in hand of £44.

RECOGNITION OF THE SERVICES OF THE PRESIDENT.

Mrs. Bedford Fenwick then said that when the International Council of Nurses met in London three years ago the unanimous choice of a President fell on Sister Agnes Karll. How happy that choice had been those attending the present Congress were beginning to realize. In addition to her international work Sister Karll had done, and was doing, a great work for German nurses, and it was largely owing to her that they had gained a measure of professional status, and English nurses, with their own strenuous fight for this object, were in deep sympathy with her aims.

Mrs. Fenwick said that one of the happiest moments in her life was when the Hon. Membership of the German Nurses' Association was conferred upon her. She had

now, as President of the National Council of Nurses of Great Britain and Ireland, the pleasure to invite Sister Karll to become its first Hon. Member.

In the name of the Council, the Hon. Secretary, Miss Beatrice Cutler, asked Sister Karll to accept a bouquet of beautiful pink carnations in token of its admiration for her work.

In expressing her warm thanks for the honour conferred upon her, Sister Karll said that she believed that Internationalism would do great things for the peace of the world, and in this work nurses would share.

The whole audience then rose and remained standing while the German National Anthem resounded through the Hall.

THE AFFILIATION OF NATIONAL COUNCILS. INDIA.

The President reported that the International Council of Nurses learnt with gratification that the National Association of Nurses of India had applied for affiliation. This was the first application of a National Association including Oriental nurses amongst its members, and it was therefore specially welcome. She proposed from the chair that the application be accepted.

This having been unanimously agreed, Miss Annie R. Creighton, Vice-President of the National Association of Nurses of India, said :

"MADAM PRESIDENT, AND FRIENDS.—In the name of the Trained Nurses of India I thank you for the very kind way in which you have welcomed us into affiliation with the International Council of Nurses. Few, I think, have any conception of the vastness of the Empire or realise that in the State of Bengal alone the population is greater than that in the whole of the United States of America, and that in the United Provinces is greater than that of Japan.

"It was in 1905 that a few nurses met in a place in Lucknow and founded the Association of Nursing Superintendents of India, and subsequently defined a course of training for natives extending over three years. A drawback in connection with the teaching of natives is that at present there are so few text books in the vernacular. A Central Board for the examination of nurses has now been established in Bombay, and in the Punjab, the United Provinces, and in South India there is also a Board of Nursing Examiners.

"The Trained Nurses' Association has now affiliated with the Superintendents' Association, and any nurse, whether English or Indian, who attains to the standard which it imposes is admitted to membership.

"I thank you all for the welcome you have extended to us and am sure that we shall find a tower of strength and a treasury of wisdom with you."

Mrs. W. H. Klosz, R.N., one of the delegates from India, read a letter from Miss C. R. Mill, Hon. Vice-President for India, describing the lines on which the organization of nurses in India had taken place, giving a brief account of the various branches of nursing work in the Empire and wishing the Congress and Exhibition every success.

The Association was then welcomed into membership to the strains of the British National Anthem, and the President presented to Miss Creighton a lovely sheaf of white lilies and introduced to the audience as the delegates present from India Miss Creighton and Mrs. Klosz.

NEW ZEALAND.

The President said that the Trained Nurses' Association of New Zealand had applied for affiliation, and it was with much pleasure that she proposed from the chair that the application be accepted. This having been unanimously approved, Miss Jeannie M. Sutherland, one of the delegates from New Zealand, said :

It is a great privilege and a great honour to be present at this International Congress of Nurses, and to have come such a distance to accept for my native country and for my training school what it specially deserves—affiliation with you. †

We New Zealanders are very proud of our country, and we New Zealand nurses are very proud of our profession and our training schools. Ours was the first country, I believe, to obtain legal status as a whole for its nurses. We have had State Registration for ten years now, as the Act was passed in 1901.

We who were trained before then had been urging it for some years, feeling that it would raise the standard of our profession, be a protection to us, and would gradually eliminate all the untrained or partially trained women from the nursing ranks and also abolish the unfit and unsuitable hospitals.

Legal status has raised the tone of our profession, and we are now on quite a different footing to what we were before the Act was passed. Individual nurses responded to a professional inspiration and gave their support to organisation through State Registration, with the result that we have now a thoroughly efficient professional nursing service, such as State Registration demands.

We have now in New Zealand four branches of the New Zealand Trained Nurses' Association, one in each centre, Auckland, Wellington, Christchurch and Dunedin. Each has a local Council with a president and vice-president. There is also a Central Council with representatives from each branch controlling the whole of New Zealand. We held our first Interprovincial Congress at Wellington in 1909; the second Triennial Meeting will be held at Dunedin in 1912, this year. It is to be held in a different centre each time, and

delegates sent from each Council. This is bringing all the centres into line and is doing away with provincial conservatism, and will help to bring the whole profession in New Zealand into friendly union.

There is now an established professional standard for the whole of New Zealand; before each centre was a law unto itself. We find that this friendly union has promoted mutual acquaintance and been of mutual help, and this self-government of nurses in our associations is helping to raise ever higher the standard of the nursing education, and of professional ethics, and of the public usefulness of the nurse. We hope for that full development of the human being and citizen in every nurse which shall best enable her to bring her professional knowledge and skill to the many-sided service that modern society demands of her.

Sister Karll presented Miss Sutherland with a beautiful bouquet of lilies, and introduced to the meeting as the New Zealand delegates Miss Sutherland, Miss Beswick, and Mrs. Holgate, and the New Zealand Association of Trained Nurses was welcomed into membership to the sound of the National Anthem.

HON. VICE-PRESIDENT FOR SWITZERLAND.

The President proposed that Sister Emmie Oser, of Zurich, should be appointed the Hon. Vice-President for Switzerland, and Mrs. Bedford Fenwick explained that the custom had been found advantageous to appoint a prominent member of the nursing profession in countries where the profession was not ripe for national organization, to interest the nurses in the work of the Council, in the hope of building up a national association of nurses.

Sister Emmie Oser was unanimously elected to the office of Hon. Vice-President in Switzerland, and in expressing her thanks for the honour, spoke as follows :

GREETING FROM SWITZERLAND.

In the name of the Swiss Council of Nurses, and as their delegate, I offer greeting and good wishes to the International Council of Nurses on the occasion of their meeting in Cologne. I wish to express my most heartfelt thanks for their choice, which I look upon as a great honour. I consider the acceptance of a delegate from Switzerland as a fresh proof of the open-hearted sympathy which has always been shown to us by all countries.

Our Swiss Council of Nurses was founded in November, 1910, in connection with the Swiss school of nursing and Women's Hospital in Zurich, and the Red Cross Nursing School in Berne, with the object of raising the profession and of economically furthering the independence of sick nursing, midwifery and nursing of children. It embraces at the present time four sections, viz., the Association of Nurses in Zurich, Berne, Nuremberg and

Basic, numbering as members, in all, 824 women and 39 men.

We stand in the midst of our work, and can already look back on much that has been successfully accomplished. If in doing that which lies nearest to us, we are trying to fulfil the tasks imposed on us by the conditions and needs of Switzerland, we look out, at the same time, upon the aims of the International Council of Nurses. We rejoice in its growth and in its results, and are grateful to it for its pioneer work and its manifold inspirations, which have benefited nurses everywhere.

SPEECH IN HONOUR OF THE DEAD.

The President said that in no period since the foundation of the Council had it suffered such heavy bereavement as during the last three years. It had lost through death in England Miss Isla Stewart, one of its foundation members, whose great services to the nursing profession needed no emphasis. In the United States of America Mrs. Hampton Robb, who had done such wonderful work as a pioneer, was killed by a most tragic accident in a few moments. In Ireland, Mrs. Kildare Treacy—who was one of the delegates nominated by the National Council of Trained Nurses of Great Britain and Ireland to that meeting—had passed away, after a short illness. In India, Miss J. W. Thorpe, who had done so much to organize nurses there, had been accidentally killed; and in France the Council had to record with sorrow the sudden death of Dr. Louis Lande, of Bordeaux, who had taken the greatest interest in the work of the International Council of Nurses, and had intimated his intention of attending the Cologne Congress.

"We shall never," said Sister Karll, "forget these true friends, but for ever cherish their memory in the International Council of Nurses."

During this period also the great founder of modern nursing, Florence Nightingale, had passed away.

The whole audience thereupon rose, and remained standing while Dr. Franke played on the organ a beautiful chorale from Bach's Passion Music, in which the plaintive melody, constantly recurring, was instinct with tender memories of the departed.

SELECTION OF NEXT MEETING PLACE.

Miss Dock reported that the Council had been invited by the far Western States of America to meet in San Francisco in 1915, and a cordial invitation was extended by the Californian Nurses' Association. The National Association of American Nurses had also been invited to

meet there at the same time, and she had the honour to place in the hands of the meeting the invitation of American nurses.

Sister Karll said that three of the meetings of the International Council had been held in Europe, but its interests were worldwide, and its meetings must be held in both hemispheres.

Mrs. Fenwick pointed out that British, American, and German nurses had founded the Council and made it a success, and it was high time that it had an American President. She moved that the gracious invitation of the Californian nurses be accepted.

Miss Dock said that they would not be able to provide a sumptuous background, but there were some things they would be able to show their visitors—i.e., State Registered Nurses voting for the election of the President of the United States!

The President announced by cablegram: "Greetings from Californian Nurses' Association. Welcome to California in 1915." In accepting the invitation a hearty vote of thanks for their courtesy was sent to the Californian Nurses.

THE PANAMA-PACIFIC UNIVERSAL EXPOSITION.

The following official invitation was also received:—

The President and Directors of the Panama-Pacific Universal Exposition, to be held in San Francisco in 1915, have the honour to extend to the International Congress of Nurses a cordial invitation to hold its 1915 meeting in San Francisco.

The City has been selected by Congress, with the approval of the President of the United States, as the official site for celebrating the uniting of the waters of the Pacific and the Atlantic through the Panama Canal, the greatest physical accomplishment achieved by man.

The Exposition will only attempt to show that which is most advanced in invention, most interesting in art, and of greatest scientific value, embracing all that is important in the material progress of the world; but it will be the aim of the Directors to make this rank in intellectual interest above all previous expositions, and to bring together so much of wisdom, so much of practical scientific thought, and so much of broad grasp of the world's important problems, that the progress of mankind shall be advanced by a quarter of a century.

To assist in achieving this aim, we invite your presence in the City of San Francisco, in the year, nineteen hundred and fifteen.

The invitation is signed by the President of the University of California, and other officers.

THE ELECTION OF OFFICERS.

It was announced that the Executive Committee had nominated Miss A. W. Goodrich,

of the United States, as President for the next triennial term, and Mrs. Fenwick moved that the nomination of the Executive be accepted.

Miss Anna Maxwell said that Miss Goodrich was one of their great leaders in nursing reform, and worked day and night to improve the education of nurses. She held an important appointment as Inspector of Training Schools in the State of New York. American nurses would be highly honoured by the appointment of Miss Goodrich as President.

The nomination was unanimously approved and a pleasant international courtesy took place when the President presented Miss Nutting with a bouquet of pure white roses, as the President-elect was not there to receive them, for which Miss Nutting returned thanks in her charming manner.

It was decided to cable to Miss Goodrich inviting her to accept the position of President, and before the Congress concluded its session Miss Goodrich cabled her acceptance and expressed her thanks for the honour conferred upon her.

Miss L. L. Dock was re-elected Hon. Secretary and Miss M. Breaux Hon. Treasurer.

HONORARY PRESIDENT.

Mrs. Bedford Fenwick announced that she had a very pleasant duty to perform, and she hoped the proposition she was about to make would commend itself to the delegates. It was in the power of the Council to offer to a retiring President of whose work it approved the position of Hon. President for life; she hoped they would now confer the honour upon Sister Karll. During the whole of her three years' term of office Sister Karll's work had been strenuous, generous, and self-sacrificing, and it would be well that it should be recognised. It was unanimously agreed to invite Sister Karll to become an Hon. President, and in a few appreciative words she accepted the honour.

THE RESOLUTIONS.

The Resolutions published last week were then considered—that in support of the Registration of Nurses was proposed by Miss Dock and seconded by Miss G. A. Rogers, and was warmly supported by Miss Mejan (Holland), Miss Lütken (Denmark), Miss L. L. Rogers (Canada), Miss Child (South Africa), and Mrs. Fenwick (Great Britain). It was passed unanimously and with enthusiasm.

Miss Dock proposed the resolution declaring adherence to the principle of Woman Suffrage, and it was seconded by Miss Nutting, who said she could not have a more congenial task—there

was a great group of American nurses behind her, who at their recent meeting in Chicago voted solidly for it. The German nurses needed to bring their influence to bear upon it. Florence Nightingale, Isla Stewart, Isabel Hampton Robb were ardent supporters of woman's suffrage, and the members of the International Council could not do better than follow their example. The resolution was carried unanimously.

The meeting, which had been most harmonious throughout and conducted with wonderful dispatch, then terminated, and the hundreds of members took luncheon together in hospitable little groups, reassembling at 2 p.m. for the afternoon session.

THE AFTERNOON SESSION.

Sister Karll again presided at the afternoon session, when the report of the International Committee on Nursing Education was presented by Miss Verwey Mejan, of Holland, in the absence through illness of the Hon. Secretary, Miss van Lanschot Hubrecht.

REPORT ON PRELIMINARY EDUCATION.

The Report gave a short statement as to the foundation of the Committee, during the meeting of the International Council in London, in 1909, the late Mrs. Hampton Robb being appointed Chairman, and Miss Van Lanschot Hubrecht (Hon. Secretary). The Report stated that, in co-operation with Sister Agnes Karll and Miss Dock, the following questions, concerning the preliminary training of nurses, were drawn up and circulated to the affiliated councils:—

(1) Is any preliminary training for nurses given in your country? (2) Is it given in the hospital (nurse training school), or outside in some other institution or institutions? (3) Do the pupils of the preliminary course live in the hospital (training school)? (4) How long does the preliminary training last? (5) What are the subjects taught? (6) Do the pupils pay for the preliminary course of training? (7) What are the qualifications required for admission?

The information obtained, as a result of this enquiry, was incorporated in a pamphlet circulated to the delegates of the various countries concerned.

Miss Hubrecht made clear in her report that what is meant by preliminary training is not the education a probationer may have enjoyed before entering the hospital, but an organised and specially supervised probation period after she has entered it, during which period she is prepared, to a certain extent, to approach the sick, and begin her practical services to them, without showing that awkwardness which comes from new surroundings and unfamiliar duties.

Further, that in no other profession or handicraft is the novice ever allowed to practise upon

the most precious material; but is given material of little or no value. A nurse has only one kind of material she can practise upon; and this is, at the same time, the most precious material upon earth—the human body and the human soul. Every precaution should, therefore, be taken to prevent needless suffering to the patients in the hospitals, through the ignorance of the probationer. A preliminary training of some months, under the guidance of qualified teachers, will greatly assist toward removing this difficulty.

Miss Hubrecht stated that the time given to the preliminary training varies greatly from two or three weeks to six months, and the amount of theoretical study also varies considerably. There is general agreement, however, that the pupils shall be taught outside the wards, practising upon each other how to handle, bathe, attend, and care for a sick person.

CONCLUSIONS.

As a result of the inquiry, Miss Hubrecht suggested the following conclusions for adoption:—

1. Preliminary training is desirable and is recommended, as it gives probationers a uniform preparation for their work by the bedside.
2. Two to six weeks we regard as too short a time in which to give much theoretical instruction, even in an elementary form, with preliminary training, and we suggest that only the elements of practical nursing, the principles of hygiene and sanitation and sick cookery can be satisfactorily taught in so short a time.
3. Theory should not be limited solely to the preliminary training which is meant first of all to prepare the hands and the special senses of the pupil. Theoretical instruction in a simple form should accompany the practical work throughout the entire two or three years' course.
4. If it is desirable to limit theoretical teaching in anatomy, physiology, drugs and their actions, simple chemistry, bacteriology and hygiene as closely as possible to a preliminary period of time, such a period should be from three to six months long, and during this period the pupil might spend a part of every day in the wards.
5. State Registration will help to form public standards and so make it easier for us to arrive at preparatory study for nurse-teachers, graded work in training schools, and uniform preparation of probationers.
6. The cost to hospitals of a good preliminary course is so considerable as to prevent its organisation in many instances, and it would be desirable that such courses should be carried on by some special school in co-operation with several hospitals.

In the discussion which followed Miss Nutting, Mrs. Bedford Fenwick and Miss H. L. Pearse took part. Miss Nutting pointed out that a preliminary course of organised theoretical training was the first effort to bring nursing education into touch with an academic course. The report just presented was a most important consensus of opinion, and record of successful work. Those

schools which had adopted preliminary courses were most enthusiastic as to their usefulness. The definite acceptance of courses of preliminary theoretical training could be regarded as a small measure of progress. We had found out, however, that five or six weeks, even three or four months was too short a period for preliminary training. Science and principles could not be taught in that time, and we must accept an extension of the time devoted to theory. A nurse who had to handle human life could not get on without a knowledge of chemistry and bacteriology, and this could not be acquired in the course of the two lectures which were all some training schools devoted to these subjects. Nurses were doing better work to-day than any other body of workers, but discipline was needed, more especially the discipline of the mind. There was sometimes a tendency to cut short the theoretical and introduce practical work into the preliminary course. The hospital should be kept from working the preliminary pupil, who should not be pushed into theoretical work, and have hospital work required of her also.

Mrs. Bedford Fenwick said that with the up-rising of medicine the field of the nurse had extended. She was no longer a ward hack, and the curriculum of her training must be founded on the same basis as that of medicine. All the progress made by medicine had been based on scientific principles. Nurses now must be trained to meet the requirements of the Medical Officer of Health. The maternity nurse working in connection with maternity clinics, needs to know how the diet of the mother before and after the birth of her child is to be regulated, district nursing, school nursing. Government departments all make special demands upon nurses, but the training they receive was designed to meet the needs of nurses a quarter of a century ago. New curricula of training were required; they should be extended to fit nurses for branches of social nursing. The course should be designed, not only for ward workers, but to qualify nurses for every branch of nursing in the social sphere.

Miss H. L. Pearse endorsed this view, and said that there were now a number of new branches of social service into which nurses were expected to go fully equipped. Work done in the schools made demands upon the social knowledge, judgment, and clerical ability of nurses; and fully trained nurses, taking up school work, had to be carefully instructed after their appointment.

On the proposition of Miss Maxwell, seconded by Miss Snively, the Report was adopted, and Miss Nutting accepted the position of Chairman of the International Committee on Nursing Education.

ORGANISATION AND STATE REGISTRATION.

The remainder of the afternoon was devoted to receiving the reports from various countries on Organisation and Registration.

GREAT BRITAIN AND IRELAND.

The report of the Society for the State Registration of Trained Nurses was presented by Miss Christina Forrest, who showed that at present nursing in the United Kingdom is unorganised, and that at present the public have no State guarantee that the nurses they employ have been tested and found efficient, and that trained, semi-trained, and untrained compete together for employment on the same footing, leaving the public to discriminate as to their qualifications, of which they cannot be expert judges.

She referred to the co-operation of medical and nursing societies, under the chairmanship of Lord Amthill, in the Central Committee for Registration, and briefly outlined the present position and the work which had been accomplished in regard to State Registration, since the last triennial meeting of the International Council of Nurses.

UNITED STATES OF AMERICA.

The report from the United States was prepared by a committee of the American Nurses Association, but Miss Dock proposed that as the American facts were so thoroughly well-known, the report should be taken as read, and this was agreed.

GERMANY.

The German report was presented by Sister Emma Ampt. It expressed regret that the three years' curriculum of training already enforced in other Anglo-Saxon countries had not yet been adopted in Germany; the one year's compulsory training was a great step forward, but unfortunately, it was only partially in force, Bavaria, Baden, Oldenburg and Mecklenburg not having joined the movement. Formerly, after a theoretical training of six weeks, a candidate could present herself to the public as a medically certificated nurse. Now she must pass a State examination after not less than one year's training, and a training school for nurses must obtain a State license; but it was regrettable that the State was content with the assurance of theoretical instruction, and neglected to insist upon what was so urgently necessary, the training of nurses under a competent professional woman.

Although the State does not indicate any intention of prolonging the term of training, it is possible, as the one year is compulsory, for hospitals to prolong the period of training to two or three years, and so secure a solid basis on which to found the profession securely.

NEW ZEALAND.

The Report for New Zealand, which was prepared by Miss Hester Maclean, and read by Miss Sutherland, stated that it was now over ten years since the Nurses' Registration Act came into force in the Dominion, and its effect upon the nurses trained in the various hospitals had had ample time to manifest itself.

State Registration affords to the nurse what she might otherwise not have had, a point at which to

aim, and gives to her teachers a standard which they must do their best to give her a chance to reach.

Without it, and without the test of the teaching given by a uniform examination, set by an independent authority, such as the State, there would be no guarantee whatever that a nurse had any but the most elementary knowledge of the work.

For the public registration is a protection. It is the people's own fault if they confide themselves, or those dear to them, to the care of unqualified persons. It is quite easy for them to ascertain whether a woman calling herself a nurse has any right to so call herself, and people begin to recognise the advisability of making enquiries.

Thoughtful women of education, in choosing a career for the future, will be more likely to allow their choice to follow inclination, and adopt a nurse's work when that has also legal recognition, when otherwise perhaps that of the doctor would have been the one chosen, because of its professional promise. The great benefit of registration is the differentiation of the qualified from the unqualified.

JAPAN.

Miss Take Hagiwara, speaking in Japanese, said that in her country nurses were not so far organised in professional societies; it had not been the national custom. They had, however, a highly organised Red Cross Society, through which the care of the sick and wounded was maintained at a high standard. She hoped to learn much during the sessions of the Congress.

HUNGARY.

Sister Kadar Ildiko of Budapest reported that until lately nursing had been principally in the hands of nuns, hospitals and clinics having been supplied with nurses through the religious orders. Lately the supply not having been equal to the demand, public opinion had been directed in favour of the employment of secular nurses. Up to five years ago these nurses were all supplied by the Red Cross Society, or taken from a certain class of untrained and uneducated women. The first Hungarian school for nurses formed on the German system met with no success. As the hospital had only ten beds, instruction was gained in the course of daily visits to neighbouring hospitals and clinics—an interesting but unpractical method. It was then decided to send Hungarian Sisters to the Moabit Hospital, Berlin, for a certain period of instruction. To this the present success was due. Not only was the Gondvisele's hospital now too small for its needs, but secular nursing was regarded from quite a different standpoint.

BELGIUM.

A number of reports were presented from Belgium. The first by Mme. La Comtesse Jean de Merode, who said that a system of examination for nurses was now in force in that country.

Dr. Maurice Peremans, representing the city of Antwerp, said that at each of the preceding International Congresses Belgium had been repre-

sented, and during the last few years the progress made in that country had been notable. Too much importance must not be attached to the system of State Registration created by a Royal decree as it exists in that country, as no guarantee of practical work was required.

He considered that a training school for nurses should be connected with a hospital of not less than 40 beds under the authority of a medical superintendent; a matron should control the discipline of the nurses, theoretical instruction should be given by the doctors giving the practical instruction, pupils should have a general instruction corresponding to the middle studies in Belgium, three years' practical training should be required, the moral and material conditions under which the nurses live should be good.

Dr. G. Marcelle said that the *Conseil des Hospices* in Brussels well understood that the instruction of the nurse must follow therapeutic methods, and it conceived the idea of creating a technical school for nurses. In 1902 an attempt was made to give instruction in nursing to a certain number of women of the domestic classes remarkable for their intelligence, good conduct and devotion. But, unfortunately, owing to the insufficiency of their previous education, the efforts of the most painstaking instructors were in vain, and it became evident that only a school founded on lines similar to those in foreign countries could be effective. In 1907, therefore, the Council modified its programme and created a nursing school, giving a three years' course.

Dr. Marcelle concluded his paper with an expression of gratitude to those foreign associations of nurses which had indicated the way which they should follow, and thus enabled them to avoid numerous difficulties.

Dr. Depage, Professor of the Clique at the Hospital of St. Pierre, said that before 1907 nursing was practically non-existent in Belgium; the nuns were the only nurses, and, although sincerely devoted to their patients, they were governed by old ideas, and knew nothing of the progress initiated by Miss Florence Nightingale. The *Ecole Belge d'Infirmières Diplômées* was therefore founded under an English Matron, Miss Cavell, where the term of training is for three years.

The President then closed the session, and the members hastened to avail themselves of the courteous invitation of the Municipality to a Fête in the Flora.

THE SOCIAL SIDE.

THE FÊTE AT THE FLORA.

The Open-air Fête given by the Municipality of Cologne in the Floral Town Gardens, "to honour the members of the Congress," was one of the most charming receptions during the week. Tea was laid for the guests in the central glass-house, where palms grew in tropical profusion, on rose decorated tables, and all kinds of national dainties were hospitably pressed upon the guests.

Tea over (although throughout the afternoon

trays laden with delicacies were brought round at intervals), Herr Bürgermeister Laué gave those present a heartfelt welcome in the name of the City of Cologne. "You," he said, "who have come from all countries to discuss your work for the good of the world, I welcome in this garden of flowers and blossoms. We are bound by a ribbon of brotherly love, and without considering nationality or religion, we bow the knee to one God. Once more we greet you in our city on the Rhine. May our town never be forgotten by you."

Sister Agnes Karll, in warmly thanking the Bürgermeister and Town Council for their hospitality in the name of the International Council of Nurses, assured him that the town of Cologne and its citizens would always be remembered with gratitude and affection by those present.

The members of the Congress then availed themselves of the opportunity to listen to the beautiful music, to see the exquisite gardens, ablaze with flowers, or to wander further on velvet lawns and rest under the shade of the lovely trees for which the gardens are noted.

THE BANQUET.

The Banquet held in the splendid gold and white ball-room of the Hôtel Disch on the evening of August 7th was a most brilliant social event, and will never be forgotten by those privileged to be present. Never before had a banquet organized by women been held in Cologne—but certainly it will not be the last. Over 350 guests assembled, and when Sister Agnes Karll took her seat at the high table—supported by the officers and delegates of the International Council and members of the Hospitality Committee—she looked upon a most bright and joyous scene. The gold and white decorations of the beautiful room—the tables laden with exquisite pink roses, the window ledges bright with bouquets presented to her by representatives of the National Councils—the gay company and enlivening strains of music—all combined to produce just the tone of colour and sound, inspiring in the highest degree.

In Germany it is the custom to make speeches between the courses—and, rising early in the evening, Dr. Ruhsack said that the opinion was sometimes expressed that in the Rhineland the modern woman was not appreciated, but the contrary was the fact. In Rhineland women had done serious work for their sex, which he attributed partly to the proximity of the University of Bonn, which attracted women students. Women with an aim in life knew how to claim their independence, to which everyone had a right. Dr. Ruhsack concluded by a reference to the debt of gratitude owed by the International Council of Nurses to its Presidents.

The next speaker was Dr. Hecker who won for himself so warm a regard from Congress members during the week, who said that in war victories were formerly won by individual courage, now they were won by generalship. He congratulated the Council upon its generals. The Congress

Badge presented to him by Sister Agnes Karll won, he said, given him more pleasure than medals won in battle. He took it to mean that he now belonged to the nurses, and honour as well as duty compelled him for the future to fight in the good cause. He concluded by offering a toast to "the generals."

Dr. Paul Jacobsohn said if all the nurses were like those present he thought there would be very little illness. He expressed his good wishes for an entente cordiale, first between doctors and nurses, and secondly between nurses themselves.

Sister Agnes Karll, referring to the acceptance of the Presidency of the Council by Miss A. W. Goodrich, asked the American delegates to convey to her the pleasure which her decision had given to the Council. She also expressed her thanks to all those who had come so far to attend the Congress, and read the list of the twenty-three nationalities included in its members, all of whom she hoped to meet in San Francisco in three years time. She also warmly thanked the City of Cologne and the women of Cologne for all they had done for the success of the Congress.

Mrs. Bedford Fenwick expressed her pleasure at the great success of the Congress, and in thanking the President for her work, not only for the German Nurses' Association, but for the nurses of the world, offered for her acceptance, on behalf of the British nurses present, including those of Canada, India, New Zealand and South Africa, a beautiful bouquet of pink roses. She also, on their behalf, expressed gratitude to the ladies and gentlemen of Cologne for the splendid reception accorded to the members of the Congress.

THE FLORENCE NIGHTINGALE MEMORIAL.

Mrs. Fenwick went on to say that all the splendid vitality characterising the members of the Congress must not be allowed to evaporate, but should be utilised for some practical purpose, and after consultation with Miss Nutting and others, she had the honour now to propose that at the Cologne Congress steps should be taken to institute an appropriate memorial to Miss Florence Nightingale. Miss Nightingale was above all nationality, and belonged to every age and every country. She was endowed with the genius to realise that nursing must follow scientific medicine as its handmaid.

To fulfil this great mission aright, those who practised it must be adequately equipped; and her proposition was that the nurses of the world should co-operate to found an educational memorial, in memory of Miss Nightingale, which would benefit the nurses of the world. It was peculiarly appropriate that the proposition, which she hoped would commend itself to those present, should be made at Cologne, near to Kaiserswerth, where Florence Nightingale came to learn the fundamental principles of the art which she afterwards practised and taught for the benefit of humanity.

Sister Karll, in thanking Mrs. Fenwick for her kind personal words, expressed on behalf of German nurses high approval of the proposal made by her.

Miss M. A. Nutting said that she had no hesitation in answering for American nurses—not any. No one for a day could withhold their support to a proposition for the endowment of an educational memorial in her honour—a real memorial to Florence Nightingale could take no other form; and it should be founded in the country where Florence Nightingale lived her life, and where she left her greatest memorial.

Miss M. A. Snively, as one of the founders of the International Council of Nurses, and a past president of the National Association of Nurses in Canada, expressed her complete sympathy with the proposition. She believed that a memorial, educational in its nature, was one which Miss Nightingale would approve. "Pioneers pass, but leave behind them a world transformed out of the resemblance to that on which they opened their eyes."

Miss Mejan, a Dutch delegate, also spoke; and Miss Lütken, of Denmark, expressed the thanks of Danish nurses for their "perfect reception."

Miss Creighton, after thanking the Council for the reception accorded to the Indian delegates, said, on behalf of the nurses of India, that she was sure they would heartily co-operate in the proposal just made by Mrs. Bedford Fenwick.

Miss Sutherland (New Zealand) also supported the proposed memorial, and said she would go back to New Zealand inspired with the spirit of internationalism. New Zealand nurses were not behind others in helping a good object.

Miss Take Hagiwara, of Japan, addressing Sister Agnes Karll, then said: "Our soul and our spirit have been refreshed by the unhymanic source of knowledge which draws us on by a magic bond far to the Star of Hope. I hardly know if I can find words or poetry that can suffice to thank our President, Sister Agnes Karll. To-day, dear Sister, we are striving towards the same goal with united hearts, and may trees with sweet-scented blossoms be covered later with the noblest of fruits." Miss Hagiwara then presented Sister Karll with a laurel wreath tied with red and white ribbons, inscribed in gold.

Miss Wakakami, another Japanese delegate, said: "It will be a never-to-be-forgotten picture of my heart that, as delegate of the Mitsui Sister of Mercy Hospital, with those of the Red Cross, I was able to take part in this most interesting and instructive Congress, which closes with this splendid banquet. For all the kindness and attention of my honoured sisters, which will be stored up as treasures in my mind, I should like to express my warmest thanks. I shall share these treasures with my sisters of Japan, when I go back; and so further our cause in my own country."

M. André Mesureur, *Chef du Service du Directeur de l'Assistance Publique, Paris*, briefly and gracefully returned thanks on behalf of the French representatives for the courtesy extended to them. M. Mesureur attended both the Paris and the London Congresses.

The Countess van den Steen, speaking in the name of Countess de Mérode and Dr. van Swieten, who had returned home, returned thanks for the delightful reception accorded to the members of the St. Camille School, delegated by the Belgian Government. "We rejoice," she said, "in being so completely in contact with our German friends, as three years ago with our English ones. We tend towards the same aims, the same ideals—the healing of the body, and the healing of the soul. Hand in hand, we shall go forward along the hard but comforting path in which Sister Agnes Karll leads us."

Signorina Nerina Gighucci, after expressing the thanks of the three Italian members of the Congress for their kind reception, said they were deeply sensible of the honour of being the first of their countrywomen to assist at one of the Congresses of the International Council of Nurses, and said her aspiration was that at a not too distant date her countrywomen might be able to welcome the Council in one of the great historic halls in which Italy is so rich. She could wish it to be Florence, because there Florence Nightingale first saw the light of day, and the city had the honour to give her its name.

In proposing a toast of our hostesses, and the International Council of Nurses, Signorina Gighucci substituted the Italian "Evviva" for the German "Hoch."

Sister Emma Lindhagen said that nurses in Norway were not organised as they should be, but they had now begun to think about this and were going home to work for it.

Miss Dock, who claimed that she had discovered Sister Agnes Karll, said that she could not help being thorough; it was a characteristic of the nation to which she belonged. In her own inimitable way Miss Dock then described her experience in being summoned before a magistrate in Berlin because her age supplied at the request of the police did not correspond with that given on a visit five years previously.

An amusing episode during the evening was the reception of a telegram of congratulations "from your Sisters in the Zoological Gardens," who, however, were members of the Congress supping together there.

Sister Karll, in the course of the evening, read the following letter from the Hon. Albinia Brodrick:

"It is with deep disappointment that I realize the impossibility of being amongst you all at Cologne and renewing the affectionate bonds of comradeship which have been so effectually formed between us at our earlier Congresses.

"I send you my love and my greetings.

"May this Congress help you, and through you the whole world, to realize more deeply the magnificent possibilities of our profession, and

strengthen you to carry on, in that broad-minded spirit of love which alone can ennoble it, that work for God and for humanity which humbly and hopefully we have ventured upon.

"My thoughts will constantly be with you during these coming days and perhaps some of you, too, may spare a thought sometimes to those of us whom duty holds fast.

"We, the nurses of the world, are making the history of the world. Ours is the contribution of healing, the saving of lives, to do, some great works, some lesser ones, but all do take some part in the history of their nation. Great is the trust reposed in us, great the responsibility upon us. But great also the certainty of our reward. When or where we may meet it we cannot tell—only this we know, that, silently, imperceptibly, we are forging, link by link, a mighty chain which shall some day girdle the world, and bind it in the bonds of an Universal Peace.

"There is the certain garden of our toil."

We have verbally recorded the speeches made on this never-to-be-forgotten evening, but to capture and describe in words the gaiety, the good fellowship, the friendliness with which it was characterised, from first to last, is a task almost impossible of accomplishment. As the "hochs" resounded through the hall, and glass touched glass, few words were needed to cement friendship and good feeling between those who a short week ago had been strangers to one another. Those who were present can never forget the inspiration of the occasion.



THE GERMAN HOSPITAL WORLD.

A GARDEN HOSPITAL.

During the Congress week, hospitals and similar institutions in and near Cologne were liberally thrown open for the inspection of members—an educative privilege, of which hundreds wisely availed themselves.

THE LINDENBURG MUNICIPAL HOSPITAL.

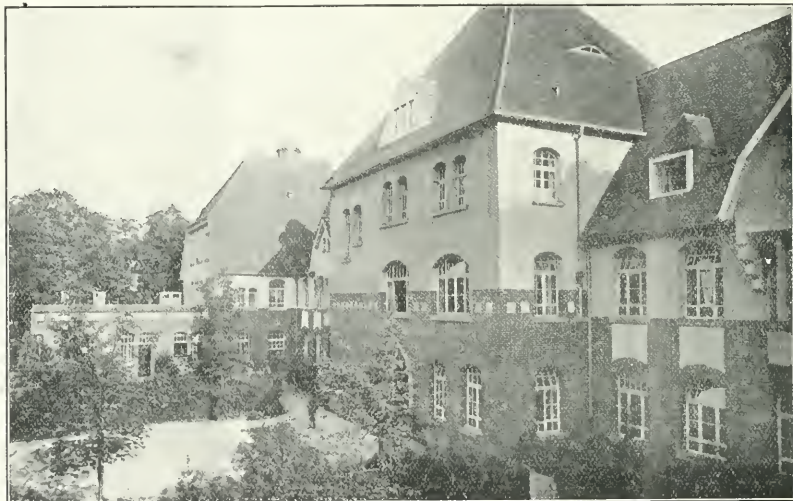
On Tuesday, August 6th, the magnificent Lindenburg Municipal Hospital received 300 guests; and so excellent were the arrangements that, divided into four parties, they were conducted through every department by medical officers, many of whom spoke English, greatly to the relief of foreigners. The Lindenburg Hospital is situated on the confines of what may be termed New Cologne—a ring of beautiful mansions, splendid streets and boulevards, stretching in semi-circle around the old city, far out into the country; and erected on a modern and sanitary system. The wise German plan in modern cities is to acquire a vast tract of land, and thereon plant out and erect a fine municipal hospital, built on the detached pavilion plan—surrounded by gardens—where every class of disease can be easily isolated and specially treated. The members of the

Congress were welcomed by the Medical Director, who, in a short speech, explained the construction and scope of the hospital, which contains 1,200 beds—by the help of a map. The guides then gathered together their flocks, and passing through a long strip of garden, exquisitely laid out—the rose gardens being specially lovely—and where patients were taking the air in comfortable wheel-chairs—department after department was visited in turn, beginning with a very elaborate bath-house.

One of the departments which aroused the greatest interest and admiration was that in which a number of models showing the ravages of such

Some examples of the ulcers caused by X-ray burns were a practical lesson in the care which is necessary in dealing with potent forces. The treatment of lupus and ulcers by Finsen lamps was in progress in another room, the rays being applied by the Sisters.

The nursing of the Lindenburg is done by Sisters of the Augustinian Order, who, in spite of their long hours on duty, looked most sweet, fresh and serene, in the wards with the sick—with fractions children and in the kitchen—where we were told the food was a very special care—and, indeed, it was easy to believe—to judge from the soups, golden fried potatoes—the cakes, pancakes, and



LIDENBURG MUNICIPAL HOSPITAL, PSYCHIATRISCHE KLINIK.

diseases as syphilis, lupus and diphtheria were on view. The modelling of heads, throats and limbs was most accurate and the colouring life-like, while the rashes were depicted with a fidelity to the original which could only have been achieved by one who had modelled them from the life, and who possessed a high degree of anatomical knowledge and technical skill. We learnt with pleasure that these models with the work of one of the nurses, a member of the nursing staff, who had had special instruction in the subject.

We feel sure that if judiciously used for the instruction of young men and young women as to the dangers and consequences of vice, they would prove the best possible incentive to purity of life.

other dainties—all simmering, sizzling and baking in careful charge of the Sisters.

Pupils are taken for one year's training, this term qualifying for registration in Germany—and we learned the work was by no means exhausting. All the pavilions we entered were very clean and tidy—beds and cots a bit too close for our taste, and windows were closed when in some instances a fresh stream of pure air might have been advantageous. We learned that the gardens were often in use—every patient possible spending much time in them—the patients in each pavilion being kept to their own surroundings. This is, of course, necessary for the protection of all—where those suffering from so many different ailments are admitted.

THE PILGRIMAGE TO KAISERSWERTH.

"Du bist die Liebe, lass mich Liebe werden."

When it was first proposed that the International Council of Nurses should meet in Cologne in 1912, a very tempting item in the programme was the suggestion of a visit to the Deaconess Mother House at Kaiserswerth on the Rhine. The word Kaiserswerth means so much to the nurses of the whole world, for it was here that our own great pioneers—Elizabeth Fry, Florence Nightingale and Agnes Jones—came for practical instruction and inspiration upwards of sixty years ago. To make a pilgrimage to Kaiserswerth has long been the ambition of many of our younger nurses, and on Thursday, August 8th, upwards of 300 nurses of twenty-three nationalities took steamer from

werth. A perfectly lovely woman, physically and morally; that we gather, assuredly, from the fine pencil drawing taken after death, which we found in the little Garden House Sanctuary (the Gartenhäuschen), and with which we have become familiar in the History of Nursing. For many years we had longed to stand by her grave. She was only forty-two when, after almost superhuman labours, she was laid to rest just sixty years ago. Iron railing protects the little patch of earth where under the stone, with its well-known symbols of dove, olive branch, and star, all that is mortal of this wonderful woman is hidden away, and on which is inscribed the text, "Come ye blessed of my Father, inherit the Kingdom prepared for you from the foundation of the world." From Cologne a splendid wreath of laurels, tied with purple ribbon, had been care-



FLORENCE NIGHTINGALE'S ROOM (WINDOW THIRD FROM TOP, CORNER BLOCK).

Cologne and, in spite of dull weather, enjoyed a vast amount of happy converse and an excellent dinner on board, coming presently to the little old town of Kaiserswerth, where, in a downpour of rain, which had no power to damp spirits, they were met by the kind Pastor von Velsen, and conducted through picturesque streets of gabled houses, where gaily-painted shutters and boxes filled with brilliant flowers presented a charming exterior.

To reach the Mother House one passed through the peaceful cemetery, and here those who know the true inwardness of the history of this romance of nursing first waited by the grave, alone and just inside the gate, of Friedrike Fliedner, the first wife of Pastor Theodor Fliedner, to whom must be given due recognition for the creative genius, and marvellous and spirited energy which found practical expression in the foundation of the first hospital and Mother House at Kaisers-

werth, and this was reverently placed on the grave, a gift from the National Council of Nurses of Great Britain and Ireland, with love and admiration from all the British nurses gathered there, by Miss Elma Smith, who had represented Elizabeth Fry in the Triumph of Hygeia in the Pageant. The rain pattered down, the beautiful green leaves but shone the more, the ribbon took on a deeper and more royal purple; those who lingered there realised a beneficent calm, a moment of profound peace, and then passed on, with a beautiful memory the more.

In this cemetery it is to be found the grave of Pastor Fliedner, and by his side that of the second wife—kind Karoline—who died at the age of 82, and of Gertrud Reichardt, the first deaconess, and rows and rows of little stones record the names of the sisters who have toiled and died at Kaiserswerth.

Two things more we came to see, and these were shown to us. First the little corner room, with its two windows, occupied by Florence Nightingale during her visits to the Home, now the school for teachers.

First we looked up at the flower-decked windows, draped for this happy day with the English colours, and then we were permitted to ascend the little staircase and pass into the simple little room, where one looks out over lovely flower gardens and meadows to where the Rhine flows swiftly, an artery of never-ceasing traffic, carrying its rich freight to and from the south. Just here at this very window no doubt Florence Nightingale sat and saw clearly, with prophetic vision, the coming of the modern nurse, trained and taught upon the logical principles which stand as firmly to-day as when she laid them down fifty years ago.

The Sister in charge of this department, Sister Julie Borges, was quite a revelation—so bright and up-to-date in thought and manner—and deeply interested in all that concerned Florence Nightingale. Indeed, later—when we had been hospitably entertained with cakes and coffee—she was invited, and consented, to address us on her personal relations with Miss Nightingale. She told how she came to London, and could find no one who knew her address!—[If she had only known of our International Office]—and how she at last found her in her house in South Street. After refreshment, she was admitted to the large room—where she found Miss Nightingale in bed—behind a black and silver screen, placid and beautiful, wearing a lace scarf over her head; and, after delivering her greeting from Kaiserswerth, Miss Nightingale told her she should never forget the kindness she had received there. When told she was called "The Queen of Nurses," she gave a little smile, but turned from the subject, and asked her to join

in prayer. At parting, she sent flowers to Frau Disselhoff, whose greetings had been brought to her. In conclusion, Sister Julie said: "God removes His workmen, but He carries on His work; and that you are all assembled here to-day is a sign to me that the good work of Florence Nightingale goes on."

We also paid a visit to the historic little Garden House—the Cradle of Kaiserswerth institutions, where the joyous Friedrike "destined to become the mother of the revived apostolic order of deaconesses, and the immediate ancestress of modern nursing," began her

wonderful work as the first House Mother. Here she admitted the young convict Minna, "who did her more good than iron and quinine"; cared for children, and received her two first probationers; and here she planned out relief for the sick.

The Garden House is now used as a shrine for the marble bust of Pastor Fliedner—and on its walls hangs the exquisite drawing of the dead Friedrike; and pictures also of the second wife, Karoline—a sacred little spot!

Each group of nurses visited the various institutions at Kaiserswerth—in charge of a pastor or sister. We fortunately fell to the charge of a very charming and intelligent deaconess, Sister



SISTER LOUISA AND HER SISTERS.

Louisa; and imagine with what pleasure it became known that she was the grand-daughter of Pastor and Friedrike Fliedner! As she spoke English fluently, she made a delightful cicerone; and explained lucidly the various branches of work—housed in 24 different buildings; The School for Domestic Training of Young Girls; the Penitentiary; the School for Teachers; the Hospital for the Sick; the beautiful Mother House; the School for Deaconesses; the Farm; and many other departments. Then we begged for her photograph, and received the charming group reproduced, Sister Louisa on the right, and her sisters—three grand-children of Friedrike and Pastor

Fliedner; one, the grand-child of Karoline. At six o'clock we said good-bye to all our kind friends, after a most memorable and delightful day; and got a peep from the electric car of the splendid modern German city of Dusseldorf— from whence we took train to Cologne.

E. G. F.

IMPRESSIONS OF THE CONGRESS.

My impressions of the Congress? They have crowded thick and fast upon each other during this wonderful week, in which we have been so royally welcomed and entertained with such generous and genuine hospitality. In common with everyone present, I was much impressed with the singular charm and interest of the opening festivities, and especially with the solemn beauty of the music as it floated down to us from the upper galleries of the ancient Gürzenich. It was impressive indeed to see that great audience of hundreds of nurses gathered together from so many different and far distant countries and to note the steady intense interest with which they listened to the proceedings. I was struck with the high character of the papers and addresses, of the great value of the reports from different countries, and of course with the notable contribution made by Dr. Hecker.

Again and again was I reminded of the debt we all owe that remarkable group of women who, as leaders, have done so much educationally and professionally, for nursing, Mrs. Bedford Fenwick, Isabel Robb, Isla Stewart, Lavinia Dock, Agnes Karll and others. How clear their vision, how courageous and untiring their efforts!

I was deeply impressed with the number of fine, strong, resolute women among the German nurses, and with the evidences of progress which they are making. As one looked at these splendid women one felt that such reforms and advances as are needed could not possibly long be denied them.

Perhaps the strongest impression was that made in seeing our sisters from Japan in their places day after day, and in being able to turn to other sisters, perhaps from India on the one hand and from South Africa or New Zealand on the other, and in realising how surely the barriers of race, language, creed and custom are falling down before the welding power of our common work, our common purpose, our common faith. It is a good day for the health of the world when nurses gather together from the ends of the earth in such numbers and in such a spirit.

Our Congress is over, the doors have closed, the voices have ceased, but the spirit remains, our precious and permanent possession, and through it every one of us is made stronger for her task.

ADELAIDE NUTTING.

OUR PRIZE COMPETITION.

ENUMERATE THE PRINCIPAL PHYSICAL, MENTAL, AND MORAL QUALIFICATIONS REQUISITE IN A TRAINED NURSE.

We have pleasure in awarding the prize for the best paper on the above subject to Miss Ména M. G. Bielby, Hounslow, for her paper on the above subject.

PRIZE PAPER.

"Hitch your wagon to a star," said a wise man, and in the matter of the choice and supply of material for trained nursing it is advisable to do this, at the same time not losing sight of the inevitable limitations of the physical plane.

Perhaps there is no calling which demands such a combination of the attributes of perfect womanhood as does nursing. Oliver Wendell Holmes said that the making of a perfect child must begin a hundred years before its birth. The making of a really good nurse must certainly begin nine months before her birth; for though all the moral and mental qualifications may be present, these will be rendered quite useless for the greatest of all professions unless accompanied by a physique which will stand the strain and wear and tear inseparable from this arduous work.

Much, then, depends on the early life. A physical body that has been well built by a score of years of good and careful feeding, all muscles being developed by a sufficiency of judicious exercises, an abundance of fresh air, hygienic clothing, simple, regular habits, and a home atmosphere from which fear, worry, and disharmony were absent, is the best qualification.

A necessary physical gift is an abundant and beneficial magnetism, with its firm and gentle touch, which plays so important a part in healing. There should be that measure of soundness which literally radiates health and brightness. A nurse should always be pleasing to look upon, and without sound health she cannot be this. There is beauty of the most desirable sort in the sparkling eye, the clear skin, the natural colour, and the elastic movement of good health, secured by adequate grooming, bathing, careful dressing, and good physical habits generally. A musical speaking voice is important.

It frequently happens, when the mental and moral characteristics are all that is desirable, that the physique is delicately organized. In such cases much self-denial is demanded in order to keep the physical body fit for its work, and sleep must be secured in preference to pleasure.

Of all the mental qualifications fine perceptions are the most useful, and if these are of the quality which enables one to sense conditions so much the better for the patient. There should be power of rapid observation and deduction, love of order, keenness and enthusiasm, which are so communicable, a natural love of healing and study of the physical body, a taste for the domestic arts, the widest adaptability, a limitless resourcefulness, a strong will—the steel hand in the velvet glove—versatility, and a wide social experience.

The outlook should be bright and philosophical, extending beyond the present world, for though this may never be expressed in definite terms, it will make itself beneficially felt in every word and action, and will greatly strengthen and beautify the personal influence.

All these qualities must have been cultivated by training, wide reading, and deep thinking.

The first moral qualification is sympathy—"the one poor word which includes all our best insight and our best love"—the sympathy which gives a perfect understanding of all the pain and sorrow and complexity we contact, whether or not we have ourselves experienced it, and which fills us with an overwhelming desire to alleviate. This sympathy is usually attended by the further qualification of selflessness—a much more comfortable quality than unselfishness.

There should be the strictest conscientiousness, sense of responsibility, obedience and loyalty to superiors, the dignity which springs from self-respect, unflinching gentleness, reticence, exquisite refinement in every department of the life, a complete absence of prudery, much optimism, and serenity under all circumstances.

And, so far as poor human nature will allow, the Golden Rule should be supreme in all the work of a trained nurse.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Ida Barton, Miss Estelle Florence Stokes, Miss Emily Marshall, Miss Gladys Tatham, Miss Alice Rhind, Miss Kathleen O'Brien.

Speaking of moral qualifications, Miss Rhind writes:—"The great moral danger in nursing, in my opinion, is the drugging habit. Constipation and sleeplessness are often treated by mild remedies, then stronger, until presently the habit is insidiously formed, and lasting damage done to the general and nervous system. The nurse's remedy against this enemy is undeviating observance of the rules of hygiene with regard to her own personal conduct and surroundings, and if circumstances do

not permit she must simply not rest till she has altered the circumstances."

QUESTION FOR NEXT WEEK

How would you deal with severe post partum hæmorrhage in the absence of medical assistance?

We regret that the few papers sent in in answer to this week's Competition are not of sufficient interest for insertion; the Prize will not, therefore, be awarded.

APPOINTMENTS.

MATRON.

Wellingborough Cottage Hospital.—Miss E. K. Tuke has been appointed Matron. She was trained at the Southern Hospital, Manchester, and has held the position of Staff Nurse at the Manchester Children's Hospital, Sister of Children's and Accident Wards at the Ancoats Hospital, Sister of Women's and Children's Ward at the Rochdale Infirmary, Night Superintendent at the Royal Infirmary, Preston, Theatre and Ward Sister at the Coventry and Warwickshire Hospital, and Senior Sister in Theatre and Children's Wards at the Warrington Infirmary.

Sunderland Royal Infirmary.—Miss Jane Amour has been appointed Matron. She was trained at the Royal Infirmary, and has since been Sister in the same institution, and Assistant Matron for the last nine years.

Peamount Sanatorium for Consumptives, Lucan.—Miss Brennan has been appointed Matron. She was trained at the Richmond, Hardwicke and Whitworth Hospitals, Dublin, and for some years past has had charge of the Alan Ryan Home for Consumptives at the Pigeon House.

ASSISTANT MATRON.

Royal Hospital for Diseases of the Chest, City Road, London.—Miss Cooper has been appointed Assistant Matron. She was trained at King's College Hospital, and is now a Sister at the Royal Free Hospital, London.

SISTER.

Clontarf, co. Dublin, Isolation Hospital.—Miss Agnes Guinane has been appointed Sister. She was trained in the Mater Misericordiae Hospital, Dublin, and has been Nurse Matron at Fever Hospital, Drogheda, and Head Nurse at Fever Hospital, Limerick.

HEALTH VISITOR AND SANITARY INSPECTOR.

Leyton Urban District Council.—Miss Edith Holland has been appointed health visitor and sanitary inspector. She was trained at Bermondsey Infirmary, and has since been Charge Nurse at Willesden Infirmary and the Children's Sanatorium, Millfield, Littlehampton, and School Nurse at Leyton. She holds the Health Visitors' Certificate of the Royal Sanitary Institute, and the certificate of the Sanitary Inspectors' Examination Board.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Staff Nurse Miss M. Clayden resigns her appointment (August 12).

QUEEN VICTORIA'S JUBILEE INSTITUTE.

Transfers and Appointments.—Miss White (Inspector) is transferred to the Lancashire and Cheshire Area, Miss Dora Ludlow is appointed to Brixton, Miss Jean Macaulay to King's Lynn, Miss Eva McCulla to Blackburn, Miss Gertrude Mellor to Cleckheaton, Miss Henrietta Parker to Exeter, Miss Alida Stol to Carlisle, Miss Annie Willetts to King's Lynn, Miss Winifred Burd to Tipton, Miss Emma Pritchett to Gainsborough, Miss Mary Richards to Beckington, Miss Kathleen Rogers to Bolsover.

PRESENTATIONS.

On Tuesday, August 6th, at the Royal Infirmary, Sunderland, the nursing staff presented Sister Mary Thompson, who is retiring from the matronship after 40 years' work, with an easy chair, a bureau in Queen Anne style, and a jewel-case containing gold for the purchase of a fur cloak. A large number of former nurses contributed as well, and a good many of those working in the vicinity were able to come to the presentation. The whole nursing staff, former nurses, and a number of the honorary resident medical staff were photographed on the lawn and afterwards had tea in the Infirmary.

Sister Mary will be much missed; she is esteemed and loved by all those who have had the privilege of working under her, all of whom wish her many years of health and happiness.

Upon resigning the position of matron of the Yorkshire Home for Incurables, Miss Christie, the matron, was recently presented with a purse containing £50 from friends who valued her excellent work during her twenty-one years' term of office. The Committee had previously presented a year's salary to Miss Christie, and everyone with whom she had worked sent good wishes for her future. Miss Christie said she would be very happy remembering both the kindly words and generous gifts.

Miss Bemrose, of Grimsby, has been appointed Miss Christie's successor.

THE PASSING BELL.

Nurse Ellen Pitfield has passed away, and her funeral at Kensal Green was largely attended by members of the W.S.P.U. She was a woman of very genial nature, much beloved by a large circle of friends, who warmly resented her incarceration in Holloway when dying of a most painful form of cancer. Now all her trials are at an end—and according to her wishes her coffin was draped in the tri-colour of the Union—purple, white and green—and thus lowered into the grave. —*Requiescat in pace.*

NURSING ECHOES.

The Queen has sent £10 10s. towards the rebuilding of the Chelsea Hospital for Women, and £10 10s. towards the rebuilding of its Nurses' Home.

The Board of Management of the Auckland Hospital, New Zealand, has invited Mrs. Bedford Fenwick, the Hon. Sydney Holland, and Dr. Choyce, Surgeon Superintendent of the Dreadnought Hospital, to act in conjunction in the selection of a matron for that important institution, and as Mr. Holland is unable to act, Dr. Choyce and Mrs. Fenwick will undertake the duty of selection early in September.

The Auckland Hospital is one of the most important in the Dominion, and is a general hospital, with special departments for the eye, ear, nose, and throat, and contains 340 beds. The nursing staff numbers 104.

As will be seen in the advertisement columns, the salary offered is £200, with board and quarters, and the age specified as preferable is about 35. The candidate must hold a certificate after a three years' term of training in the wards, and examination, as this is the minimum qualification for nurses in New Zealand who are registered by the State.

There should be keen competition amongst those thoroughly experienced in the training of nurses for this position, as it is the expressed opinion of the Board of the Auckland Hospital "that a lady of large experience should be chosen; as it is desirable she should take a leading position in the nursing world in New Zealand, she must be a woman of standing in the nursing community at home, and have a personality which would enable her to take her proper position with ease and dignity." This recognition of the great responsibility of the matron's position, augurs well for the consideration and help in her work, the new matron may expect from the Board of Management, and the medical staff, of the Auckland Hospital.

Very soon the City of London Memorial to Florence Nightingale will be ready for the niche in the lobby of the Guildhall. The memorial will probably be unveiled in the early autumn. It is a splendid example, says the *Manchester Courier*, of sympathetic statuary, and instantly arrests the eye by its graceful simplicity. Mr. Walter Merrett is the sculptor.

The memorial takes the form of a marble statuette, three feet in height. Miss Florence Nightingale is shown setting out on one of her heroic errands of mercy. The "Lady of the

Lamp" stands bareheaded in the simple dress of the picturesque Victorian period, which preceded the crinoline. In her left hand she carries a candlestick, whilst with her right she is shielding her eyes from its light. The portrait and model were founded on a statuette in the possession of Sir Harry Verney, and the effect is most peaceful.

In the Florence Nightingale memorial Mr. Merrett returns to his earliest ideals—that of the portrayal of perfect womanhood—and his work of 1912, when placed alongside "Sympathy," which appeared in the Royal Academy of 1873, when the sculptor was only 16 years of age, affords an interesting study in the evolution of Mr. Merrett's art.

A discursive discussion is taking place in the *Church Times* on the "hardness," not to say brutality, of nurses. That there are unsympathetic nurses in the ranks we very well know, but, taken as a class, trained nurses are kindly people. "A Bart's Nurse" tells the following little stories, and we could supplement them by others. Sick people, especially the poor, have little use for sentimentality, and prefer a cheerful to a dolorous face.

I was, until quite lately, a nurse for fifteen years in our oldest London hospital, and I am bound to say that in all that time saw nothing of the "hardness" and "brutality" of the nurses complained of by your two correspondents.

Whilst acting sister I remember getting ready an old soldier for operation; the probationer, a woman of thirty, was helping me to put on his socks and flannel gown, preparatory to his being taken to the theatre, when she suddenly burst into tears. "Wot's the ldy crying for?" said the patient, in alarm; and when I explained that it was because he was to be operated upon, he exclaimed: "She needn't cry for me, Sister; I'm only too glad, I am. I know the nurses and doctors have done all they could all these weeks to save my arm, but I've been begging the house surgeon long enough to take it off, and I've been looking forward to operation day ever since he said he would. She's Scotch, ain't she, Sister? I could do with a little Scotch," with a laugh, "but not that sort!"

One day a lady, a relative of one of the nurses, came to look over the ward, and remarked to me at the end, "I cannot think how you nurses ever laugh." When we made the men's beds that night, one of them said, "I'm glad that lady ain't our nuss; if the nusses was to pull such long faces as hers, we should all think we wos goin' to die!"

I could quote many such stories. Cheerfulness and brightness in a nurse do not denote callousness, and a joke in the ward has often helped "a lame dog over his stile."

Mr. Windeatt, at the meeting of the Devon Education Committee, moved the adoption of a recommendation by Dr. Adkins that the school nurse be placed on the permanent staff of the Committee. He said the arrangement in regard to the school nurse had worked admirably. From all he could hear, the parents were far more ready to take the advice of the nurse than even that of their own doctor. Dr. Adkins said the value of her work was shown by the fact that the pediculosis rate had been reduced from thirty to six. The motion was carried.

THE TRAINED WOMEN NURSES' FRIENDLY SOCIETY.

The Trained Women Nurses' Friendly Society is the only Society which has been approved by the Insurance Commissioners for professional women nurses only, and it will be economically managed in the interests of trained nurses by a very representative Committee of Matrons and Nurses with expert financial advice, as a FRIENDLY Society, not merely by men as an *Insurance Society*. All hospital nurses trained and in training are eligible for membership. Forms can be obtained from the Secretary, 431, Oxford Street, London, W.

His Majesty the King has been graciously pleased to grant to the British Medical Benevolent Fund the title of Royal, so that it will henceforth be known as the Royal Medical Benevolent Fund.

An anonymous donation of £3,000 has been sent by post to the West London Hospital, Hammersmith. It was made by cheque, which bore two signatures, apparently on behalf of a third party. The officials had no clue whatever to the identity of the donor.

The Emperor of Russia has presented a brooch with the Imperial Eagle in diamonds to Mrs. Langley, in recognition of her services while nursing the wounded sailors from H.M. cruiser *Variag*. The services were rendered in 1903-04, during the Russo-Japanese war, when Mrs. Langley, at the time Miss Georgina Franklin, was a Sister at the Government Civil Hospital, Hongkong, and the *Variag* was the first ship blown up at Chemulpo.

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 VOICE IN THE PRESS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am one of those unfortunate people unable to attend the Congress at Cologne. I hear from a friend what a splendid gathering it was, and am eagerly looking forward to the Report in our Journal. The fact that with the exception of *The Standard*, the daily press quite ignores the Trained Nurses' point of view—makes THE BRITISH JOURNAL OF NURSING quite indispensable to those of us who "aspire."

Yours gratefully,

MEMBER R. N. S.

THE FIRST INTERNATIONAL EUGENIC CONGRESS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The First International Eugenic Congress has passed, but to many, I think, it will be a never-forgotten week.

To put into a sentence or two the lessons of such a Conference would be impossible, but it is perhaps permissible to isolate one thought—that the future of Eugenics depends upon Education—education of boys, of girls, of parents, of teachers, of Social Workers, and of Nurses.

Over and over again it was pointed out that necessary as legal enactments may be in some directions, yet, after all, personal influence is the strongest lever in the world, and in this field as in many another, Nurses have exceptional facilities and qualifications.

Think what is needed.

First: That children should reverently be taught the truth regarding the facts of life. Who has greater opportunity than a Nurse of impressing upon mothers that this is their duty and privilege?

Second: That the sense of parental responsibility should be deepened. Who has greater opportunity than the Nurse of tenderly pointing out that it is a terrible sin to hand on a heritage of syphilis, epilepsy and the like?

Third: That the sense of privilege of parenthood should be deepened. Who so often as the Nurse sees that sad spectacle—"unwilling motherhood" and who therefore can so well urge the necessity for self-control when parenthood is not desired or desirable and of thankful acceptance of this greatest gift of life when it is right that it should be undertaken?

I am impelled to send this letter because, to my surprise and sorrow, I found that in that great gathering, representative of State and individual

effort for the regeneration of the Race, only two bodies connected with the Nursing Profession, had sent delegates.

I earnestly hope that these utterly inadequate words of mine may at least serve to remind Nurses of the practical bearing of Eugenics upon human lives and of the opportunities which lie to their hand of doing work of incalculable value to the nation.

I am, faithfully yours,

ANNIE E. BARNES,

Central Secretary, Nurses Social Union.

(We agree with Mrs. Barnes that Trained Nurses must take an active part in all that makes for the benefit of the Race. That more Trained Nurses organisations did not take part in the deliberations of the Eugenic Congress, may be accounted for, (1) it was held the week before the great International gathering of Nurses at Cologne, (2) that societies of Nurses, such as the National Council of Nurses of Great Britain and Ireland, were not officially invited to take part. The Editor of this Journal and President of the N.C.N., attended the Eugenic Congress as the official delegate of the Society of Women Journalists!—Ed.)

REPLIES TO CORRESPONDENTS

Sister C. T.—There is no central school in this country where trained nurses can procure a course of instruction in a matron's administrative duties. This branch of work is quite different to that of nursing and superintending a ward. We should advise you to try and obtain an assistant matron's post, but unless you work under a capable matron, whose office work is well organised, systematic instruction is very difficult to procure.

M. F. Manchester.—We do not think your suggestion feasible. It is no good going to the Colonies unless you are prepared for hard work.

OUR PRIZE COMPETITIONS FOR AUGUST

August 24th.—How would you deal with severe post partum hæmorrhage in the absence of medical assistance?

August 31st.—Describe the preparation of a patient for receiving an anæsthetic. What precautions would you take before and after?

NOTICES.

A Subscription Form for THE BRITISH JOURNAL OF NURSING will be found on page xii. of our advertisement columns. The JOURNAL is the official organ in Great Britain and Ireland of the International Council of Nurses, and full reports of the Cologne meetings will be published in it.

The price is 1d. weekly. Abroad, 9s. per year, post free. Office, 437, Oxford Street, London, W.

The Midwife.

CENTRAL MIDWIVES' BOARD.

EXAMINATION PAPER.

The following is the Paper set to the candidates of the Central Midwives Board at the examination held in London on August 1st:—

1. What are the causes of swelling of the legs (a) during pregnancy and (b) after labour?

How would you deal with such cases?

2. What are the difficulties likely to be met with in the management of a breech presentation, and how would you deal with them?

3. Describe in detail the management of the third stage of labour. What dangers may result from mismanagement?

4. Describe exactly your examination of the lochial pad during the puerperium, and the information to be gained from it.

5. By what day should a breast-fed baby regain its birth weight? What are the common causes of its failure to do so, and what would you do in each case?

6. Under what conditions in the case of a lying-in woman must a midwife advise that medical help be sent for according to the rules of the Central Midwives Board?

How many copies of the "Form of Sending for Medical Help" should be made, and what should be done with each of them?

How should the fact of medical assistance having been sent for be entered in the Register of Cases?

REFINEMENT OF MODERN MIDWIFERY.

A correspondent of the *British Medical Journal* writes: I am amazed at the present-day refinements in the treatment of midwifery cases. The routine treatment by the more advanced school seems to be as follows: (1) Disinfect the hands with at least three different solutions. (2) Inject as a prophylactic measure, so many million *Streptococcus puerperalis* and *B. coli*. (3) Shave vulva. (4) Scrub thoroughly with soap and water the patient's hips, thighs, abdomen. (5) Rub the same area vigorously with dry sterilized towels. (6) Rub in methylated spirits. (7) Wash with mercury biniodide (1 in 500) in 75 per cent. of methylated spirits. (8) Adjust sterilized towels. (9) Make two lateral incisions to anticipate perineal laceration. The above is the routine for normal cases; space prevents my giving details for abnormal cases. As against this elaborate routine, let me give the routine treatment practised by a neighbouring doctor of over forty years' standing. He gives a perfunctory rub to his hands, smears his instruments with vaseline, which is provided by the patient, and proceeds to deliver. He never

by any chance washes the patient's vulva or thighs, and yet in a large midwifery practice, extending over forty years, he has never had one case of puerperal sepsis. This treatment accords with the advice Dr. Angus Fraser is credited with having given to a class of midwifery students at Aberdeen, "Wash your hands if they are dirty." I cannot vouch for the truth of the story.

RESCUE HOMES.

Two interesting institutions in Cologne which were visited by members of the International Congress of Nurses were the Evangelical Zufluchts-*shaus* Säuglingsheim, or Protestant Rescue Home, Kyllburgstrasse, on the outskirts of the city in a new house and a delightfully open and airy situation. Here the mothers may come until the baby is expected, but for the actual confinement they go to the city hospital for ten days, after which they return to the home for two months and pay 15 marks a month. After two months the charge is increased to 50 marks a month for mother and babe. The babies, however, are kept for one year and are paid for by either mother or father, and, as usual, it is generally the former who does the paying.

There is accommodation for 30 babies. We saw them all in their swing cots upon the balcony, lying in every kind of attitude that wee babes can assume, from toe-counting to nose-pulling and thumb-sucking, all looking so clean and well cared for. They are fed five times during the day—at 6 a.m. the first feed, and the last at 9 p.m. Much buttermilk is used, partly because the home is poor. There are three large nurseries, each fitted with baths and hot and cold water, where all the toilet things are kept, each child having its own tray, also thermometer kept in solution, upon which any other article is kept that is being used for the child. When the weather is wet and at night the children are wheeled into the nurseries.

Another similar home is that for Roman Catholic girls, the Kathola Zufluchts-*shaus*. This belongs to a very wealthy community and keeps both mother and babe for two years. But, naturally, the mothers must work, so laundry work is taken in, as well as sewing, and most beautifully it is done. Situations are obtained for the girls on leaving. Here milk is prepared and supplied to poor mothers outside the Home; the daily number of feeds are put up in bottles, different coloured stoppers being used for different ages, and put into a sort of wire basket, so that the whole can be easily carried. This home is large and can take about 100 babies. It is indeed sad that so much accommodation should be necessary for such cases in Christian lands.

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EDITORIAL.

THE ADMINISTRATION OF MEDICINES.

From time to time a mistake in the administration of medicines, ending disastrously for the patient, draws attention to the unceasing need for care in the discharge of a duty which is repeated so often that there is danger of its being performed mechanically; and to the even greater need of the rigorous observance, in all institutions, of a system whereby poisonous drugs are effectively separated from those which are non-poisonous, and where medicines intended for administration to patients can readily be identified from lotions which are to be used for outward application or for disinfecting purposes.

We are led to make these remarks in consequence of an inquest recently held by the Dublin City Coroner into the circumstances of the death of a patient at the Jervis St. Hospital, in which a dose of crocylic acid, or some other constituent of tar oil, was given in mistake for house mixture, the patient dying within half an hour. The house surgeon who gave evidence at the inquest testified that the man had been in a very weak condition for a couple of days, and it was doubtful how long he could have lasted apart from any misadventure. On the morning of the day he died the Sister was thinking of having him anointed.

Professor M'Weeney, who performed a post mortem examination, stated his belief that the immediate cause of death was poisoning by creoline, or some allied derivative of carbolic acid.

The condition of the man's heart and lungs would cause him to suffer severely from the effect of any poison, and the mere passage of a stomach tube might cause a fatal attack of syncope.

On the suggestion that the nurse who

administered the medicine should be called, Mr. E. H. Byrne, solicitor, who was representing the hospital authorities, said that the nurse in question was in a state of collapse. She was a very young girl, and not able to bear the strain of the shock, but if the jury desired it, she would endeavour to give as intelligent an explanation as possible. The nurse had informed him that the bottle from which she gave the dose was similar to that which should have been there, but no one seemed to know what had become of the latter bottle. The nurse fully believed she was giving a dose from the right bottle.

Evidence was offered by Dr. M'Hugh to prove that the bottle of house medicine was generally kept on a stand in the ward, and the disinfectant administered in error for it under lock and key; the key of the cupboard being in charge of the ward sister.

The jury found that the deceased died from taking crocylic acid, or some other constituent of tar oil administered in mistake. They exonerated the nurse from blame, and suggested that all bottles other than those containing medicine intended for patients should have some distinctive mark of colour or shape.

We entirely agree with the recommendation of the jury. It should be an invariable rule. It is quite easy to have lotion bottles made triangular in shape, which at once distinguishes them from the ordinary medicine bottle. It should also be instilled into probationers that they should never give a dose of medicine to a patient without first reading the label on the bottle, for if this simple rule were always observed, it would be impossible for a wrong dose to be administered; and lastly, poisons, or medicines and solutions containing poisons, should always be kept under lock and key, the key being in charge of the ward sister, or, in her absence, of the staff nurse who represents her.

MEDICAL MATTERS.

CHILDREN AND DENTAL DISEASES.

Two interesting papers on the above important subject were delivered at the Annual Meeting of the British Medical Association at Liverpool, in the Section of State Medicine—one by Dr. R. J. Erskine Young, Dental Officer to the Liverpool Education Committee; the other by Dr. J. Sim Wallace, Lecturer on Dental Surgery and Pathology at the London Hospital. The papers are printed in full in the *British Medical Journal*.

Dr. Erskine Young writes:—"The deplorable dental condition of the poorer classes of society is already too well known to the dental profession, but it was only as recently as 1907 that certain municipal authorities recognized this. After due consideration, the dental clinic at Cambridge was begun in July of that year, and in the same month of 1907 the Liverpool Education Committee felt justified in starting a dental clinic, with a view to do something to combat the ravages of dental caries among the children of the day industrial schools of Liverpool and that at Hightown (at that time called the truant schools). Applications were duly invited, and the writer of this article was appointed "for three years as an experiment." At the end of that period—namely, October, 1910—my appointment was made permanent, as the clinic was believed to have done sufficient good to justify the step.

"The first step taken was to examine the teeth of all the children in all the six schools, and this examination has been repeated four times yearly since that time. On visiting each school the bookkeeper makes a note of each child's requirements, as dictated by me after examination of the mouth. The work entailed by such examination is very great, and we have never attempted elaborate charting. Opposite the name of each child are two columns, the first for fillings required and the second for extractions. I rapidly review the mouth, and count the number of cavities which can be inexpensively and beneficially filled, and that number is duly noted. I further take into account the number of teeth which are either unsavable or which would require elaborate treatment, and that number is duly noted under extractions. Between forty and sixty children are examined in a morning, and this is continued thrice weekly for a fortnight. I can in this period examine all the children (about 1,000) attending all the day industrial schools. On the com-

pletion of my survey the children are sent to me alphabetically, except those in pain, who are, as far as possible, sent at once.

"And now let me refer to actual treatment. I devote three half-days of each week to the work, and, as my efforts are unremitting, the time given has proved ample. Owing to the necessity for economy, only the simplest treatment has been adopted, and it largely consists of "cement" and "amalgam" fillings, and, where necessary, extractions.

CHILDREN AND PAIN.

"The avoidance of pain in dental operating is, of course, an exceedingly important matter. Where I must extract, it is done for the most part painlessly, by means of judicious employment of a local anæsthetic.

"The giving of pain would mean not only that the children would be unnecessarily frightened, but the question of parental objection would arise. This brings me to speak of

THE CLINIC FROM THE CHILDREN'S STANDPOINT.

"I fear it must be admitted that, at least at first, the children were very sorry for themselves, and in some cases the child required a great deal of coaxing—much time being lost thereby. But it would appear as though I have gained the young people's confidence in a measure, for I now have very little trouble, and practically never resistance on the part of the child. For the most part the children and I are very good friends, and I believe I can attribute this to the fact that the work is, as a rule, painlessly done by means of a judicious use of local anæsthetics. Thus extractions, "drilling," and removal of nerves can be done without any pain whatever. Before dismissing a child (after treatment) a quite usual question is, "Did I give you pain?" or "Did you feel your teeth coming out?" Almost always the answer came, "No, sir," or "Very little, sir," and the child goes away comforted. The promise of a halfpenny or a penny to buy sweets (!) has an excellent effect. One baby of seven summers had some cavities filled, to which she objected strongly; but a kiss and a coin—chiefly the latter—purchased her forgiveness, and we parted quite good friends.

"It is essential to remember that, however desirous one may be to save the children's teeth, one must keep in mind the fact that there is a little sensitive nerve and a little frightened child at the end of each tooth. On the other hand, though one must be tender to the little ones, kindness must not be overdone. For many mistake kindness for weakness, and take advantage accordingly."

THE INTERNATIONAL CONGRESS OF NURSES.

TUESDAY, AUGUST 6th.
MORNING SESSION.

The whole of Monday, August 5th, at the Cologne Congress, was devoted to the business of the International Council of Nurses and the reports from various countries. On Tuesday morning the sessions of the Congress began.

THE OVERSTRAIN OF NURSES.

Miss M. A. Nutting, Director of the Department of Nursing and Health at Teachers' College, Columbia University, presided, and in opening the Session said that in these days, when we were considering afresh the capacity of the human machine, it was highly appropriate to consider the position of nurses—a body of workers who had given freely of their physical and mental strength—when industrial workers and universities were regulating the hours of pupils. She then called on Geheimrat Hecker, of Strasburg, to address the Congress on the subject of the overstrain of nurses.

Dr. Hecker, in an exhaustive and masterly treatise, discussed the whole question and said that a vital question of the day was the excess of work of nurses with consequent overstrain and undue demands upon their strength. Fatigue was physiological, over fatigue was pathological. He briefly reviewed the origin and development of nursing, beginning in the home with the care of the children and the ailing, and the dressing of injuries received in encounters with wild beasts. In ancient times also Germanic women followed their men to the battlefield in order to bind their wounds, and this, according to Tacitus, was the reason why the German men of those times held their women in such veneration. After the introduction of Christianity Religious Orders were founded, the members of which were animated by a love of God and of their neighbours. They gave their services freely, receiving no compensation, but provision for times of illness and old age was assured to them, so that when a woman helped her neighbours in illness it was considered quite natural that her services should be rendered gratuitously.

The advancement of civilisation, the increase of wealth, the development of science, and the recognition of the importance of health, and consequently of adequate nursing and the observance of the laws of hygiene, created demands which the Religious Orders were not able to meet. At the same time the desire of modern women for a suitable sphere of work developed, and thus nursing by seculars originated. Whilst the Old World, with its traditions handed down from the Religious Orders, still found it difficult to regard nursing otherwise than as a charitable duty, needing little or no pecuniary compensation, in the New World it had been founded on the basis of a recognised profession. At the close of the

nineteenth century domestic servants were so well paid that they were unavailable for nursing, and at the same time it was necessary to find avenues of work for educated women. Nursing, therefore, was organised with the object of gaining the support of the intellectual woman. Women were taught steadfastness of aim in social reform, but from the beginning they were placed on an independent economic footing. Secular nursing and the organisation of private nursing on an independent basis did not, said Dr. Hecker, receive the same support from German hospital authorities as in America or England.

In Germany hospitals train their nurses for their own use and try to bind them to the service of the institution by a long contract and the prospect of a pension ultimately. In the United States of America a three-years' training was the rule. The nursing of the hospitals was thus adequately provided for, and it was natural that at the end of three years the nurses should move on, either to private work or to study some other branch of the profession. In England the conditions were similar.

Formerly in Germany each institution was allowed to determine the length of training for its nurses. Since 1900, however, a State examination had been introduced to be taken after a year's training in hospital. Only those who passed this examination might receive the diploma entitling them to the title of certificated nurse. In Prussia there were now 171 institutions in which nurses might prepare for the State examination.

After a short physiological sketch of the dangers of overwork, Dr. Hecker said that experience proved that a higher percentage of women workers than of men broke down because they were less able to bear the mental and bodily strain.

In Germany there were 6,300 hospitals with 370,000 beds, and in May, 1904, the number of professional nurses employed, principally in institutions, was 27,675. Of these 14,235 were Roman Catholics, 7,250 Evangelicals, 6,172 Seculars, and 11 Jewesses.

ORGANIZATION.

Turning to the organisation of the nursing profession, Dr. Hecker said that it was owing to the high educational standards of American nurses, many of whom had received a college training, and to the subsequent period of professional education enforced, that the standing of the profession was so high, and that its members enjoyed economic independence. A careful selection was therefore possible. In England conditions were much the same. Only those candidates were admitted who were of sound health and without hereditary taint. Germany was the third country to join the International Council of Nurses, but its conditions of training and organisation were totally different. Side by side with the Religious Orders many associations had sprung up, and ten years ago the German Nurses' Association was founded.

Dr. Hecker explained that, in Germany, hospitals framed their probationers with a view to obtaining cheap labour, and in return for board, lodging, and from 10 to 20 marks pocket money, ten to twelve hours' heavy housework and responsible nursing work were exacted.

Instruction was given during off-duty time, or in the evening, when the pupils were too tired to profit by it. Instead of this being given by a capable Matron, they received two hours' teaching weekly from hard-worked house doctors, whose services in this connection were unremunerated. In practical instruction also the Matron and Sisters should also take a more active part in teaching the probationers, but at present they were too hard worked to permit of their doing so.

REGULATION OF WORK.

The regulation of work was a most important point. According to statistics compiled by the German Nurses' Association, a normal day's duty in hospitals in 1910 was from 11 to 13½ hours, in exceptional cases 18½ hours. These were really working hours and did not include the one free hour daily nor the half-hour for dinner which, in small hospitals, was by no means undisturbed.

In a hospital in Hamburg the nurses were on duty from twelve to thirteen and a half hours, once a week for half the night also, which brought their day's work up to sixteen and a half hours. Dr. Hecker then gave specific instances of overwork, including that of a strong young nurse in a small town in Württemberg, who, with the help of one servant, was in charge of twenty to twenty-five beds, which were always occupied, mostly by serious cases, such as infectious diseases or accidents. She did all the cooking, and in addition was expected to keep the garden, where vegetables were grown for sale, in order. This she did by rising at three o'clock, or in the early morning hours after a night on duty. At the end of four years she broke down, and though after six months' rest she resumed work, she now suffered from periodical melancholia.

In a manufacturing suburb of Berlin, with 70,000 inhabitants, there were two parish sisters, many of the cases visited living on the third and fourth floors. In sanatoria for nervous and mental cases nurses were frequently on duty for fourteen and a half hours, added to which they slept in the wards, and often a half night's duty was demanded, bringing the hours of service up to eighteen and a half. A Sister in a small private clinic in East Prussia went on duty every other night for five weeks without having a single free hour in the day, so that in the course of forty-eight hours she was on duty for forty-one. As for the private nurse, she often found it most difficult to obtain a quiet room to rest in by day. The above instances, which could be largely added to, together with the invalid and death statistics compiled by order of the German Diet, spoke for themselves.

Night duty was a vital point. As a rule, a nurse on night duty had the care of thirty to forty

patients. Young probationers, after a few weeks' training, were sent on night duty, and if they could not manage a serious case alone were required to call the head Sister. Not infrequently also a night nurse was expected to do domestic work.

In England and the United States probationers only went on night duty with an experienced nurse; in Germany, owing to the lack of nurses, they were often put on after a few days' experience. Many probationers broke down or retired, and complaints were frequent with regard to overwork, poor food and accommodation, and want of consideration, as well as of enforced attendance at church to the neglect of patients, the last complaint being made by a good Churchwoman.

REMUNERATION.

Dr. Hecker said that the remuneration of nurses proved how underrated the nursing profession was in Germany, instancing 300 marks, or about £14 15s. yearly, raised after ten years' service to £25, was a typical salary. The highest salary known was 700 marks, or about £34 10s., after long years of service. Uniform was sometimes provided, but if a pension fund existed 5 to 10 marks were deducted from the salary. Unlike servants, nurses paid taxes, but were mostly entitled to board wages. It was natural that, owing to lack of means, nurses often neglected to take a necessary holiday.

With regard to insurance and old age pensions, the Secretary of State, Dr. Delbrück had said: "A demand has been rejected, the justifiability of which I acknowledge, namely, the insurance of the sick nurse." Pensions were rarely sufficient, and the old-age insurance pension by no means obligatory in all institutions. Statistics showed that in Prussia numerous cases were still entirely unprovided for. It was evident how injurious these conditions were for the profession, and why frequent breakdowns occurred. The statistics of the German Nurses' Association showed that during ten years' service, out of 2,500 nurses 986 were overstrained, and this overtaxation of strength not only sowed the seed of cruel disease but caused a train of disaster. No one wanted a nurse whose health must be considered, and only too often nurses had others dependent on them. For many death was a release.

MORTALITY.

The following figures, taken from statistics compiled by the German Nurses' Association, showed that up to 1910 the cause of death of 35 nurses was as follows: Suicide 9, tuberculosis 7, heart disease 6, appendicitis 4, inflammation of the lungs 3, cancer 2, multiple-sarcoma 1, typhus 1, septic angina 1, accident 1. In 1910, 5 out of 12 nurses—*i.e.*, over 40 per cent., ended their lives by suicide.

Dr. Hecker then quoted the last annual official statistics of the Red Cross Society, showing that of 1,562 nurses 471, or over 30 per cent., were invalided; and of 329 probationers 171, or over 52 per cent. He also gave figures, showing the

enormous mortality from tuberculosis and gave, as the causes:—

1. Admission to the nursing profession of too young and delicate persons, or of those affected by hereditary taint.
2. Poor food and fasting, and lack of outdoor exercise.
3. Direct infection from patients or other nurses.
4. Overwork, aggravated by domestic service being demanded in addition to nursing duties; lack of recreation; and mental depression.
5. A stooping attitude, affecting the lungs.
6. Insanitary uniform.

RECOMMENDATIONS.

To deal with these conditions, Dr. Hecker suggested the adoption of the following recommendations of the German Nurses' Association, formulated at the International Hygiene Exhibition, in Dresden, last October:—

- (1) For the present, 10 hours' duty. (2) Distinct services for day and night duty. (3) A three years' term of training, as a transition at least two years. (4) The establishment of special courses of training for matrons and teachers. (5) The prohibition of non-certificated teachers in public institutions. (6) The years of services to be credited to a nurse on changing her position. (7) A sufficient State Insurance against accident. (8) Private official insurance. (9) Sufficient board wages during vacation. (10) The compilation of Government statistics, regarding the economic conditions of hospital staffs. (11) Undisturbed meals. (12) Strict selection, as in England, of healthy probationers, free from the hereditary taint of tuberculosis; the age of admission to be not under 20 and preferably 23. (13) Abolition of menial work unconnected with the patient; once a nurse has learnt how such work should be done, in order to supervise those under her, she should not be required to perform it, in order to save a servant's wages; a maternity nurse was expected to keep her hands smooth, and a general nurse should do the same. (14) Considerate treatment.

Once the conditions of nursing are improved, Dr. Hecker expressed the belief that there would be no lack of suitable candidates, and maintained that the concession of the points enumerated was possible, as evident from conditions in America, and also from the action taken by the Government Departments of Potsdam and South Alsace, and in other German hospitals. In the Government district of Cologne in 1902 the President of the Government issued an order to all hospitals which he controlled that "over-work should be avoided, and proper holidays provided." The following year a table of regulations was sent to the hospitals by the Board of Control which, amongst other things, provided that day and night nurses were to be relieved at regular intervals, that night nurses were to be allowed time for absolute rest until 6 o'clock the following day, and that nurses were to have an annual holiday of 14 days, to be

devoted entirely to recreation. When it was found that these orders were not carried out, a strict inquiry was made, and Dr. Ruhsack, in an interview with the Vicar General, requested that an ecclesiastical order should be issued prohibiting the nurses' holidays, which were to be a time of bodily recreation, from being spent in retreat. The result of the Vicar General's report to the Archbishop was a vote of thanks to Dr. Ruhsack, and the assurance that his request should be granted.

RECREATION HOMES.

Some Orders had gone the length of building recreation homes, and the Red Cross Society had made arrangements with no less than thirty-six watering places, sea and inland, by which its nurses could be received on reduced terms, and in some instances free. It must not, however, be forgotten that prevention is better than cure, and that those institutions which avoided overworking their staff were on the best economic basis.

Dr. Hecker mentioned that His Holiness the Pope (Pius X) is greatly interested in the question of the overwork of nurses. He has caused the organisation of a training school in Rome, and when he noticed that religious communities sent few pupils he issued strict orders that a certain number were to be sent annually, and declared "The nursing sisters are not there for the performance of menial work, but for the service of the sick."

The speaker then dealt briefly with the duties and position of the Matron, and further said that young doctors were, through ignorance, sometimes inconsiderate of nurses. The general public should not abuse the good nature of a nurse by accepting her services out of the sick room, and the nurse should be protected by the regulations under which she worked.

Dr. Hecker concluded by paying a high tribute to the work of the President of the International Council of Nurses, Sister Agnes Karll, "to whose thorough knowledge, burning zeal, untiring energy and unselfish devotion her colleagues owe so much." With the recognition of the need for reformation, the work is, he said, already begun.

The paper of which the above is only a very brief abstract, was listened to with the closest attention and interest.

The Chairman said she was sorry for those nurses who could not understand German and so missed Dr. Hecker's masterly treatise, the first, she believed, to deal with the question of overstrain in nurses from the scientific standpoint. She hoped it would be translated in its entirety and published in English. Germany had a monopoly of many good things, but it ought not to have a monopoly of Dr. Hecker. She remarked incidentally that America was no paradise for nurses, and congratulated the German Nurses' Association and German nurses generally on having secured so brave and fearless a supporter as Dr. Hecker, who

spoke not only for himself but for the large Government Department which he represented.

A MATRON'S VIEW.

† Sister Helene Meyer, a delegate of the German Nurses' Association, and Matron of the Municipal Hospital at Dortmund, who presented the next paper, complained strongly of the incredible abuses practised in many hospitals in Germany in connection with the overwork of nurses, declaring that it was far behind other countries in this matter. The work of the nurses on day duty began at six o'clock in the morning, sometimes at five, and the time for coming off duty was frequently only observed on paper. Night duty was also very hard. Nurses had a right to work in quiet, and that they could not do. Nor could they enjoy the pleasure which was legitimately theirs when their patients recovered, because they themselves were so tired and overworked, and from this cause thousands of healthy girls became ill every year. They could not devote themselves to culture, and they could not give the best that was in them to their patients, as they had not the time.

Sister Meyer, however, ended her paper on a note of hope, saying that we had glimpses of the beautiful dawn of a new era. We were conscious during this Congress of the encouragement derived from the knowledge that in unison with our colleagues we encircled the world with the same aims, and if we took the watchword of our Congress—"Aspiration"—as the guiding star of our work, the victory of those who strive would be our reward.

RESOLUTION.

The following resolution was then proposed by Miss Vervey Mejan (Holland), seconded by Oberin von Wietersheim (Germany), and carried unanimously:—

"Whereas with the advance made by scientists in the study and comprehension of the human mechanism, and with the new knowledge regarding the nature and effects of fatigue upon the human organism, it is seen to be unscientific and wasteful to destroy human capacities by overstrain, Resolved, that we earnestly beg hospital authorities to give the same consideration to the problem of overwork among nurses that industrial leaders are giving to the question of overwork among workers in industry in order that the present grievous destruction of the health of nurses may cease."

It was further agreed, on the proposition of Mrs. Bedford Fenwick, to send the resolution to the Secretary of State for the Home Department in countries in which a National Council of Nurses is affiliated to the International Council.

Mrs. Holgate (New Zealand) said that in that country, where nurses were registered by the State, and had the Parliamentary vote, they had an eight hours' day, and were reaping the benefit in health and happiness. Flaws were, however, sometimes discovered in the most apparently perfect things, and it was not certain, after experience of the system, that it was the best for the patients, whose interests came first.

THE GERMAN HOSPITAL WORLD.

THE JEWISH HOSPITAL.

Somewhat fagged after a very strenuous day, we arrived in the late afternoon at the Jewish Hospital, Cologne-Ehrenfeld.

Joining a party of visitors, we were at once shown over this well-arranged and comfortable hospital, which is capable of accommodating 200 patients, of whom we were told the larger number are Christians. The staff, medical and nursing, must be of Hebrew nationality.

There are no large wards—all are small. There are two operating theatres, a small one for operations on the nose, throat, ear, &c., and the other for general operations. Here I saw for the first time a machine for regulating and measuring the amount of the anæsthetic administered. The hospital is very complete, and has all the necessary arrangements for electric, hot air, sand, local and other baths, also a small gymnasium for exercises. The laundry, also, was very up to date, all the work being done by three workers, under a directress, and by machinery; washing, rinsing, wringing and ironing, all going on at the same time.

The nurses' home was, to me, almost more interesting than the hospital; one is so accustomed to find all the most recent inventions and discoveries in use for the benefit of patients, that one is surprised only when such things are wanting.

But in many cases it is quite otherwise in regard to the nurses; so often their comfort is the last consideration; but not so here. Evidently the care of the nurses is thought to be as important as the care of the patients.

The Nurses' Home is most complete in every particular. They have a charming suite of rooms for meals, recreation, study and rest, not forgetting a nice balcony. All are furnished most comfortably—almost luxuriously. The dining room is decorated in shades of red, with pretty carved chairs, covered with stamped leather. In the salon is a grand piano, so that the nurses have musical evenings.

Every nurse has her own room, charmingly furnished, and where she may scatter her personal treasures. All the bedrooms are decorated in shades of blue, with chairs, beds, and windows draped in linen to match.

The training is for 18 months, and just now all are working hard for the State examination, the advantage of which has been quickly realised.

In the home are isolation quarters, where those who have been nursing infectious cases may be quarantined. They have their own entrance, bath, etc. There are 33 nurses belonging to the home, some of whom go to private cases.

The nurses' hours in hospital are from 6 a.m. to 8 p.m., and at night from 8 p.m. to 8 a.m. The day nurses have half an hour for breakfast, one hour for dinner, one hour for recreation in the afternoon, and half an hour for afternoon coffee, and one month's holiday a year. After twenty years' service they are entitled to a pension.

For every division containing twenty-two patients, there is a nurse, a probationer, and a maid.

Here, too, the care is not confined only to those who are ill, for one part of the building—or, to be quite correct, one building (for there are many built about nice gardens)—is devoted to the care of the aged poor. Daddies and grannies have their homes together, sit on the verandahs, and chat and take their meals *en famille*.

They looked so happy and contented in their little rooms. The sweet faced matron and the gentle looking nurses, some so like the pictures of the Madonna, all so enjoyed the good work they have undertaken, that quite reluctantly we took leave, after a most acceptable and sumptuous tea, hoping that some day we may meet again.

THE CITY CRÈCHE.

The City Crèche, at 20, Georgstrasse, is another interesting institution which was open for our inspection in Cologne.

The babies are brought from 6.30 to 7 a.m., their clothes are changed, and twice a week they are bathed. They are kept until 7 or 8 in the evening. Once a week they are all weighed. They are fed five times during the day, but the mothers are encouraged to breast feed them as much as possible. So anxious are the authorities to induce the mothers to feed their babies naturally that the city pays every poor mother who does so 8s. a week so long as she continues this method. Also, she pays only about 10½d. per week for her baby at the Crèche instead of nearly 1s. 8d. paid by the others.

There is accommodation for fifty or sixty children. Here, too, there is a large verandah upon which the cots are wheeled and the older children play. Open air treatment is being practised in all the public institutions, and large verandahs are seen everywhere, and they are well occupied when weather permits.

In the babies' dining-room was a low circular table with seat attached, where the little ones have their meals. Lavatories, too, were arranged of a size for the wee occupants of the house. In fact, everything was thought of for the comfort and well being of the future generation.

A member of the Ladies Committee attended here, as elsewhere, to explain, interpret and direct, willing to render to all as much assistance as possible.

Every member of the Congress is much indebted to the Cologne Ladies Committee, who gave themselves up so entirely to the entertainment and care of their numerous guests. MARY BURR.

ST. ANTONIUS HEIM.

As a member of the International Congress of Nurses, having charge of a large children's hospital, I was anxious to see some of the institutions for children in Cologne.

The first one we visited was St. Antonius Heim, where about seventy little orphans are looked after by the nuns. They are all children who

have lost one parent, and in many cases both. We were shown into a class-room where about forty small boys and girls were being taught by a sympathetic nun. They are all dressed in neat, plain clothes, and wore a simple pinafore made of holland, cut square at the neck, and without any frills or pleats. We saw many of these later on and were told that all school children in Germany are expected to wear a pinafore, which seems a very clean, sensible idea. The little ones greeted us in a friendly way, and sang us a song accompanied with pretty actions, such as we see in kindergarten classes in England.

We were then shown the babies' ward. Rows of bassinets held tiny mites, some very rickety and ill-nourished, reminding us painfully of the small patients who fill so many of our cots at home. The cradles stood on wooden stands, so that the babies were protected from draughts, and we were amused to see on the top of each cradle a miniature edition of the feather bed which is such a familiar feature of every German Hotel. We wondered if these were not occasionally found reposing on the floor, as the baby increased in strength and vigour.

The dormitories for the bigger children held rows of neat white cots, and we were also shown the store-room, where the plain, neat little costumes are supplied for each child. The rooms were large and well lighted, and a beautiful garden surrounded the home, which is situated in a poor, barren-looking district, and gay window-boxes made it a bright spot of colour.

THE MUNICIPAL MILK DEPÔT.

We afterwards visited the well-kept Municipal Milk Depôt, where the milk is prepared and issued to many babies, both in hospital and in their own homes. We saw the bottles thoroughly washed and sterilised and the milk bottled in sensible, broad-based bottles, which are delivered daily to any mother who has received an order from the doctor.

The courteous guide who showed us round appeared embarrassed when we asked how often the milk was delivered, so much so that we feared we were asking for State secrets, but it appeared that his confusion arose from not wishing to offend our susceptibilities, as he remarked later that he must not tell the English that they worked on Sundays!

We went on to see the beautiful Jewish Hospital, which is thoroughly up to date, and fitted with every modern convenience. Here we were most hospitably received by the Matron, who showed us every part of this fine building, and afterwards entertained us to tea, served in elegant glasses, with cakes, etc., of a most inviting kind.

In this Hospital there were no babies. A few older children; but some delightful old grannies who received us with the greatest cordiality were especially interesting, one old lady of 97 declaring that, if she were a little younger, she should come to England and return our visit!

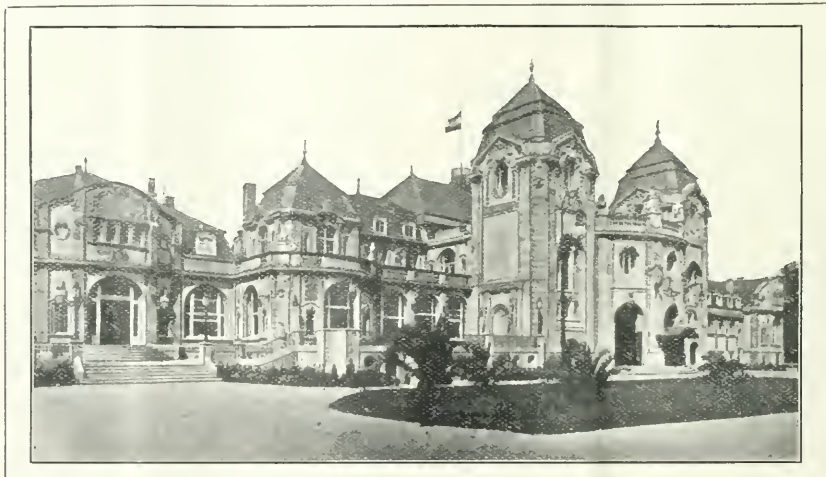
S. A. V.

BAD NEUENAHR.

The reputation of German Baths as curative agencies stands high, and no one can wonder, after seeing the perfection of the arrangements at Bad Neuenahr, that there is an annual exodus from this country to drink the waters at German springs. For, after all, only a very small portion of each day is occupied in quaffing the regenerating draught which bubbles up from mother earth, but the days must be all too short at Neuenahr to enjoy the lovely pleasure grounds, the music of the Baths Orchestra, which even in this land of musicians is exceptionally fine, and the walks and excursions in the valley of the Ahr, which tradition tells is a bit of Paradise which

that he had followed with great interest the proceedings of the Congress at Cologne, and noted the high-minded efforts for the welfare of mankind of the International Council of Nurses. He hoped that after the strenuous work of the Congress the excursion to the valley of the Ahr would be an agreeable recreation.

In connection with the classes of cases for which the thermal springs are beneficial he mentioned diseases of the digestive tract, of the liver and kidneys, including gall stones, diabetes, and gout, as well as many diseases of the respiratory organs, an experience of over fifty years having proved the efficacy of the treatment. Visitors availing themselves of the cure are received from all parts of the world, the number last year being no less than 14,000, one-fifth of whom were foreigners.



THE KURHAUS. BAD NEUENAUH.

fell from the hands of the angels when, on account of man's transgression, the Garden of Eden was being removed from earth to heaven.

It was a very merry, happy party, some three hundred in number, which entrained at Cologne early on the morning of Friday, August 9th, and an hour and a half later arrived at Neuenahr, where it was met by the Director and conducted to Bad Neuenahr. Here, by invitation of the Administration, the whole party was entertained to luncheon in the beautiful Kurhaus, the hospitality extended being as generous as it was delightful, and the music an abiding pleasurable memory: Music indeed played a memorable part in the hospitality extended to the Congress.

During luncheon the Director in the name of the Administration, welcomed the International Congress of Nurses to Bad Neuenahr, and said

In conclusion the Director begged his guests to bear in mind their short stay in Neuenahr, and said, "I beg you to allow me to drink your health, and I ask you to clink glasses to the International Council of Nurses. May it develop and succeed far and wide. *Der Weltbund lebe! Hurrah!*"

Geheimrat Dr. Hecker, who on rising to speak was warmly applauded, in expressing his thanks for the delightful hospitality extended to the party, said that all who took part would remember the Congress week and their visit to Neuenahr with great pleasure. They met as strangers, but had become friends and sisters, a privilege he also claimed as he had been welcomed to the Congress meetings and presented with its badge. After referring to the work of the ladies' committee, Dr. Hecker said that the International Council

of Nurses owed its existence to Mrs. Bedford Fenwick, who could never be thanked enough. He thought that the Council as yet scarcely realised the power it possessed in the strength of its unity. He knew no other association so united. Press and nations were divided by political and religious differences. The Council had one single aim, and he urged it to make its power felt throughout the world in the service of humanity.

Having first thanked Mrs. Fenwick, "the founder of all," he must also mention Miss Nutting, "a pearl in the crown," and the very necessary "Schatzmeisterin" Miss Brey, who always had money in the Treasury, an unusual achievement, and Miss Dock, the dear, quick little lady who reminded him of the great German general

Bürgermeister Lané said that as the representative of the Congress town of Cologne, and of the Committee, he was deputed to thank the Administration of Bad Neuenahr for their hospitality and kindness, and especially the man upon whom the organisation of this wonderful festival in the valley of the Ahr had fallen—the Herr Director. *Der Bade-director. Hoch! Hoch! Hoch!*

Sister Karl, as President of the Council, warmly expressed its thanks for the hospitality and courtesy extended to it, and Mrs. Bedford Fenwick said that she felt it would be the desire of everyone present to convey to their kind host their heartfelt thanks for the generous and delightful reception arranged for them. The day was the last of the Congress week, and those who



A FEW OF THE MEMBERS OF THE INTERNATIONAL CONGRESS OF NURSES AT NEUENAH.

"Vorwärts" Blücher. He could not thank everyone separately, but we must at least remember our dear President, Sister Agnes Karl, to whom everyone was sincerely grateful.

Dr. Hecker concluded by urging the members of the Council to fight like the Amazons of old, not with the weapons of war, but with moral arms, and asked all the members of the Congress to work for a better social position for the Sisters, and to report in three years' time what had been done in that way. He regretted that the beautiful days were over, and would miss the many dear faces one had learnt to love, but would scarcely see again. He proposed the health of the Committee, and success to the International Council of Nurses. "*Hoch! Hoch! Hoch!*" The band then took up the "*hoch*," which resounded round the hall.

had arrived full of appreciation of their German friends would go away with an increased admiration for everything German. The Congress had done much to inculcate professional ideals, and the visit to Neuenahr would be one of its most delightful memories.

The members of the Congress were then invited to visit as much of the great establishment as it was possible to see in a short time. A halt was first made in front of the Kurhaus, where a photograph was taken of the group which appears on this page; then a short walk across the grounds brought them to the "Grosser Sprudel" (the great hot spring), where the healing waters bubble up in the midst of beautiful surroundings, back again to the "Willbrodus Sprudel," which springs from a depth of 1,233 feet, where comely maidens offered draughts of this natural mineral

water, which rises from the earth at a temperature of 95.3 degrees Fahr., and is by no means unpleasant to taste. Nowhere in Germany, except at Neuenahr, are these alkaline thermal springs to be found, and they are used not only for drinking, but also for bathing.

The bathing establishment is well worth a visit, the three corridors containing the large well-ventilated and luxurious bath-rooms, over 100 in number, being connected with the Kurhotel by a cross gallery. The floors of the bath rooms are covered with deep red tiles, the prevailing colour of the walls and of the baths being white, so that a general impression of brightness, as well as scrupulous cleanliness, is received. By means of a special apparatus, both vertical and horizontal douches can be given at any desired heat or strength.

In addition to the thermal baths, carbonic acid, wave, and water stream baths are provided, as well as Fango (volcanic mud), sandbaths, hot air and light baths. Indeed, there appears to be no variety of bath which cannot be obtained in this up-to-date establishment; and trained masseurs and masseuses are in attendance. In addition, diseases of the respiratory organs can be treated by inhalation on Heyer's system, when the sprayed liquid is inhaled by means of deep breathing, or in a room filled with one of Wassmuth's inhalation appliances, when the healing substance can be inhaled for lengthy periods without any exertion on the part of the patient.

Much more might be written of this wonderful Spa, the courtesy of its director, and the charm of its natural surroundings, which, combined with the curative effects of its healing springs, make it an ideal holiday and health resort. We wish for no better fate for the nurses who have recently visited it than to return there with patients in the course of their professional duty.

AHRWEILER.

HERR VON EHRENWALL'S SANATORIUM.

The pleasures of this last day of the Congress were not yet over, for there remained the hospitable invitation of Herr von Ehrenwall to view his Sanatorium for nervous and mentally diseased patients at Ahrweiler. A short journey in the train and a walk through the charmingly quaint streets of the little town brought us to the Sanatorium, where the members of the Congress were divided into four large parties, and conducted through this great establishment by as many guides.

The grounds comprise no less than 452 acres, and the foundation stone of the principal house was laid in 1882.

There are now a number of departments, including the house for restless patients, the Villa Maria, and the Villa Sophia, named after the director's daughters, and devoted to medical patients, the baths, under the care of a presiding genius named Johanna, so arranged that while there is perfect privacy for the patients, complete supervision is assured. The whole of the appointments are most sumptuous. One was struck also by the airiness of the whole establishment, which is not



SANATORIUM AHRWEILER, VILLA MARIA.

always achieved in institutions of this kind; by the absence of any appearance of restraint, although some of the rooms were padded; by the arrangement for opening the windows in the Villa Maria, by means of which complete security with a maximum of fresh air were combined. The rooms for the patients were most comfortably and even luxuriously furnished. Some were bed-sitting rooms, others bedroom and sitting-room opening into one another. We were informed that the nurses on the staff are all trained before their appointment. They appeared to be of a high type, alert, kind, and competent.

The area to be covered in going round this great building was immense—and we had already inspected Neuenahr. Up and down stairs we went, as our guide led out at a good pace, as one visitor remarked, "faint yet pursuing," but were rewarded by an insight into a very well managed and interesting institution. A much admired department was the gymnasium, with massage and electrical department, where rowing, sculling, and all kinds of exercises can be indulged in. Shouts of laughter greeted Miss Clara Lee as she adventured upon the mechanical horse worked by electricity, and, though jolted up and down with surprising rapidity, courageously stuck to her mount, which must afford fine exercise for the liver. Another department which excited much admiration was that exhibiting specimens of the handicraft of non-paying patients, including wood carving of high excellence. The charges for paying patients appear most reasonable—from 10 marks (shillings) a day upwards, including medical attendance.

By the time the round of the establishment had been made, every one was ready for tea, to which they were bidden by the Herr and Frau Director—and tea under the most perfect conditions possible.

Long tables, decorated with lovely roses, and laden with every kind of delectable cake, were laid in a lovely green bower, hundreds of feet in length; and tea, followed by delicious ices and fruit drinks, was served by many willing hands.

All good things come to an end at last, and with them the golden day spent at Neuenahr and Ahrweiler; but not before the last words had been spoken.

Geheimrat Dr. von Ehrenwall, who, on rising to speak, was greeted with loud applause, said that he had been honoured by an invitation to the Congress meetings in Cologne, and had been

much struck by the earnestness and discipline of the members. In an association of which he had been a member for thirty years, he had never met such profound earnestness and harmony as were so noticeable at the Nurses' Congress meetings. Your Council is, he said, already honourably conspicuous; but you will agree with me, if I ask you to think once more of it, and that it may always help to stimulate your zeal. The International Council of Nurses, and its German head, Sister Agnes Karll. *Hoch! hoch! hoch!*

Sister Karll said that on the last, as on the first time we met together, in the Congress week, it devolved upon her to express her thanks. The foreign guests had seen something of German hospitality, and especially of the hospitality of the Rhenish provinces; they had also had their wish fulfilled in listening to much German music. The members of the Congress desired to express their thanks for all the hospitality they had received on the Rhine. It was the personal note of kindness which was so conspicuous in its festivities, which it valued so much, and the good fellowship of its members, who were not only united as professional workers, but by the harmony of their aims. It was this which promised success in the

future, and in this hope she said *auf wiedersehen* in San Francisco. She also said *auf wiedersehen* to our dear hosts, Herr and Frau Geheimrat von Ehrenwall; and asked them to accept the sincere thanks of the members of the Congress for the kind welcome they had given them, and which they would always remember with profound pleasure. And, by-and-by, when the special train passed out of the station, there was a great fluttering of handkerchiefs and kissing of hand.

"Cologne, 1912," a very wonderful chapter in the history of the International Council of Nurses, was closed.



SANATORIUM AHRWEILER, VILLA SOPHIA.

IMPRESSIONS OF THE CONGRESS.

How the International Council of Nurses has grown in three years! Not only in numbers but in influence. It is very significant to gather together in conference upwards of 600 nurses from twenty-three different countries in one meeting place for a week, and Germany will note these days of association as a milestone in the history of nursing. In Cologne, before our Congress, no one realised what professional nursing means in these days. When the Cologne ladies were asked to help in the work for the Congress, they were ready to do it, because nurses are warmly supported in their devoted work in Germany, on account of the general love for the old religious institutions, from whose past labours nurses reap many benefits, as 38,000 of the 72,000 nurses are still members of Catholic orders, or deaconesses.

The lesson learnt by Germany at Cologne will be the realisation that professional nursing does not necessarily mean degrading the holiest of women engaged in nursing, but that in maintaining high ideals it can uplift the soul. The unity of thought and earnestness of purpose and high ideals of the members of our International Council, have impressed the women of Cologne very deeply, also the men who have attended our meetings. They think hundreds more should have been present, and they will hand on their good impressions to a wide circle of people, to the great ultimate benefit of professional nurses in Germany.

From the first evening the old Gürzenich was filled with a depth of feeling and warm heartedness which was retained throughout the Congress. Happy every nurse who could be there and enjoy such inspiring fellowship. How greatly encouraged German nurses must feel, knowing, dear friends, that you came to them from the farthest ends of the world! We shall never lose what you gave us by so doing. *Auf Wiederseh'n* in San Francisco—the only fitting words to end my impressions of these past happy days.

AGNES KARLL.

*Hon. President,
International Council of Nurses.*

The prevailing impression of our Cologne Congress, to me, was that of a rare joyousness, a fresh energy, delighting in its out-streaming powers. It seemed to be the very embodiment of that spirit of joy in service and work which, Herr Geheimrat Dr. Hecker truly said it was the right of every human being to experience, and which should not be crushed out of the life of any worker.

This stamp of joyousness was set from the first moment, I think, partly by our glorious surroundings in the beautiful city; the richly built mediæval hall where we met, which was dedicated by the city to hospitality; the soaring splendour of the Cathedral and its thrilling bell-tones; the warm and unbounded kindness which we met on

all sides (even in the Customs House, when one of us appeared, five or six men, instead of one, attended to our papers and packets); and the beauty of German gardens, the Rhine landscape, and accompanying us everywhere the unrivalled music of Germany, priceless gift of joy, which is here truly a part of the life of the people.

This subtle rhythmic harmony swayed our meetings. Mrs. Fenwick's watchword "Aspiration," chimed in unison with it. As Dr. Ruhsack pointed out, there was not one trace of discord. All was eager, aspiring unity of purpose. May our interim period continue so, and may we meet in three years undivided by the factional disensions with which the world around us is clogged in its progress!

L. L. DOCK,

*Hon. Secretary,
International Council of Nurses.*

Can it be that it is only thirteen years since that great forward movement in the nursing world took place—the organisation of the International Council of Trained Nurses? Those who were privileged to be present at the Triennial Congress at Cologne were distinctly conscious of the advance made since our last meeting held in London in 1900. Nurses the world over owe a debt of gratitude, which the future only can fully disclose, to the untiring devotion, courage and ability of Mrs. Bedford Fenwick, its honoured founder and Honorary President. "She builded better than she knew," and this world-wide organisation will be a lasting memorial to her. The unbounded hospitality of the citizens of Cologne, the perfectness noticeable in all the arrangements of the Congress over which Sister Agnes Karll presided with dignity and eminent ability, the readiness manifested by the medical profession to co-operate with the suggestions made as to lessening hours of duty of German nurses, taken with the exquisite music and entertainments provided, all contributed to make this Congress, at which there were present delegates from nine countries, and fraternal delegates from many more, one of the most, if not the most, memorable in the history of the International Council.

M. AGNES SNIVELY,
*First President, Canadian National
Association of Trained Nurses.*

Dr. Paul Jacobsohn, editor of the *Deutsche Krankenpflege Zeitung*, writes in glowing terms of the Congress. He is impressed first by the extent and thoroughness of the preliminary arrangements, by the work of the Council in planning and completing the programme, the immense forethought of Sister Agnes, and the remarkable scope and perfection of the details executed by the ladies of the local Committees. He feels deep admiration for the earnestness, singleness of purpose, harmony of spirit, and force of co-operation shown by the members who carried the programme through, and by those who listened. Having attended many Congresses of men, he is

greatly struck by the balance, serenity and womanliness of all the participants in this Congress of nurses, and by the union of sweetness and strength displayed as one by one came forward, unconscious of self, intent upon her subject. He wishes that more physicians and hospital directors might have been present to be enlightened, and believes that those who were there can only feel wholly friendly and helpful to nursing reforms. To him Mrs. Fenwick's beautiful watchword seemed to illuminate the whole never-to-be-forgotten week.



WELCOME TO SAN FRANCISCO.

The International Council of Nurses will receive a warm welcome when it meets in San Francisco in 1915. In addition to the cordial invitations extended by the President and Directors of the Panama-Pacific Universal Exposition and the Californian Nurses' Association, Miss Dock has received the following kind letter from Mrs. F. G. Sambon, President of the Woman's Board of the Exposition:—

"Will you be kind enough to present to the International Council of Nurses the invitation of the Woman's Board of the Panama-Pacific International Exposition to hold the convention of 1915 in the city of San Francisco.

"The women of California will be pleased to greet the fine, earnest women of your profession during the Exposition, and to do everything possible for their comfort and pleasure."



THE NEW PRESIDENT OF THE INTERNATIONAL COUNCIL OF NURSES.

MISS ANNIE W. GOODRICH, R.N.

Miss Annie W. Goodrich, State Inspector of Nurse Training Schools, New York, has had an interesting and unusual career. Born in Hartford, Conn., she was educated partly in America and partly in England, where her family lived for some years. She was trained at the New York Hospital, and during the twenty years since her graduation has filled successively, and with a high measure of success in each, five of the most important posts in hospitals and in nursing in New York. Her first appointment after graduation was that of Superintendent of Nursing at the Post Graduate Hospital, and into this first charge she threw herself with great energy and zeal, bringing about much-needed improvements, not only in the nursing but in the domestic departments, both of which were under her control, and making such an excellent record that she attracted the attention of the authorities of St. Luke's Hospital, and, upon a vacancy arising there, she was appointed

Superintendent of Nurses of that school, one of the larger and more important in New York. Here she remained but a few years, doing admirable work and steadily increasing in strength, and so adding to her reputation for ability that, when a vacancy arose in the school from which she graduated, the governors of the New York Hospital invited her to return to fill the office of Superintendent of Nurses in her own school. Accepting the position only upon condition that certain changes in the administration of the training school should be made, and that authority in the nursing department should be more largely centred in its own responsible head, Miss Goodrich wrought here notable advances—established an excellent preparatory course, enlarged the administrative and teaching staffs of the school, secured a Training School Committee on the Governing Board, and established scholarships. She brought a new activity into the life of the school, and also entered more largely into public nursing work. From here, after four years, she was called to assume the very heavy responsibility of General Superintendent of the three training schools attached to Bellevue and Allied Hospitals, in many respects one of the most important and difficult posts in nursing in the United States. Bellevue is a large municipal hospital of over 1,200 beds, calling for a very large nursing staff, and it offered a congenial field for the tireless energy which has ever prompted Miss Goodrich to accept difficult tasks. Much could be written of her work during the four or five years of her occupancy of the post at Bellevue, but that must be kept for a later date, and it is only possible to mention here the establishment and maintenance of a large salaried graduate staff—an unusual feature in any hospital. Through this staff the dependence of the hospital upon the pupils of the school was in some degree limited, and thus the number of pupils required for work was in proportion limited. The significance of this effort will be understood by those who know the difficulty existing everywhere to-day in securing enough properly qualified candidates to enter nurses' training schools. When, upon Miss Alline's resignation, the request came from the Education Department at Albany urging Miss Goodrich to accept the position of Inspector of Training Schools, those who know her best know how she shrank from attacking a new and extraordinarily difficult problem. But, believing that her wide experience in several different types of hospitals and training schools, and her intimate knowledge of nursing affairs, had given her a preparation which it was her duty to utilise, she undertook finally

this new work, and has already rendered invaluable services to nursing and hospitals in protecting and strengthening educational standards.

Throughout her entire career Miss Goodrich has held the affection and esteem, not only of her pupils, but of the hospital authorities, medical staff, and others with whom she has been associated. She possesses the rather unusual quality of being able to oppose without antagonising. She is fearless, straightforward, and yet so kindly and courteous that she secures ready sympathy and effective co-operation. She possesses, in fact, in a high degree those spirited qualities, that rare insight into human character and human motives, which enable one not only to work with others, but to lead them. She was President of the American Society of Superintendents of Nursing Schools in 1905, and was made President of the American Federation of Nurses in 1909. She has been Chairman of several important committees in the various societies, notably for several years of that Committee of the Superintendents' Society related to the Department of Nursing Health at Teachers' College. There is no aspect of nursing affairs with which she is not familiar, and there is to-day no more distinguished woman in nursing in America than Miss Goodrich.

It will be remembered that Miss Goodrich, as President of the American Federation of Nurses (now the American Nurses' Association), attended as its official delegate the International Council meeting in London in 1909. Who will ever forget the dignified rebuke she administered from the platform when she was told by the anti-registration spokesman that there were colleagues in London opposed to professional co-operation. How she instantly stepped forward and said with deep feeling: "I never felt so sad as I do at this moment to hear that there are 67 matrons of leading hospitals in London who are not willing to meet with us to discuss the best way to meet the needs of the sick and of suffering humanity. I beg Mr. Holland's pardon, but I think their place is here, and not his"!

A woman of charming personality and valiant spirit, THE BRITISH JOURNAL OF NURSING warmly welcomes Miss Goodrich as President of the International Council of Nurses, feeling sure that through her administration, the honour of the profession of nursing for which it stands will be in very safe keeping.

At the Annual Meeting of the Australasian Trained Nurses' Association affiliation with the International Council was considered.

OUR PRIZE COMPETITION.

HOW WOULD YOU DEAL WITH SEVERE POST PARTUM HÆMORRHAGE IN THE ABSENCE OF MEDICAL ASSISTANCE?

We have pleasure in awarding the prize this week to Miss Elizabeth Jeffries, Bath Road, Wolverhampton, for her paper on the above subject.

PRIZE PAPER.

In treating a case of severe post partum hæmorrhage in the absence of a doctor the first thing to do is to empty the uterus. The pillow should have already been removed from under the head after the birth of the child, and the patient placed in the left lateral or dorsal position, whichever is preferred. If the placenta has come away, the uterus should be massaged abdominally and all the clots expressed from it. If the placenta has not come away, the uterus should be massaged abdominally, and efforts made to express it. If unsuccessful, an attendant should be asked to grasp the uterus abdominally, and the hands and forearms hastily scrubbed and disinfected; 1 drachm of lysol to 1 pint of boiled water is preferable for the latter, as it also acts as a lubricant. The vulva should be swabbed with an antiseptic with the left hand, and the right hand should then be introduced cone-shaped into the vagina, following up the cord until the placenta is reached. It should then be peeled off from the uterine wall, beginning where partial separation has taken place; the left hand should be placed over the uterus externally. Having ascertained the complete removal of the placenta, all the blood clots and placenta should be removed from the uterus on the withdrawal of the hand. A hypodermic injection of ergotine $\frac{1}{15}$ gr. should then be injected into the buttock, or liquid extract of ergot 1 drachm be given by mouth, but to ensure a quick action the former method is usually adopted.

An intra-uterine douche of lysol 1 drachm to 2 pints of boiled water (temp. 120°) should then be given. A little vaseline or cloths wrung out of cool lotion should be applied to the buttocks to prevent scalding. The douche should be given without using any force, with the left hand on the abdomen over the uterus, to prevent any of the fluid getting into the Fallopian tubes. Great care should also be taken to exclude all the air from the tubing before giving the douche. The hot fluid will cause the uterus to contract.

If this fails to check the hæmorrhage, bimanual compression of the uterus should be done. The hands should be again disinfected

as quickly as possible, and one hand should be introduced into the vagina with the fingers flexed on the palm and lying uppermost; compress the uterus between this hand and the other one placed on the uterus abdominally. This compression mechanically closes the mouths of the blood-vessels, and should be kept up, if possible, for a considerable time. This treatment is usually sufficient to check a case of severe hæmorrhage; but, should it not be effectual, the uterus may be plugged with strips of gauze, but this is rarely undertaken by a nurse.

Having checked the hæmorrhage, the patient should be treated for shock.

The foot of the bed should be raised, and a warm blanket placed next to the patient. Hot bottles, well covered, should also be placed to the feet; if these are not obtainable, hot bricks or the oven plate may be used. The window should be opened.

A rectal injection of saline (1 drachm of salt to 1 pint of boiled water), temp. 100°, should then be given, and, if the patient shows any sign of syncope, 1 oz. brandy to every pint of saline may be given. The patient will usually retain 1 to 2 pints, and the arms and legs should be bandaged upwards towards the trunk; flannel bandages are the best to use.

Hot fomentations or poultices, such as mustard or lin-seed, may be placed over the cardiac region. As there is frequently a tendency to vomit, sips of hot water should be given by mouth at first; afterwards albumen water in small quantities. The binder should not be applied until a firm contraction of the uterus is assured, and the pulse rate is below 100. The saline injections and hot fomentations may be repeated if occasion arises.

Severe hæmorrhage may occur from a laceration of the cervix; if the uterus is small and well contracted, it may be assumed that the bleeding is coming from the cervix, in which case the vagina must be firmly plugged.

HONOURABLE MENTION.

The following competitors receive honourable mention: Miss Gladys Tatham, Miss Katherine Parry, Miss S. A. G. Lett, Miss H. K. E. Loman, Miss M. Macintyre, Miss F. O'Brien.

QUESTION FOR NEXT WEEK

Describe the preparation of a patient for receiving an anæsthetic. What precautions would you take before and after?

We regret to record the death of Mrs. Brooke, of Far Town, Pudsey, who acted as a nurse under Miss Nightingale in the Crimean War. The chief mourner at the funeral was a Crimean veteran of 83 nursed by Mrs. Brooke.

APPOINTMENTS.

MATRON.

The Isolation Hospital, Reigate. — Miss Amy Vokes has been appointed Matron. She was trained at St. George's Hospital, London, and has held the positions of Charge Nurse at the South Eastern Hospital, New Cross, Ward Sister at Woolwich Infirmary, Sister and Assistant Matron at Ilford Isolation Hospital, and Night Superintendent at Enfield Isolation Hospital.

NURSE MATRON.

Erith Cottage Hospital, Erith, Kent. — Miss Mary Burton has been appointed Nurse-Matron. She was trained at the Metropolitan Hospital, Kingsland Road, N.E., where she has held the position of Surgical Sister, and has also done Assistant Matron's duties. She has also been Matron of the Lynton Cottage Hospital, Devon.

Isolation Hospital, Hebburn. — Miss Louisa Blain has been appointed Nurse-Matron. She was trained at the Middlesborough Infirmary, and has held the position of Assistant Nurse at the Macclesfield Poor Law Infirmary, and Assistant Matron under the Lanchester Joint Hospital Board.

Cottage Hospital, Ripley, Derby. — Miss Jennie Holtord has been appointed Nurse-Matron. She was trained at the Sheffield Royal Hospital, and has since been sister at the Horton Infirmary, Banbury, and at the Accident Hospital, Mansfield, where she has done Matron's holiday duty. She holds the certificate of the Central Midwives Board.

NIGHT SISTER.

Nottingham Children's Hospital, Miss Selina Hutton has been appointed Night Sister. She was trained at Taunton and Somerset Hospital, and has been Staff Nurse at the Droitwich and Redditch Hospital, where she has taken Matron's holiday duty. She has also had experience in private nursing.

QUEEN VICTORIA'S JUBILEE INSTITUTE. SUPERINTENDENT.

Miss Norah Terry is appointed to Grimsby as Superintendent. She was trained in general nursing at the Royal Infirmary, Leicester, in midwifery at St. Mary's, Fulham, and in district nursing at Haggerston, and has since held the following appointments: Queen's Nurse, Fleet, New Malden (temp.); Assistant Superintendent, Three Towns; Asst. County Superintendent, Lincolnshire (temp.); Asst. Superintendent, Tipton. Miss Terry holds the Diploma of the Apothecaries Hall and the certificate of the Central Midwives Board.

Transfers and Appointments. Miss Edith Asworth is appointed to Manchester, Ardwick Home; Miss Olive English to Willington; Miss Frances Gillett to Weston-super-Mare; Miss Hilda King to Bridgewater; Miss Ada Morgan, to Old Hill; Miss Selina Morgan, to Widnes; Miss Amy Tabor, to Bridgewater.

NURSING ECHOES.

We do not believe that nurses are amongst those who are guilty of the cruelty of leaving animals to starve when going for their holidays; they are too tenderhearted to suffering in all its forms, and to know that the alternative for their pets was the chance kindness of strangers, or starvation, would quite deprive nurses worthy of the name of any enjoyment. But it is true, though incredible, that many people do go away at this season leaving their domestic pets, and more especially their cats, to shift for themselves, and private nurses, by a well-timed word, may help to prevent this wanton cruelty.

By the kind permission of the Editor of *The Animals' Friend* we are able to reproduce the accompanying picture, and there are surely few who can resist its appeal. Our contemporary gives a necessary word of advice to those who do make provision for their pets. "In all cases inspect the temporary homes, and see animals safely settled in before the bustle of packing commences. Cats particularly dislike disturbance, and may slink away to some out-of-the-way corner—even a cupboard—and get shut up. Far better have an animal leashed than leave it unprotected during absence."

The value of the work of school nurses received striking testimony at a recent meeting of the Lowestoft Education Committee, when the special sub-committee appointed to consider the question of the appointment of a school nurse reported on the desirability of the appointment. The sub-committee was of opinion that the appointment of a school nurse would add little (if any) expense to the rates. A nurse could be obtained at a salary of from £70 to £80 per annum, and with certain other

expenses for treatment of minor ailments and aiding in the provision of spectacles, &c., or by small contributions to existing agencies, the expenditure was estimated not to exceed £100 per annum. The sub-committee was assured that the greater part of the expense would be met by increased grants for increased average attendance.

Lady Frances Balfour presided recently at a meeting of the Three Nursing Committee, when the treasurer was able to make the welcome announcements that the subscriptions received showed a steady increase all round and that a Sale of Work recently held at Scarnish realized a sum of £34.

Lady Frances congratulated the committee on the satisfactory way in which the financial year had been wound up, but said she could not help thinking there was room for further gratuitous giving on the part of all who had the welfare of the sick and suffering at heart. She regretted that they were to be deprived of the services of Nurse Douglas, who during the five years in which she had acted as



DON'T FORGET US.

district nurse had done such humane and beneficent work. The parish minister, the Rev. D. Macpherson, in proposing a vote of thanks to Lady Frances for presiding, was, we are glad to learn, able to report that, although Three knew much sickness, it knew very little poverty.

State pensions amounting to £2 8s. a month are now (says the *Standard*) to be granted to the surviving women nurses who served through the American Civil War. Enlisted nurses have received for years a pension from the Nurses' Pension Fund, but the women who served voluntarily no recognition at all. About 75 women will benefit under this ruling, all of them over 80 years of age, and many, in straitened circumstances.

OUTSIDE THE GATES.

WOMEN.

The Times, discussing the work of the late Miss Octavia Hill, whose life has enriched the country by the example of a noble woman, says:— "It was her fate to be held in high honour by a public which yet failed to understand the true significance of her work. In this respect she resembles Florence Nightingale, who is still popularly regarded as the perfect type and pattern of the hospital nurse, and as the first lady who devoted herself to that then menial calling. . . . She did a great deal, it is true, to improve nursing; but she was very far from being the first of her class to take up that career. For centuries the religious orders had sent refined and cultured women into the hospitals. What Florence Nightingale did was to organise and reform the whole system of military hospitals on sanitary principles and to set up an entirely new standard. There was nothing sentimental about it, though the aim was humanitarian; it was hard, practical work, based on knowledge and carried out on business lines. Octavia Hill's work, equally inspired by sympathy, was marked by the same qualities. She did not start the housing reform movement. . . . She may be said to have entered the movement on the crest of a wave; but she did not follow the main stream. She struck out a line of her own on different principles, and it was here that she became a pioneer. . . . The essence of it was personal service, which took account not only of the house, but of the human beings who occupied it. She became a landlord, at first in a very small way, and she took the calling seriously. . . . The success was double. The condition of the tenants was greatly improved physically and morally, and at the same time the property paid."

BOOK OF THE WEEK.

HALCYONE.*

One cannot imagine a greater contrast than this latest work of Mrs. Glyn to those which have preceded it. If the former were—as undoubtedly they were amusing, "Halcyone" can be read from cover to cover without any unpleasant aroma. The ordinary reader would no doubt prefer a heroine that was not quite so saturated with the classics, but when we have surmounted this difficulty, we find a charming girl just as ready to fall in love as any ignoramus. The child lived with her two ancient great aunts of mid-Victorian attitude of mind. The Misses La Sarthe, of La Sarthe Chase clung to their former glories, although the passing years had greatly impoverished them.

"Miss La Sarthe sat at the head of the table in a green silk dress cut low upon the shoulders

and trimmed with a berthe of blonde lace. Miss Roberta had her thin bones covered with a light shirt of tulle, because she was altogether a poor object than her sister and felt the cold badly. Both ladies wore ringlets at the sides of their faces and little caps of ribbon and lace.

"Need I have any more governesses, Aunt Ginevra?" Halcyone said. "There is an old gentleman who has bought the orchard house, and he says he will teach me Greek, and I already know a number of other tiresome things."

This same old gentleman, who she calls "Cheiron," and whose real name was Mr. Carlyon, becomes her "Master" and confidant.

It is through him that she becomes acquainted with John Derringham.

"It was three years since he had left Oxford, and life held out many interesting aspects for him. He was standing for the southern division of his county in the following spring. He was so eloquent in his discourse, and so full of that divine spark of enthusiasm that he was always listened to. . . . He never posed as anything but an aristocrat." We must confess that to our mind he cuts but a sorry figure.

He falls a victim to the charm of Halcyone's early girlhood, though he is staying in the neighbourhood for the purpose of paying his addresses to a wealthy divorcée, Mrs. Cricklander. Halcyone readily accedes to his request for a secret marriage.

"A wave of emotion surged through him, and he looked at her with reverence and worship, and for one second his own part of utter selfishness flashed into his understanding, so that he asked, with almost an anxious note in his deep assured voice:

"You are not afraid, sweetheart, to come away for all the rest of your life alone with me?"

"Afraid?" she said; "how should I be afraid, since you are my lord and I am your love? Do we not belong to one another?"

"Oh, my dear," he said, as he folded her to his heart in wild, worshipping passion, "God keep you always safe—here in my arms!"

But the day appointed for the marriage finds John unconscious, and the young bride cleft, waiting and watching in vain for her missing lover. Derringham is nursed back to health by Cora Cricklander, and in less than three weeks his engagement to her is announced in the *Morning Post*.

There is nothing particularly original in this story, but we are sufficiently interested in Halcyone to be glad that she is at last made happy with the man she had idealised.

H. H.

WORD FOR THE WEEK.

So many gods, so many creeds—
So many roads that wind, and wind,
And yet, the art of being kind
Is all this sad world needs.

—Anon.

* By Elinor Glyn. (Duckworth & Co., 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 MADAM,—I acknowledge with many thanks the receipt of your cheque for five shillings as the prize in last week's competition.

Yours faithfully,

MENA M. G. BILBY.

Holmslow.

A CATHOLIC NURSES' UNION.

To the Editor of THE BRITISH JOURNAL OF NURSING.
DEAR MADAM,—I should like to send a petition to the Catholic Women's League that a Nurses' Section be formed in connection with the above on similar lines to the Catholic Nurses' Association at Harrow, Manchester, and Liverpool, and shall be obliged if you will kindly insert this letter. The Catholic Women's League have branches in nearly all Catholic dioceses. These also have their local branches, so that nurses could be transferred from one place to another. Perhaps if a sufficient number of nurses vote for it the authorities of both organisations would co-operate and so form a large nurses' Guild. I am quite sure all Catholic nurses feel the need of this bond of union. Will all Catholic nurses write these words on a post card: "We approve of a Catholic Nurses' Guild or Union." Sign it, and send it to me. Several nurses can sign the same card. Please do it at once, as I want the Petition sent in early in September. Address to Miss Pettitt, City Hospital, Searcroft, Leeds.

Thanking you in anticipation,

I am, yours truly,

A. PETITT.

THE PRACTICAL BEARING OF EUGENICS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I entirely agree with Mrs. Barnes in her plea that nurses should realise the practical bearing of Eugenics upon human lives and the opportunities which lie to their hand of doing work of incalculable value to the nation.

It is not so many years ago since we, as nurses, see before ourselves as the thing most desirable of achievement the restoration of the sick to health. We know better now, and realise that a large and increasing part of our work lies in preventing the healthy from becoming sick. To secure for the ill-fed school child nourishing food, a clean body, clean clothes, and sleep in the fresh air, by giving mothers simple lessons in hygiene and quiet individual talks on management, is rendering him far greater service than to feed him with cod-liver oil, to nurse him back to semi-

health, when, through wilful or ignorant neglect—generally the latter—he has become stunted, ill-nourished and rickety. To develop in the adult that air-hunger which will inevitably lead to his migration from the slum, where in close dark and crowded tenements the germs of tuberculosis and other diseases flourish and batten upon humanity, is to cut off the supply of patients from dispensaries and hospitals for tuberculosis, and therefore gives more satisfactory results than the care of individual cases of tuberculosis when contamination has taken place. Both, of course, are necessary, but in the one case our work is for the most part palliative, in the other remedial, and it is the remedial work which is really important. And so, to go back a step further, we come to the importance of eugenics, and the claim that every child who is brought into the world has the right to be well born, of parents who realise their responsibility for his existence, who are themselves healthy, and who by clear lives and self-restraint have done their best to insure that the lamp of life which they hand on to their offspring shall burn brightly and strongly.

No one has greater opportunities of inculcating such truths in all classes of society than the trained nurses of the country and as the opportunity is ours the responsibility is ours also. It all means let us equip ourselves for our chosen work by studying the subject of eugenics, which is as fascinating as it is necessary.

EUGENIST.

REPLY TO CORRESPONDENT.

Maternity Nurse.—Whey may be prepared by adding two tablespoonfuls of liquid rennet to a pint of milk warmed to a temperature of 100 deg. Fahr. This should be stirred and placed on one side to set. The curd should then be broken up with a fork, and strained through wetted muslin, which will retain the curd and allow the whey to pass through.

OUR PRIZE COMPETITIONS.

FOR AUGUST.

August 31st.—Describe the preparation of a patient for receiving an anæsthetic. What precautions would you take before and after?

FOR SEPTEMBER.

September 7th.—Describe your practice in the care and administration of medicines; your method of identifying dangerous drugs, and of distinguishing medicines to be administered to patients from lotions and poisonous solutions used for outward application, or as disinfectants.

NOTICE.

The Editor will be obliged if all business communications, such as requiring extra journals, &c., are addressed to the Manager, THE BRITISH JOURNAL OF NURSING Office, 431, Oxford Street, London, W., and not to the editorial office at 20, Upper Wimpole Street, W.

The Midwife.

QUEEN CHARLOTTE'S HOSPITAL.

By the courtesy of the Matron, Miss Alice Blomfield, we are able to publish the regulations for the Preliminary Training School which is to be opened in connection with Queen Charlotte's Hospital, Marylebone Road, London, N.W., next November.

PRELIMINARY TRAINING SCHOOL.

The Committee of Management have made arrangements whereby those candidates who desire to do so may undergo one month's preliminary training under the supervision of a Sister in Charge before entering upon the ordinary training in the Wards. During this month they will receive such preparation and instruction as will fit them to carry out the important duties which will devolve upon them in the Wards, including lectures in elementary anatomy and physiology, instruction in sickroom cookery, and such details of practical nursing as can be taught before actual attendance on patients and infants.

While in the Preliminary Training School pupils will be required to perform such household duties as will subsequently fall to their share when they are on duty in the Wards. These include sweeping, dusting, &c., but no cleaning of grates or scrubbing.

A separate bedroom at the Nurses' Home is provided for each pupil.

The Committee of Management desire that all candidates shall, if possible, enter for this additional month's (preliminary) training, which will enable them to grasp the work during the succeeding months of their training much more readily, and they urge all pupils to make the most of the special opportunities provided for them in the Preliminary Training School.

Pupil Midwives who decide to enter for the month's preliminary training will join for a total period of six months, the first month of which will be spent in the Preliminary Training School. The fee for the six months will be £40. In the event of a Pupil Midwife leaving during or at the end of the preliminary month, £30 of the fee paid will be returned to her; but the Committee of Management may determine her engagement during or at the end of this preliminary month on the same terms.

Pupil Monthly Nurses who decide to undergo the month's preliminary training will join for a total period of five months, the first month of which will be spent in the Preliminary Training School. The fee for the five months will be £20. In the event of a Pupil Monthly Nurse leaving during or at the end of the preliminary month, £19

of the fee paid will be returned to her, but the Committee of Management may determine her engagement during, or at the end of this preliminary month on the same terms.

This is the first Preliminary Training School to be started in connection with a special hospital and the experiment will be watched with interest. Every one who has had experience in training midwifery pupils must realise that unless they have had previous training in general nursing, it is most bewildering for the pupils, and unsatisfactory for their teachers, that they should begin their work in the wards before they have an elementary knowledge of anatomy and physiology, and the knowledge acquired in a few short months of preparation for the examination of the Central Midwives' Board is likely to be, for the most part, forgotten as soon as it has served a temporary purpose. To devote even a month therefore to acquiring theoretical training in the principles underlying the practice of midwifery must be a gain, and the extension of the course to six months is a step in the right direction. At the same time, we think that only a limited number of pupils will be able to afford to spend £30 on acquiring this training, considering that the prospects for midwives when trained are so poor. Lastly, does not the fact that even the special hospitals are feeling the want of preliminary training for their pupils indicate the need for a Central Preliminary Training School, instead of the more costly plan of each hospital providing preliminary teaching for its pupils?

CENTRAL MIDWIVES' BOARD.

LIST OF SUCCESSFUL CANDIDATES.

At the Examination of the Central Midwives' Board held in London on August 1st, 28 candidates were examined and 237 passed the examiners. The percentage of failures was 15.4.

LONDON.

British Lying-in Hospital.—M. S. McIlwham.

City of London Lying-in Hospital.—E. E. Booth, M. F. Bray, F. A. Cooke, M. E. Cooper, E. G. Gibbins, M. A. Searle, A. Steinecke, M. Straker, C. F. Wheeler.

Clapham Maternity Hospital.—O. M. Bailey, M. Devi, C. L. Heckrath, G. M. Swainson, G. E. Tebby, K. S. Vine.

East End Mothers' Home.—P. Cook, M. A. Hardwick, W. G. Palmer, L. E. Spencer.

General Lying-in Hospital.—E. W. Barber, E. Berry, A. Burr, S. K. Clappen, B. Clark, L. J. Davies, E. L. Dowton, T. A. Gooday, H. M. Hayward, L. H. Hazelgrove, M. E. Hirst, R. A. Holden, E. E. F. Ingle, G. L. Ingle, W. Johnson,

F. K. M. Jones, L. A. Knighton (Private), C. E. Lewis (Private), M. B. Lorden, F. de N. Lucas, A. F. Mitchell, M. E. Morgan, S. B. Page, A. M. Quinn, L. A. Ratcliffe, A. M. P. Rees, M. de R. Rendle, E. B. Roberts, A. Sheldon, M. A. B. Simes, A. E. Stanley (Private), A. E. Stuart, M. Y. Thomson, M. G. White, M. H. Whiteley.

Guy's Institution.—K. M. Dickson, E. A. G. Eaton, A. Hawkins, C. Myers, E. C. P. Orchard.

London Hospital.—L. Armitage, E. Ashburner, J. L. R. Bain, A. D. Bentwich (Private), W. E. Betts, M. Price, F. M. Pritchard.

Maternity Nursing Association.—A. J. Birch, A. K. Harris, A. B. Hawtin, J. A. Herbert, G. M. Hutchinson, A. Milner, R. Roddan, F. Sugden.

Middlesex Hospital.—C. E. Bott, E. L. S. Simmonds, F. Wadds.

New Hospital for Women.—E. S. Camm, E. I. Little.

Platow Maternity Charity.—C. E. A. Acors, A. G. Bainbridge, I. M. Barker, C. Burchill, R. Clackson, L. A. Cockell, A. Cooper, M. E. Corres, M. A. Cousins, V. A. Ellwood, H. Fuge, M. Hindle, H. Jago, E. A. Kinch, M. A. Longbone, L. G. Morris, A. M. Powell, J. Pryde, A. R. Rogers, M. M. Turner, R. A. Tyrrell, J. Williams.

Regions Beyond Missionary Union.—E. J. Parker.

Queen Charlotte's Hospital.—E. A. Crowther, E. A. Du Pré, M. I. Frev, I. M. Garside, E. M. Gaze, A. Gunter, F. E. Hammond, M. A. Heugh, A. M. Hornblower, H. E. Kirkby, M. C. Martyn, M. Munro, L. Oates, D. Pritchard, E. H. Snelling, M. S. G. Widdicombe.

St. Barth lome's Hospital.—L. E. H. Maulton. *Salvation Army Maternity Hospital*.—J. Anderson, A. Desson, A. M. Edmonds, J. Hagopian, D. G. Hunter, G. M. Marshall, C. Quinn, K. J. L. Rothengatter.

Shoreditch Union Infirmary.—E. Wood. *University College Hospital*.—C. Dalton, E. M. James, E. L. Johns, (Levisham Union Inf.), M. Martin.

West Ham Workhouse.—R. Reynolds. *Woodwich Home for Mothers and Babies*.—D. Dawson.

Woodwich Military Families' Hospital.—E. Barker.

PROVINCIAL.

Aldershot Louise Margaret Hospital.—H. Levv. *Aston Union Workhouse*.—G. Barrett, E. M. Edwards.

Birkenhead Maternity Hospital.—C. F. Wallace. *Birmingham Maternity Hospital*.—A. E. Bayliss, E. F. Morris.

Brentford Union Hospital.—L. Thomas. *Brighton and Hove Hospital for Women*.—F. Ablett, M. Duffield, W. M. Falla, C. M. Richard, I. Stone, E. J. Thomas.

Bristol Royal Infirmary.—F. M. Abbott, L. Coombs, E. I. Stobie.

Chatham Military Families' Hospital.—E. Evans. *Derby, Royal Derby Nursing Association*.—C. E. Coulson, H. Millington.

Devon and Cornwall Training School.—A. M. B. Bennett, I. Brooke, A. Donohoe, C. M. H. Pentreath, H. Rowe.

Essex County Cottage Nursing Society.—I. E. L. Branch, H. Cant, A. Hulse, M. I. Leyburn, A. S. J. Roddis.

Gloucester District Nursing Society.—T. Coggins. *Greenwich Union Infirmary*.—E. Osborne, K. B. Scott, E. L. Sinclair.

Hull Lying-in Charity and Nottingham Workhouse Infirmary.—W. H. E. Whitbread.

Kingston-on-Thames Union Infirmary.—E. L. Smith.

Leeds Maternity Hospital.—V. Honneyman. *Mansfield Union Workhouse*.—A. M. Playdon.

Monmouthshire Training Centre.—M. E. Todd. *North Evington Union Infirmary*.—E. M. Adams.

Preston Union Workhouse.—S. Edwards. *Sheffield Jessop Hospital*.—C. E. Quayle, E. L. Smith.

Shorncliffe, Helena Hospital.—K. G. Lee, A. E. Patmore.

Sleyning Union Infirmary.—F. E. Hart. *Worcester Nursing Institution*.—F. E. Hill, E. Sandham.

WALES.

Q.T.J.N.I., Cardiff.—K. A. Hall.

SCOTLAND.

Dundee Maternity Hospital.—M. E. Hills, E. McCaul.

Edinburgh Royal Maternity Hospital.—G. M. Bennet, E. A. Simson, J. A. Smith.

Glasgow Maternity Hospital.—J. A. Aird, J. Crawford, J. W. Gentleman, M. Theobalds, E. A. Ward.

IRELAND.

Curragh Camp Military Families' Hospital.—A. Cameron.

Dublin Coombe Hospital.—K. Hackett. *Dublin National Maternity Hospital*.—M. Somers.

Dublin Rotunda Hospital.—W. M. Burroughs, N. Chopping, A. R. Colhoun, A. Jackson, M. J. St. John, G. E. Watts.

PRIVATE TUITION.

M. E. Alexander, M. A. W. Bannister, A. J. Boden, M. A. M. Borthwick, M. A. R. Callender, A. E. Cooper, E. Cooper (Kingswood Nurses' Home), H. Davies, E. E. Dunklev, P. X. Goldsworthy, J. C. Gray, A. M. Hanks, L. M. Hebditch, E. E. Hutchings, K. Jones, M. A. Jones, M. Kelsey, M. King, M. A. Lloyd, H. R. Nice, E. H. Nicholson, E. Otterburn, I. M. Parry, K. Pask, A. F. M. Rice, A. M. Spreadbury, A. Stringer, L. E. H. Stroud, E. M. Suckling, C. Tubbs, C. C. Webb, E. M. Wilson, C. M. Wood, L. Wood.

The Governors of the Birmingham and Midland Hospital for Women have approved a scheme which will place 25 additional beds at their disposal for puerperal fever and general septic cases. Fourteen of these will be appropriated to the puerperal fever cases of the city, for which the City Council will pay £75 per bed per annum, about $\frac{1}{2}$ of the cost. Puerperal fever is a notifiable disease in Birmingham.

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EDITORIAL.

THE HOLIDAY SEASON.

It is good for man—and for woman—to work, and it may indeed be taken as certain that the happiest people in the world are the hard workers. To go no further than our own profession, nurses are some of the hardest workers; seven days—or nights—a week they are to be found at their posts, making little of a ten hours day—and not their predecessors indeed work for fourteen hours daily with equal cheerfulness?

Yet the day comes sometimes when the music of the spheres is tuned to a minor key, when life becomes a burden, and work a weariness. Then indeed it is time for the workman to lay down his tools for a while and seek that rest which his honest toil has earned. And to nurses also the call comes, the call of Mother Nature, to leave the feverish cities and come once more to learn of her, to absorb something of her peace, her strength, her restfulness, to learn in the solitudes with which, if we will let her, she surrounds us, and so come back once more, each to her appointed place in the world of work, re-invigorated, ready to grapple again with the difficulties and daily worries which lie in wait for us all.

Indeed there is something about the holiday-makers which is unmistakable. We met them perhaps in tube and bus three weeks or a month ago, listless, unobservant, inert. A few weeks of absence and we meet them again, buoyant, optimistic and full of energy, and it is Nature who has wrought the change. Therefore it behoves all nurses cease work from time to time that they may return to it surcharged with all those potent forces which Nature liberally bestows on those who turn to her for help. "Nature never did betray the heart that loves her."

It is not to be expected that all tastes should be the same; to some people quiet seems essential to their well-being, to others it is merely oppressive. Some seek companionship, others desire to escape from it. But whatever it is which will restore to us the lost power to work, let us seek it, whether in the gay parks and boulevards of a foreign city, or amongst hills and mountains at home or abroad, where, to the accompaniment of running water, the birds alone make melody.

It was a great lover of Nature who wrote: "The best image which the world can give of Paradise is in the slope of the meadows, orchards and cornfields on the side of a great Alp, with its purple rocks and eternal snows above. . . . Loveliness of colour, perfectness of form, endlessness of change, wonderfulness of structure, are precious to all undiseased human minds; and the superiority of the mountains in all these things to the lowland is, I repeat, as measurable as the richness of a painted window matched with a white one, or the wealth of a museum compared with that of a simply furnished chamber. They seem to have been built for the human race, as at once their schools and cathedrals; full of treasures of illuminated manuscript for the scholar, kindly in simple lessons to the worker, quiet in pale cloisters for the thinker, glorious in holiness for the worshipper."

For all the mountains have some message, and they are wise who seek to decipher it. And while we enjoy the wonders of the glorious world around us, unspoiled as on the day of its creation, let us remember those who in sick room and hospital ward are transfixed on beds of pain, and through the peace and serenity which enfolds us when we return to work amongst them, let us pass on the message of the everlasting hills.

HOOKWORM DISEASE.*

By ANNA T. SORGENFREY.

Only within recent years has the hookworm disease been heard of in California. Even so, it has been regarded with more or less indifference, and believed by some to be another term for laziness. Through the investigations of Dr. Herbert Gunn, of the Board of Health, we have abundant proof that the disease exists, not only in the heart of our city, but in the gold mines and agricultural districts of the State, and unless prompt and efficient measures are taken to eradicate it, the hookworm is here to stay.

Sir Patrick Manson says, "Hookworm disease, since its discovery by Dubini in 1838, has become so widely diffused that it may be said to occur in nearly all the tropical and sub-tropical countries. Its marked characteristic is progressive anæmia. In many parts of India seventy-five per cent. of the inhabitants are affected; in Egypt the anæmia it gives rise to is one of the common causes for rejection of troops in the army." Another authority says that in Ceylon it is considered as far more serious than cholera. It was found by another professor to be the cause of an epidemic of anæmia in a Cornish mine; it occurs in the mines of Austria and is abundant in Southern Europe. John D. Rockefeller recently donated one million dollars for the eradication of hookworm among the negroes and shiftless whites, commonly called "poor white trash" in our Southern States. Our island possessions, Porto Rico and Hawaii, are both heavily infected.

In Porto Rico, before the Government began its medical and sanitary campaign in 1904, the infection embraced nearly all of the country population and was the cause of one-third of the total death rate. The disease is said to have been imported to Porto Rico by the first slaves from Africa, as far back as the sixteenth century. Porto Ricans in turn have carried the infection not only to Hawaii's native population but to the large number of Spaniards who during the last ten or fifteen years have been emigrating to these islands. The Spaniards work on the plantations together with the Porto Ricans among other foreign labourers, mostly coolies, and, tiring of the plantation conditions, flock to California, carrying their infection with them.

The alien hookworm carriers, Chinese, Japanese, Hindoos and Central Americans, come under the jurisdiction of the Immigration Department and are handled by the Federal Government at its station at Angel Island. With the Porto Ricans and Spanish it is different; coming from our own possessions these laws do not apply to them and they land without a protest. Most of them congregate in the Latin quarter on Telegraph Hill, and sooner or later they become scattered throughout the State, where they work in the fruit and vegetable districts and where wholesale pollution of the soil and water is carried on through their lax habits and the absence of sewer facilities in country districts.

"The normal habitat of the hookworm is the small intestine of man, particularly the jejunum, rarely in the lower reaches of the intestine and occasionally in the stomach. In these situations it attaches itself to the mucous membrane by means of its powerful capsule-shaped mouth, which is armed on each side by two claw-like hooks and one cone-shaped tooth. It obtains a plentiful supply of blood in this manner. It is supposed to shift its hold from time to time, the abandoned bite continuing to ooze blood for a short period. The red corpuscles pass through it unchanged, the plasma only being utilized.

"The female produces a never-ending stream of eggs which pass out in the faeces. While in the body of the host the development of the embryo does not advance very far, but on leaving the human body it proceeds in suitable circumstances to develop with great rapidity into certain other changes until it reaches a torpid condition; in that state it will live for weeks or months in muddy water, mud, or damp earth. In this way those handling the soil, the brick-maker, the miner, and the agriculturist are infected by the dirt adhering to their hands, dishes, &c., as well as by drinking-water." Nearly all the inhabitants of the tropics go barefoot, this being the most frequent manner of infection, the embryo, which is microscopic, entering through the skin. It might be interesting to hear about the intelligent way in which this embryo reaches the alimentary canal. After it enters the skin it proceeds through the circulation to the heart, the lungs, and finally to the œsophagus, where it is swallowed by its victim.

"Some idea of the intensity of the infection may be got from the enumeration in a given quantity of faeces—150 to 180 eggs per cubic centigramme indicate an infection of about 1,000 worms, male and female." In other

* Read at the Ninth Annual Convention of the Californian State Nurses' Association and published in *The Pacific Coast Journal of Nursing*.

words, five or six eggs on an ordinary glass slide would indicate a heavy infection.

"Considering the constant drain of blood, the catarrh arising from the irritation of the mucous membrane, the consequent impairment of nutrition, as those poor people live usually on coarse innutritious food, it can be plainly seen that they are in a state of chronic starvation.

"The disease, as stated before, is characterized by marked anæmia, associated with more or less dyspepsia." One of the earliest symptoms is pain and uneasiness in the epigastrium, unnatural cravings, constipation, lassitude, pallor and mental apathy and depression. This last symptom is very marked. In the advanced stages the face is puffy and the feet and ankles swollen. There is no apparent wasting on account of the œdema present. Children infected with the disease are undersized and under-developed.

In some instances the return to health under treatment has been so sudden as to be remarkable. A new interest in life through a desire to go to work showed mental and moral, as well as physical improvement.

Thymol is the drug most popularly used. The patient is put on liquid diet for one or two days and an aperient, preferably Epsom salts, is given to clear the intestinal tract, after which thymol in twenty-grain doses (adult dose) is given every hour until three doses or sixty grains have been taken. One hour after the last dose of thymol another dose of salts is given. One or two hours after this the patient is allowed a light diet. No oil, alcohol, whiskey, wine, glycerine, or turpentine, used either as food or medicine, are allowed for the rest of the day, as thymol is soluble in all of these and poisoning by absorption of the drug might ensue, and, therefore, collapse.

THE PREVENTION OF THE SEQUELÆ OF MIDDLE EAR SUPPURATION.

The *British Medical Journal*, discussing the proceedings in the Section of Otolgy at the recent Annual Meeting of the British Medical Association, says that Dr. Claude Rundle, who spoke from experience at a fever hospital, raised some interesting practical points. He avoids routine treatment of the throat and naso-pharynx in scarlet fever and measles, and to this attributes the relatively low incidence of otitis at the Fazakerley Hospital. Dr. Rundle also considers that the otitis occurring in the acute stage of an exanthem is as a general rule mild, rarely calling for any surgical interference.

THE INTERNATIONAL CONGRESS OF NURSES.

TUESDAY, AUGUST 6th.

AFTERNOON SESSION.

On the afternoon of August 6th the Cologne Congress re-assembled, under the presidency of Mrs. Bedford Fenwick, to consider—(1) The Duties of the Matron in the Training and Education of Nurses; and (2) The Duties of the Matron in the Administration of Hospitals. In opening the Session, Mrs. Fenwick said that the question to be discussed was one of the most important, if not the most important, before the Congress. It was, moreover, one on which a difference of opinion existed in European countries. In the United Kingdom the heads of the Secretarial, Medical, and Nursing Departments were usually held directly responsible to the Administrative Committee for the efficiency of their several departments; and this had proved to be the only system by which the best results could be hoped for. The claim that the Matron should have sufficient power and responsibility to enable her to fulfil the duties of her office had been advanced by Miss Nightingale; and harmony and efficiency could not be maintained without a just measure of power. She then called on Miss Mollett, for many years Matron of an important provincial hospital in England—the Royal South Hants and Southampton Hospital—to present the first paper.

THE DUTIES OF THE MATRON IN THE TRAINING AND EDUCATION OF NURSES.

Miss Mollett said in the course of her paper (read in German) that the conception of nursing as a profession, as something to be studied, and which required instruction and a certain degree of education, originated with Florence Nightingale, and with her attitude towards training. To a certain extent, public homage had placed a halo about her head. She was, however, as we all now knew, before all a great teacher; and firmly believed that willingness of spirit, piety and self-sacrifice alone could not make a good nurse. These qualities must indeed be present, but without training, without a certain well-regulated instruction in the art of nursing, they must fail of their full fruition. Miss Nightingale reiterated this point again and again—the nurse must be carefully and definitely trained.

At the beginning and in the middle of the last century English nurses were drawn almost entirely from the lower—even the lowest—classes. That they should be educated was unthought of, and it was even rare that one could read. Indeed, the calling of a nurse was hardly held to be respectable. The descriptions given by Dickens and other writers of that time were by no means overdrawn.

Miss Nightingale had, therefore, no traditions to follow in founding her school. She belonged to a cultured English family, her friends and relations were influential people, and she returned from the Crimea a heroine—to devote the fund

offered her by the English nation to the establishment of her famous school at St. Thomas' Hospital on secular lines. She herself drew up the rules for this school; and in these celebrated rules she laid down the absolute principle that the Matron must be the head of the training school, and must have control of all that pertained to the nursing of the sick and the well-being and discipline of the nurses.

The speaker then said:—

My introduction has been rather long, but I wished to make it clear that English nursing, as a calling or profession, did not come into existence under the direct influence of the church, but has been the creation of a woman—a woman who recognised clearly the importance of thorough training, and who was convinced that this training must be directed by women.

The physician must demand unconditional obedience in all that relates to the treatment and care of the patient; but the discipline and the training of the nurse were placed in the hands of the Matron, as head and guide of the Sisters. This is still the English ideal and system.

It has been truly said that, in hospitals where the entire control of nursing lies in the hands of the medical profession, the nurses develop a tendency to regard themselves as assistants to the physician, rather than as nurses to the sick, and to neglect all the fine points of nursing care, which mean so much to the patient. Again, when hospital committees have absolute control, the nursing staff is usually too little regarded; and, from motives of economy, is turned to house-work; the plan of working hours is likely to be stupid and ineffective, so that nurses have no time for rest. A weary, exhausted woman, with hands roughened by coarse work, cannot bring to the bedside the patience, the serenity, and the gentle touch which the patient needs.

It is not our ideal to develop either half-taught physicians or half-trained servants, but well-taught, expert, and devoted nurses. And at their head there must be a woman, herself a nurse, who has passed through every stage of nursing, and who knows every detail of the probationer's life and work, who will see to every link in the chain of her pupils' education and training in the nursing art. She must cherish the moral and the ethical needs of the nurses under her, and must also care for their physical well-being. It is the duty of the Matron to see that the nursing staff is not harmed by injudicious and unintelligent efforts at economy, which, on the side of hospital authorities, are usually aimed first at the women's departments, and she must not hesitate to protest when such tendency is shown, for she may not hold her office and ignore its responsibilities. It is her duty to see that the nurses have suitable living quarters and nourishing food, and that their day or night plan of hours allows sufficient time for rest. She must see that nurses are in a fit condition to perform all their duties perfectly, for her responsibility towards the medical staff is to see that all orders are fulfilled thoroughly and punctually,

She has also, toward the patients, the responsibility of seeing that they are cared for with a devotion to infinitely small details, and in a serene and tender manner, and that the ward service shall not become a routine performed in frenzied haste by women who are trying to make two hands do the work of six or eight. To see that nurses have sufficient time for rest is one of the Matron's chief duties, for if they are physically exhausted they are unable to utilise the instruction that is offered them.

The tone or atmosphere found in any hospital is given by the Matron's influence. There is a proverb, "Practice is better than precept," and if the Matron gives her nurses an example of uprightness, humanitarianism, order and discipline, this example is worth more than sermons. If to this she adds a truly religious spirit, a real faith, she stands so much higher.

The position of Matron is, I think, an ideal one, but it calls for an ideal personality to fill it. The Matron must have a truly noble character, a firm will, a cheerful and motherly spirit, and a complete armament of education. A human being before all, she must help to bear the common lot of humanity.

THE DIRECTION OF PUPIL NURSES.

Miss Anna Maxwell, Superintendent of Nurses at the Presbyterian Hospital, New York, U.S.A., who said that she had been working in hospitals for thirty-eight years—thirty-three in charge of schools, for twenty of which she had superintended the Nursing School at the Presbyterian Hospital—explained that in America there was a somewhat different way of managing to that which had previously been described. There was a male Superintendent of the Hospital as a whole. The Superintendent of Nurses was responsible for the training of the nurses in the wards, and followed the career of each pupil from the day she entered to the day she left. At the Presbyterian Hospital a six months' preparatory course had been established, two months of which were spent in practical and four in theoretical work. The Superintendents had absolute authority over the pupils, their correction and direction. A strong line of demarcation was drawn between the work of a nurse and of a physician. In this way the risk of friction was minimised.

In their first lessons on ethics the nurses were taught what to expect, and wherein lay their responsibility; they also received instruction in the ethical side of private nursing. In regard to district nursing, instruction was given in social problems, and the work was thus developed and made stronger.

Miss Maxwell emphasised the fact that one individual was responsible for and cared for the pupil throughout the whole of her training. She could not imagine that two or three people could be responsible successfully.

THE DEVELOPMENT OF THE NURSING PROFESSION.

Sister Agnes Karl said that, from the nursing standpoint, the Matron was a most important

factor in the development of the nursing profession. Medical instruction must always remain in the hands of the doctor, but it was the Matron of the training school who must train and educate probationers and nurses, and in her hands should lie the right of final decision respecting the qualifications of a candidate for the profession. Until, as in England, personal application was a necessary preliminary to admission as a probationer, a careful correspondence should be conducted by the Matron with the applicant; a medical certificate should not be regarded as sufficient. A Matron's duties were manifold, and she should be assisted by a capable Head Sister, but she should never give the reins out of her own hands. She should neither draw them too tight nor let them slip. Order, and with order good work, and contentment could only so be obtained, and a standpoint maintained beneficial alike to patients and nurses. A Matron should herself have passed through all branches of training and be able in cases of emergency to give practical demonstration of her knowledge. Only those who had worked their way up from the lowest rung of the ladder, and knew the difficulties which beset those who were climbing, could really estimate the amount of work which could be demanded of nurses with benefit to both patient and nurse. It was customary for expensive machinery to be examined from time to time in order that each function might be repaired and put into working order. Surely the same care should be bestowed upon those who were working in such an important department as the care of human beings. A Matron should be very careful of the health of those under her guidance, check overstrain prompted by ambition, discourage undue hardening, while combating slackness. Incapable of either favouritism or petty tyranny, a Matron besides being well educated should be broad-minded, warm-hearted, and well-balanced. It would be seen that almost an ideal woman was demanded, but nursing was an ideal calling, and only the best tools were good enough, only the best workers could mould the material and train and educate a staff to be an honour to their calling. A Head Sister might rise to be a Matron, and it was interesting to know that from next winter the Leipzig Lyceum would give courses on political economy, hygienics and pedagogics which would be of incalculable value to both Head Sisters and Matrons. It was to be hoped that, as in other branches of woman's study, scholarships would be granted which would enable those who were without private means to profit by these most important courses.

THE DUTY OF THE MATRON IN THE ADMINISTRATION OF HOSPITALS.

Oberin Becker said that a deaconess home was almost always connected with a hospital. In the former department the Matron had absolute power of administration, whilst in the latter she was assisted by the resident clergyman. Office and house-deaconesses worked under her orders. Officials and inspectors were unknown, though

secular female help was employed in the office. The Red-Cross Matron was absolute administrator. She discussed matters with the Board, or even with the president, treasurer and secretary only, but in her hands was the final decision. The head doctor decided what articles were necessary for special treatment and as far as means allowed his wishes were law, but it was the Matron who saw them carried out. Uniform, furniture, &c., were renewed or bought by her, a fixed sum being allowed. She decided on the admission of probationers and nurses and apportioned the nurses' work. She was free to engage or dismiss servants. The Matron of a seminary—that is a large town hospital—though she was present at the Board Meetings and her advice often regarded as conclusive, had no power in the administration, which was in the hands of a sub-inspector, and head inspector or director. With the admission of patients, payments, purveying, she had nothing to do. Any wish expressed by the Ward Sister the Matron laid before the Board. She devoted her time to the supervision of nurses, training of probationers, and conducting of correspondence. A Head Sister sent to manage a small hospital—50-100 beds—had the absolute power of a Matron, and in sixty such hospitals Sisters of the Evangelical Deaconesses' Society have proved capable administrators.

THE TRAINING OF NURSES IN HOLLAND.

Miss Mejan said that the task had been assigned to her of speaking on the Matron's duties and position in Holland, and she was sorry that there was little she could say, as the training of nurses in Holland was still very incomplete and far from systematic. In the large hospitals the Matrons usually lectured to the nurses, but irregularly. Sometimes months intervened between such lectures, and it was almost a fortunate accident when pupils in their "Lehrzeit" (period when teaching is given) received any instruction from their Matrons. The lectures from the medical staff were usually repeated or explained by the Matron, who then spoke also upon ethics. Practical work was taught in the wards by the Sisters and senior nurses. In some of the smaller hospitals the pupils received more personal instruction from the Matron. But Dutch nurses continually felt aware of the deficiencies in their training and of its planless character. Miss Mejan spoke of the efforts the Nurses' Association (Nosokomos) was making, to develop and improve hospital training. At present it often happened that pupils completed their time and received their certificates, having only gone through part of the hospital divisions. The Matron's sphere was too closely limited to housekeeping, and her authority was restricted. She was not permitted to occupy her rightful position in regard to the nurses.

FRIENDS AND COMRADES.

Sister Cecilia Wolf thought that Sisters appointed to the position of Oberin (Lady Superintendent) might become too much of a class apart from the nurses. She pleaded that they should

not only be Superintendents but should also be the friends and comrades of the nurses under them.

DISCUSSION.

Sister Helene Meyer hoped that the Congress would strengthen the hands of the Matron in administration. She considered she should have a direct voice on the management, and mentioned the case of a highly qualified sister who could not get justice done in a difference with a young medical man, though she was absolutely in the right, because there was no one to voice her point of view, and the Oberin was unable to help her.

Miss Nutting said that she could not let the discussion pass without a few words. She emphasised the need of well educated women as the heads of training schools, and said that in all countries there was some danger lest the Matron should be principally a practical housekeeper. No one without a good general education could conduct a nurse-training school, which was a complicated organisation, on the best lines. There was need to urge the selection for admission to the training schools of women of good education, and appointments to the higher posts should certainly be limited to them.

DEFINITION OF DUTIES NECESSARY.

Miss Dock then summarised a paper contributed by Baroness Mannerheim, who said that there was great need for discussion on the position of the Matron, for nothing could vary more than the ideas on her duties and responsibilities, and it was important that those duties and responsibilities should be clearly defined.

In many countries the belief was held that the non-Matron system was best, a conviction based on the wrong impression which people received of what was really meant by a Matron at the head of a hospital.

Perhaps the fear of "petticoat government" was not wholly without foundation, for there were certainly instances of hospital rules which seemed written on purpose to crush all individuality out of those governed, but to mend an evil by going to the other extreme could never be considered a wise policy, and when the change advocated was not a step forward but a retracing of steps already taken, and a revival of dreary times gone by, reason should condemn such a change.

For it was not as if the non-Matron system were a new innovation. It was just the old order of things making for muddle and confusion, and which the genius of a woman once condemned with the words: "In disciplinary matters a woman only can understand a woman"; and "A training school without a mother is worse than children without parents."

She had seen nurses from several countries where this non-Matron system was now prevalent. She knew many of them, influenced in great part by their physicians and surgeons would, on being asked, say that they were much happier and felt much freer to do what they liked, and arrange

their life and their work as they pleased without a Matron to superintend them; but she knew also a number of nurses working under the same conditions, many of whom—especially those who had anything to do with the training of probationers—felt deeply the deficiencies of a system where there was no one to carry the responsibility of the whole, and to see that the instruction the youthful nurses had a right to receive was really systematically and thoroughly given.

Baroness Mannerheim urged strongly the need of a Matron to carry the responsibility as a whole, to see that the instruction the pupil nurses received was really systematic and thorough in its scope, and that each pupil received her share of training in the different wards. Also who should keep in mind the question not only of the work to be done by the young girls entrusted to the care of the hospital, but also the care of their health of body and mind if there were not a woman at the head of the institution? Sisters and nurses also needed sometimes someone to go to, and consult on questions upon which only a woman could give advice, and there must be someone to decide upon the work to be done, and when and how to do it, to arrange off times and holidays for the nursing staff, and many other things concerning the internal arrangements of the hospital.

She had often heard medical men say that if the Matron would limit herself to the housekeeping and be content with looking after the linen-room they would not object to her, but it was her meddling with the nursing which could not be tolerated, and made the non-Matron system preferable. Baroness Mannerheim said that she had always come to the conclusion that what was meant by the *nursing* was the *treatment*, which was naturally a matter between the doctor and the ward sister; but this was not what was included in the nursing proper, the daily attendance to the needs of the patients, and to the cleanliness and hygiene of the wards, which ought not to be left entirely to the judgment of the different ward sisters.

If the sisters and nurses of the hospital, as ought always to be the case, had been chosen by the Matron who thoroughly knew them and their qualifications, she must be able to believe in their loyalty and goodwill, but nevertheless it was she who, either in person or with the help of assistants, must superintend the work and see that it was always done in a certain approved fashion, and that no slackness was allowed to creep into it. Only thus would she rest assured that the patients under her care received the attendance due to them, and only thus could the standard of work be reached without which no hospital could ever aspire to give the pupils entrusted to its care the training they had the right to receive.

The personality of the Matron was of the greatest importance, and permeated the whole hospital. If she were really as good and as strong a woman as she ought to be, you felt the happy harmonious spirit of the hospital at the gate. In the manner

of your reception, first by the porter and then by the Sisters and everyone belonging to the place; you perceived a subtle influence, with which you either felt in harmony, or else which jarred upon you, and to which you could even feel antagonistic. When you met the Matron you would no doubt understand why you felt as you did. In this influence lay the chief significance of the Matron. The tone and tenor of the hospital was as much her work as the supervision of the nursing, the housekeeping, and the linen-room. She should be the soul and spirit of the place, and had—her position given—a position most enviable, and a great power for good in all the departments of the little world which was hers.

RESOLUTION.

The following resolution was then proposed by Miss B. Kelly, Matron of Dr. Stevens' Hospital Dublin, who said she spoke after twenty-one years' experience as a Matron, and was seconded by Miss Helen L. Pearse, and carried unanimously.

"Whereas Florence Nightingale declared that a woman, herself trained in nursing, must be at the head of every nursing staff, and must have full charge of the teaching and discipline of the staff, and whereas this truth has been testified to by every succeeding generation of nurses, be it resolved that we in this meeting declare our complete and unshakable adherence to this principle, and earnestly urge upon hospital administrations to give proper scope and extent to the Matron's sphere in order that she may best fulfil her duties both of teaching, of supervision and of disciplinary control."

The Chairman said we had heard much during the afternoon of the great responsibility of the Matron, but we had not heard one word about the training which was to qualify her for the fulfilment of her duties. A special curriculum was very much needed to enable trained nurses to qualify as Superintendents of nurse training schools, and as domestic administrators in hospitals.

The first step in this direction had been taken in England by the War Office. In the Military Nursing Service a Sister was not eligible for promotion to a Matron's post until she had passed through a prescribed course of special training, and given evidence of her ability to teach and impart knowledge. In the State of Victoria, in the Commonwealth of Australia, an excellent system had been inaugurated by the Royal Victorian Trained Nurses' Association, which was supported by hospital authorities, of granting to trained nurses a Matron's Certificate after a special course and examination, before they were considered eligible for a Matron's post.

No such systematic preparation was available in England—or required—outside the Military Nursing Service; but a very thorough course was obtainable at Teachers' College, Columbia University, New York in connection with the Department of Nursing and Health, under the direction of Miss Nutting.

THE GERMAN INSTITUTION AND HOSPITAL WORLD.

THE JEWISH CHILDREN'S HOME.

It is well known that Jews are most generous in caring for their co-religionists. It was our privilege, in addition to the Jewish Hospital, to see another of their institutions in Cologne—the Children's Home. The Home is a large, well-built institution situated somewhat on the outskirts of the city.

On arriving we were shown into the dining room, which was most tastefully and comfortably furnished, from which opened a large salon sparsely furnished, and which we understood was used by the children on wet days. All the floors were covered with what seems to be the usual floor covering in Cologne hospitals and institutions well polished and perfectly laid linoleum. On the walls were hung a few pictures, the whole giving an impression of comfort, light and air. After waiting a few minutes a lady entered and acted as guide.

The girls are housed on the first floor where, under efficient guidance, they are taught practical economy, as they are entirely responsible for the care of their own quarters. We saw them washing, ironing, folding, and doing all the ordinary work of the day. The dormitories appeared somewhat crowded, but fear of insufficient air was removed when we heard that all slept with open windows.

The next floor is occupied by the babies, some being in cradles, older ones on the verandah singing their little action songs for the pleasure of the visitors, all so bright and happy, and most interested in the crowd of foreign ladies. The Home was founded by Frau Photo, and two other ladies, the present director being Herr Marcus Photo, son of the former, who, speaking in excellent English, most kindly explained everything, answering our numerous questions most patiently.

The children need not be orphans, if necessitous that is sufficient qualification. They are taken at any age from ten days old. Girls are kept until 16 years, and boys 14 years of age. The girls are taught everything necessary to make them efficient domestic servants, and the boys are apprenticed to trades or put to other work for which they show inclination. All are given the usual education required by the State.

Older girls are taken for one year to train in domestic economy, but these pay 25 or 30 marks a month. Another department is the crèche for the children of working mothers. These children are kept separate from the others, and are fed, amused and taught by kindergarten methods in a large playground or play room, according to the weather. About 50 come daily, their parents paying (if they can) about 7 pence a week. All the babes are put to rest for an hour or two after dinner on long low carpet chairs. The work is not confined exclusively to Jewish children, but Christians are taken also, but are kept only until two years of age.

Still another branch of the work is the soup kitchen, where any needy person can get as much as he can eat for about 2½d. of soup, vegetables and a morsel of meat. We saw the preparations for dinner in the exquisitely clean and well-appointed kitchen, and but for the want of time would have been tempted to accept the kind invitation to try it.

THE DEACONESS HOME AT FREIBURG.

Passing through Freiburg gave me the opportunity to pay a short visit to the Deaconess Home. My welcome was assured, because the Matron had been to the Congress at Cologne (welcome news), and in a few minutes there entered a tall dignified lady, with the sweetest sympathetic face imaginable. A glance of recognition, and immediately I felt at home, in spite of the difficulty of language.

The operating theatre I could not visit, as it was in use, but I saw the wards, none of which contained more than eight beds, also the private rooms, some of which have two beds, for which the patients pay 6 marks a day, others only one bed, for which up to 10 marks are charged. This includes board, heating and nursing. There is a Finsen light room, also a variety of baths.

The hospital contains 80 beds, medical, surgical and infectious blocks, post-mortem room and mortuary. There is also on one side of the beautiful garden the Mother House, where the deaconesses stay for rest or when ill. There are 160 belonging to the Home, many of whom do district nursing in the surrounding villages.

They are trained for 18 months in the hospital, and, as at Kaiserswerth, before being accepted as full deaconesses must spend five years in probation. When accepted the deaconess is cared for for the rest of her life. She is not, however, bound by vows, but is free to leave should she wish.

The Matron is appointed by the Committee, and is not elected by the Sisters over whom she is placed as Mother, the other head being, as is usual, a pastor, the endeavour being to carry out the idea of a family.

"What did you think of the Congress?" I asked. "I enjoyed it so much, but I am not a member." "Your rules do not permit you to belong to other Societies?" I suggested. "No. But the Congress will do much good."

MARY BURR.

Miss Chung, a Chinese nurse trained in London, and now working at Tientsin, writes of the Cologne Congress to Miss Dock: "I have tried every way to get the Government to send me, but now find it quite impossible. I am so disappointed, and had hoped up to the present I might be able to go, but the Government is still too unsettled and worried about the more important affairs of the country. Our Chinese people do not realize yet the value of good nurses, and we are working hard here, in our small hospital, to train nurses, and to teach the people how much a good nurse can do towards the comfort and relief of the sick."

A MESSAGE FROM OUR COLLEAGUES.

The following letter has been received by the President of the National Council of Nurses:—

TO THE NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

DEAR MRS. FENWICK (President).—The members of the International Council of Nurses, and especially those members in Germany and neighbouring countries, desire to thank most warmly and sincerely the National Council of Great Britain and Ireland for the very great and important part it took in ensuring the success of the Cologne Congress. The imposing numbers of the British and Irish delegations, the great support given to the programme, and the splendid contribution of historical characters to the Festival Play were all in keeping with your own wonderful London Congress, and held up and strengthened Sister Agnes' hands, winning the warm appreciation of Continental Nurses, and deeply impressing the visitors to the Congress.

We hope that these few words may assure your members that their labours were not in vain, but had much to do with the gratifying success of our meetings. With greetings from Sister Agnes Karll,

I am, as ever,

Sincerely Yours,

L. L. DOCK, Hon. Secretary.

International Council of Nurses.

IMPRESSIONS OF THE CONGRESS.

The following impressions of Herr Regierungs- und Geh. Medizinalrat Dr. H. Hecker, of Strasbourg, have been translated and summarised for this journal by Miss L. L. Dock:—

To anyone who had the privilege of sharing in those days of the Congress in Cologne the memory of them must remain imperishable, and one must hope that the good seed then lavishly scattered will fall on good ground and bear fruit.

It was strangely impressive and moving to see this great body of older and of younger women rapt in devotion to their calling—the noblest, but one of the most difficult and exhausting which women can take up—distinguished by true womanliness, united by their ideals, nurses of twenty-three countries united as one people, all differences of race, colour or political divisions forgotten in the bond which made them as one.

Throughout all the conferences the tone of hopeful optimism and love of profession shone through the revelations of crushing burdens of weariness and overlading. We must believe that the indifference of the public and of Governments hitherto have not arisen from hardness of heart, but from the failure to understand, and that in 1915 Germany will be able to take her place beside England and New Zealand in regard to the conditions of the nurse's life and service.

The whole Congress was irradiated by a hospitality which seemed not, indeed, to be mere hospitality, but to spring from the heart. The infinite pains taken by the Cologne ladies, the cordiality of the city, the receptions met with on the excursions were all lavish of friendliness.

From beginning to end there was harmony, no trace of discord or disunion was to be felt.

I am asked what was the impression that the Köln Conference left on my mind. First and foremost and from beginning to end I think it was the impression of energy — boundless, mighty, brilliant energy. Energy in everything undertaken and brought to such a consummate finish; energy of conception, of imagination, of whole-hearted hospitality, of determination that all, and especially the foreign section, should be helped to profit by the Conference, that they should enjoy themselves to the full. Marvellous energy in organisation, and yet no one seemed overtired, no one fretful or "nervy" among our hosts, no one too busy to help others. The work of the Conference and Congress alone makes one dizzy to think of the multitude of subjects touched on, the multitude of speakers, the multitude of listeners, the breadth of the ground covered, and, added to all this,

the energy shown in the entertainments provided for us. The Pageant, of course, stands out gloriously pre-eminent—the heavenly singing of the men's choir, the wonderful rendering by living human beings of four episodes of German nursing culminating in the great group of nurses from all lands bearing their banners and offering to Hygeia (the Goddess of Health) the laurel wreaths of the victors over disease and death. But besides that, there were fêtes given to us by the Head Burgomaster of Cologne, by the Municipality, by the

Neuenahr Baths management, by more than I can remember, for indeed this rush of resistless energy seems to have made all pass by at such speed that only by degrees will one remember and pick out individual scenes. One lecture stands out before all others, and that was Dr. Hecker's magnificent speech on the social conditions of the German nurse. One idea rears itself on high above the many others presented to our minds, and that is that nurses should never be

contented with their work of nursing the sick, but aspire always to the time when their work will be at least mainly to prevent illness.

One excursion before all others will be remembered by the English-speaking nurses, and that is the one to Kaiserswerth, where Florence Nightingale learnt the science and the discipline and the art of nursing.

CHRISTINA FORREST,
Treasurer National Council of Trained Nurses of Great Britain and Ireland.

The impression which the Dutch nurses have of the Congress is enormous. So much has been spoken about so many interesting and instructive subjects that we shall keep the remembrance of it for many years.

We hope during the next three years to carry to their fulfilment many great plans, especially those of State registration and improved training.

We agree so very much with what Mrs. Bedford Fenwick said, that there must be no nationality among nurses, and that we must feel ourselves one in all in our great organisation.

A word of thanks to Sister Agnes Karll and Miss Dock for all they have done.

C. J. TILANSSUS,
VERWEY MEJAN,
D. E. VAN RIJN,
FR. SPRUIJTENBURG,

Delegates of the Dutch Nurses Association.



DR HECKER. A NURSES' CHAMPION.

When we think of the festival days of Cologne after returning to our own work it must be with a feeling of joy and repose that we all remember the strong and warm sympathy which the nurses have met with in Germany, and we must feel, that a strong link has once again been forged in the chain, which—as we hope—will in time make nurses all the world over a united sisterhood. It cannot be doubted that such an international meeting has its great value, not only as to its earnest work in practical affairs, but also because it calls forth in us the spirit and incites us to keep the ideals, which we all cherish, and which made us choose that work—these ideals, which we sometimes lose sight of during the everyday work, with its inevitable troublesomeness, which can tire us out in soul and body and make us faint-hearted. And we can not sufficiently thank the women who spend time and strength for the sake of nurses. This feeling gives us new spirit to continue each in our little place.

MARTHE LUND,
Member of the Danish National
Council of Nurses.

This great Congress, to which we have all looked forward so much, has come to a close, and it is hard to find words wherewith to express the joy it has brought to us. For while many of us have lost a great deal owing to our lack of knowledge of the German language, we have learned very many things from our sisters in all branches of our profession, and we shall, I feel sure, go back to our different posts strengthened and refreshed for the work that lies before us. The whole Congress has been most inspiring, and the excellent way in which it has been managed for us is beyond praise.

With the Watchword given us by Mrs. Fenwick and the high ideals set before us by Sister Agnes Karil, in her address, we shall find strength and courage to go forward, and will endeavour to place before our different Associations the benefits which we have enjoyed and which it has been their misfortune not to have heard. We shall also have much to tell them of the great kindnesses which our German sisters have heaped upon us. We can never thank them sufficiently for all the trouble they have taken in our behalf and which has ensured to the Congress such unbounded success.

May we all aim high to make our work fruitful, and to be able by so doing to help those in need!

HELEN A DES BRISAY,
Delegate National Association
of Trained Nurses of Canada.

Nurse - Internationalism practically illustrated. India and New Zealand affiliated to the International Council of Nurses in the old and historic city of Cologne. We have been welcomed and accepted in two languages, which were originally one, by a President whose name is known to all nurses who keep up with the women of their times. We knew of her, now we know her.

My impressions of this Congress are:—

I. The breadth of the outlook of the International Council of Nurses on the problem of life, Countries and individuals are almost non-existent; it is the world and humanity. The country and the individual only exist to make the world such that prevention will do away with the necessity for cure—both physical and moral. It looks at things broadly and kindly.

II. Nothing could have been more inspiring than this week in Cologne. To meet the representatives of so many different nationalities, and to compare impressions with sometimes the very slightest knowledge of the language, and having to depend often on gesticulation and visual illustration tested one's wit to the utmost, and was another illustration of the necessity for a nurse to be international. We are extremely national in our speech, and it was very nice to see how truly international Miss Mollett, Miss Kent and Miss Dock, as well as others who spoke German fluently, were. The latter were often to be seen surrounded by Germany, Holland, Belgium and representatives of other countries, all talking and laughing. Note—learn another language.

III. The last, and the one that I am sure is ultra-international, if there is such a thing, our delightful impression of the hospitality of the ladies of Cologne.

I think our William of Avon is international enough for me to quote here:

"I am not rich in thanks, but I thank you."

Auf wiedersehen till San Francisco.

C. A. HOLGATE,
Delegate from the New Zealand
Trained Nurses' Association.

I would call our Congress a Peace Congress. All about us, among European nations, are the mutterings of political unrest. Not only Europe, but indeed the whole world is full of the threats of conflict, and men watch the signs of sharpening discord with fearful hearts, not knowing whether to expect peace or war. And there together sat we, representatives of twenty-three nationalities, united as *one people*. One in our aspiration toward high ideals, one in the desire to help mutually, one in the hope of a better and worthier humanity, one in comprehension of the great tasks and duties for which we women realise ourselves responsible, and last, not least, one in our trust of one another and our respect for one another.

While we nurses, in time of war, feel it our highest duty to serve our Fatherland, so in time of peace do we feel it our first duty to work for the well-being of its citizens, to serve its sick, to protect the most insignificant, to save the poorest of the poor.

A joyous banquet closed our graver proceedings. Under the same flag sat our members from twenty-three lands, possessed by the fine inspiration of our purpose—all for one, and its counterpart, one for all.

EMMY OSER,
Delegat of the Swiss Nurses' Association.

OUR PRIZE COMPETITION.

DESCRIBE THE PREPARATION OF A PATIENT FOR RECEIVING AN ANÆSTHETIC. WHAT PRECAUTIONS WOULD YOU TAKE BEFORE AND AFTER?

We have pleasure in awarding the prize this week to Miss Elizabeth Martin, Royal Infirmary, Halifax, for her paper on the above subject.

PRIZE PAPER.

Anæsthetics are drugs which suspend consciousness or sensation. They may be general or local in action.

The preparation of a patient for receiving an anæsthetic is a matter of very great importance, especially when the anæsthetic is a general one.

The preparation in a great measure depends upon the case about to receive the anæsthetic; but, apart from absolute general cleanliness, special attention should always be paid to the

Mouth,
Stomach,
Bowels.

The mouth should be absolutely clean, the patient having previously used an antiseptic mouth-wash. The teeth should receive special attention, care being taken always in removing all false teeth before the anæsthetic is administered.

The stomach should be in as good a condition as possible; the patient should not be allowed food for six hours before operation, and the last meal given should be of a very light but nourishing character.

The bowels should be emptied by means of enemata, the patient having previously had a mild aperient daily for two or three days preceding operation. (This does not apply to urgent anæsthetics.)

The patient must be lightly but warmly clad, and all garments should be loosely fastened at the neck and wrists; the extremities may also be bound up in cotton wool; this is considered a very good method, and greatly prevents excessive shock. These are precautions to be taken before an anæsthetic is given.

The nurse may hold the patient's hands at the beginning of the administration; but, should the patient begin to struggle, the arms should be held above the elbow and the legs above the knees. The patient is more readily controlled if held in this manner, and is less likely to do himself injury.

After the anæsthetic the patient should be put back into bed and covered with a warm blanket over which the bed-clothes are placed; the head should be placed low on a pillow, or quite flat, and turned to the side.

The patient must be watched very carefully until consciousness is quite recovered, as he may choke from getting vomited matter into his larynx, or, being restless, may disturb the bandages or start hæmorrhage.

Asphyxia.—With an unconscious patient the danger of vomiting is that he will suddenly inspire and inhale vomited matter into his trachea and rapidly become asphyxiated. When a patient is inclined to vomit, the head should be turned on one side and the jaw pushed forwards, by the thumb being placed under the angle of the jaw. If this is not sufficient to relieve the breathing the mouth must be opened and the tongue pulled forwards, either by grasping it with lint or linen, or with the tongue forceps.

Great care must be taken when moving the patient from the operating room to have him warmly clad and the head covered in such a way as to avoid cold and draughts.

Most patients are susceptible to chest affections after an anæsthetic, which are serious post-operative complications and also a great drawback to the patient generally, however slight the attack may be.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. Cullen, Miss B. Johnson, Miss A. E. Jahrens, Miss M. Eaves, Miss E. Mackintosh, Miss J. Robbins, Miss E. Marshall.

Miss M. Eaves mentions that before an operation the confidence of the patient should be gained, thus helping to allay fever and diminish shock. Further, guard against all chills, allow no tight clothing, have tongue forceps, mouth-gag, and sponge-holders ready for use, and brandy, strychnine, and other stimulants at hand. Ensure that hypodermic syringe and needle, oxygen cylinder and electric battery are in good working order by testing them beforehand.

Miss B. Johnson points out that while it is the duty of the nurse to ascertain that the bladder has been emptied before the patient's removal to the theatre, this must be omitted when the operation is one for lithotripsy, otherwise fluid will have to be injected.

QUESTION FOR NEXT WEEK.

Describe your practice in the care and administration of medicines; your method of identifying dangerous drugs, and of distinguishing medicines to be administered to patients from lotions and poisonous solutions used for outward application, or as disinfectants.

PRACTICAL POINTS.

Please Kill that Fly.

The Women's Municipal League of Boston have issued the following invitation to the public:—

Please Kill that Fly!

Why?

Because:

1. Flies breed in manure and other filth.
2. Flies walk and feed on excreta and sputa from people ill with typhoid fever, tuberculosis, diarrheal affections, and many other diseases.
3. One fly can carry and may deposit on our food 6,000,000 bacteria.
4. One fly in one summer may produce normally 195,312,500,000,000,000 descendants.
5. A fly is an enemy to health, the health of our children, the health of our community.

A fly cannot develop from the egg in less than eight days; therefore, if we clean up everything thoroughly every week, and keep all manure screened, there need be no flies.

Will you help in the campaign against this pest?

Adhesive Plaster in Wound Dressing.

In applying adhesive plaster to retain dressings following a surgical operation, the surgeon is frequently annoyed by the failure of the plaster to stick to the skin. This difficulty can readily be overcome by spraying with ether the surface to which the plaster is to be applied. The ether causes the skin to dry quickly, and the adhesive plaster quickly takes hold. Cotton should always be placed on the gauze. By so doing, the plaster not in contact with the skin can be readily turned back by cutting in the centre. The dressing can be changed, and by the use of tape the adhesive bandage is again adjusted, thus avoiding the annoyance and pain of removing the plaster at each dressing.—*Internat. Hosp. Record.*

The Vacuum Bottle in Infant Feeding.

Dr. H. H. Killinger and Dr. F. O. Touney describe in the *Journal of the American Medical Association* the use of the vacuum bottle in keeping an infant's food warm over several feeding periods. The milk was heated to a temperature of 150 degrees Fahrenheit and transferred to vacuum bottles which had been previously warmed. The bottles were kept at room temperature and opened at intervals for temperature readings and bacterial tests. It was found that this method of treatment was quite as efficient from the standpoint of elimination of bacteria as the best pasteurising processes now in use. The temperature of the milk remained germicidal for from six to ten hours, depending on the temperature of the place in which the bottle stood. After that time and as the temperature fell below 115 degrees Fahrenheit the bacteria

began to multiply rapidly and soon reached enormous numbers.

It is thus evident that it is not safe to heat the milk to the proper temperature for feeding the child and keep it in the bottle at that temperature for any length of time.

At feeding time remove the cork and test the milk with a thermometer. If it registers above 115 degrees, fill the nursing bottle and allow it to cool to the proper degree of warmth. Should it be below 115 degrees Fahrenheit throw it away as unfit for use, as bacteria will have multiplied in it. If the bottle is placed in a warm place after being filled with milk at 115 degrees Fahrenheit it will retain the proper heat for about ten hours. Milk heated to only 100 degrees Fahrenheit becomes dangerous in two hours.

APPOINTMENTS.

MATRON.

Hospital for Diseases of the Throat, Golden Square, W.—Miss Margaret Burrows has been appointed Matron. She was trained at the East London Hospital for Children, Shadwell, and at Guy's Hospital, London, and has held the position of Sister in the children's ward at Addenbrooke's Hospital, Cambridge, Out-patient Ward and Home Sister at the East London Children's Hospital, and Sister-in-Charge of the Convalescent Home at Bognor. At present she is Assistant Lady Superintendent at the East London Children's Hospital.

Ashburton and Buckfastleigh Cottage Hospital, Ashburton.—Miss Edith Brown has been appointed Matron. She was trained at the General Infirmary, Burton-on-Trent, and has been Staff Nurse at the Royal Infirmary, Sheffield, and Sister at the Victoria Hospital, Blackpool, the Royal Infirmary, Oldham, and the Hospital for Women and Children, Leeds.

Victoria Cottage Hospital, Guernsey. Miss Rosa Kiekie has been appointed Matron. She was trained at the Devon and Exeter Hospital, Exeter; and subsequently held there the positions of Sister and Night Superintendent; after which she was appointed Matron of the Cottage Hospital, Bridgend, Glamorganshire.

NURSE MATRON.

Isolation Hospital, Richmond, Yorkshire.—Miss Anita D. Parnaby has been appointed Nurse Matron. She was trained at the Royal Free Hospital, London, and has since held appointments at the Brighton Sanatorium, the Plaistow Hospital, St. Bartholomew's Hospital, Rochester, St. Peter's Hospital, London, and the Isolation Hospital at Muswell Hill.

ASSISTANT MATRON.

Western District Hospital, Glasgow. Miss M. E. Griffith has been appointed Assistant Matron. She was trained at the Town's Hospital, Glasgow, where she has also been Charge Nurse and Night Superintendent. She has also been Night Superintendent at the Western District Hospital, Glasgow, and is a certified midwife.

SISTER.

Royal Victoria and West Hants Hospital, Bournemouth.—Miss Janet Ford has been appointed Day Sister in the children's ward. She was trained at Warrington Infirmary, and has since been Staff Nurse at the City Hospital, Lodge Moor, Sheffield, Staff Nurse at Mold Cottage Hospital, where she did Matron's holiday and temporary duty, and Night Superintendent at Doncaster Royal Infirmary.

SCHOOL NURSE.

Education Committee, Kefghley.—Miss Mary Adamson has been appointed School Nurse.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Sister Miss K. Pearse and Staff Nurse Miss A. G. Mrey resign their appointments; Miss C. M. Williams, Staff Nurse, to be Sister (August 21st).

QUEEN VICTORIA'S JUBILEE INSTITUTE.

Transfers and Appointments.—Miss Ellen Newton is appointed to Chorley Wood; Miss Laura Scott to Denaby Main; Mrs. Smith, to Rishton; Miss Mabel Stocks to Kingston; Miss Mildred K. Wheeler to Tunbridge Wells.

PRESENTATION OF MEDALS AND CERTIFICATES.

At the Royal Infirmary, Bradford, the Lady Mayoress, Miss Moorhouse, last week presented the medals and certificates to successful candidates. At the ceremony of distribution, at which the Lord Mayor presided, the Chairman of the House Committee, Mr. G. Priestman, said that the result of the year's examinations had been remarkably satisfactory. Three nurses were so close in the senior examination that the House Committee had decided to award two silver medals as well as a gold one. The highest marks attainable were 100, and the awards were:—

SENIOR EXAMINATION.

Gold Medal.—Miss Barrett (95 marks). *Silver Medals.*—Miss V. Clarke (94½ marks) and Miss Middlemiss (94 marks). Special mention was made of Miss Robinson, who gained a percentage of 90½ marks.

JUNIOR EXAMINATION.

Silver Medals.—Miss Preston and Miss Rathby bracketed equal (86½ marks).

Twelve nurses attended classes in Sick Cookery, and were presented with certificates. Eight of these passed the examination in the first class.

After the Lady Mayoress had pinned on the medals, suspended by a blue ribbon, and presented the certificates and the report of the examiners had been read by Dr. McEwan, hearty votes of thanks were accorded to the Lord Mayor and the Lady Mayoress, the examiners, and the Matron, Miss Hodges.

WEDDING BELLS.

The marriage is announced of the Rev. T. C. Fitzpatrick, President of Queens' College, Cambridge, to Miss Annie Rosa Brooke, who recently nursed him through a severe illness.

NURSING ECHOES.

The movement on foot to form a National Association of Registered Nursing Homes, initiated by Miss L. M. Stower, 1, Nottingham Place, W., is being actively proceeded with, and the above title registered with the Board of Trade. The main objects of the Association are (1) the protection of the good name of Nursing Homes, and (2) the protection of the public against those Homes which are undesirable. Only approved Nursing Homes of good repute, where the Principal holds a three years' certificate from a recognized school, where the nurses are fully trained, and where no probationer is ever left in a responsible position, are eligible for membership of the Association, which hopes to prove, both to the medical profession and the public, that the Homes connected with it are above suspicion. It is also proposed to keep a register of the fees charged by affiliating Homes.

The gratitude of those who have been cared for in hospitals or who have had relatives whose sufferings have been relieved sometimes takes a substantial form, and the Royal Naval Hospital, Haslar, recently benefited to the extent of £7,000 under the will of the widow of Commander Erroll, R.N., which expressly states that it is intended not only as a memorial of her husband, but as some return for the kindness he received while a patient at the hospital. No doubt, therefore, the work of the nursing staff was a contributory factor in gaining this legacy, for it is on the nurses that patients are so dependent, not only for skilled care, but also for the small kindnesses which make all the difference in their comfort, and therefore happiness. The building erected with this legacy, the control of which is vested in the Secretary of the Admiralty, the Medical Director-General of the Navy, and the Director of Works at the Admiralty, is, by Mrs. Erroll's will, reserved for the use of convalescent patients, and consists of two wings—one a large hall for entertainments, and the other containing a library, writing-room, and reading-room.

Nurses who adventure on work abroad often require both wisdom and pluck to carry them over the difficulties which they encounter. One who is now working in a leper settlement tells us that in the acute wards in which she works the cases are those which are too offensive to be allowed to remain with the others. Acute attacks usually take the form either of diarrhoea and sickness, or erysipelas. In other cases large

ulcers form all over the body, and in some instances all three conditions are present together. It is trying, therefore, to find such wards painted a dark colour, and serge tablecloths used for the tables because they are supposed not to show the dirt. Added to this, at night the patient's friends take possession when the nurse goes off duty, and close up the windows until morning. The atmosphere is therefore better imagined than described.

A nurse evidently wants plenty of spirit and courage to work in the Bush. Miss Michaelis, a member of the Bush Nursing Committee, speaking at Melbourne, related several stories of the varied calls made upon the nurses. Nurse Tucker (Beech Forest) and Nurse Hearne (Buchan) gave accounts of some of the cases they were called upon to attend. Forty and fifty miles' riding astride up mountain tracks 2,000ft. above the sea-level was quite an ordinary episode in the experience of Nurse Hearne, while Nurse Tucker spoke of having on one occasion walked five miles in three-quarters of an hour to attend a serious case.

We regret to learn that, owing to prolonged ill-health, Miss Sarah E. Sly, R.N., the President of the American Nurses' Association, has been compelled to resign the position. The duties of the office will now be discharged by Miss Isabel McIsaac, R.N., the first Vice-President, who, it will be remembered, presided at the International Congress of Nurses at Buffalo in 1901.

It is with pleasure we announce that the nurses of Louisiana, U.S.A., have succeeded in obtaining the passage of a Registration Bill; the difficulty soon will be to find a State where a Registration Law is not in force.

Miss Jane Bell, Matron of the Melbourne Hospital, and formerly Matron of the Brisbane Hospital, writing to the *Australasian Nurses' Journal*, comments on the fact that of the five members of the Queensland Registration Board three medical men are already appointed, and it is only when nurses are registered that they are to have the privilege of electing to represent them the remaining two of the members constituting the Board. We agree with Miss Bell as to the importance of trained nurses taking part in the administration of the Act while the electorate is being created. In the Nurses' Registration Bill in this country the danger of non-representation during this important period has been foreseen and provided against.

KLEINE WEISSE SKLAVEN* (WHITE CHILD SLAVES.)

"La misère de l'homme? Il faut voir celle de la femme. La misère de la femme? Il faut voir celle de l'enfant!"

With these words from Victor Hugo's "Les Misérables," Sister Henriette Arendt opens the introductory lines of the story of her revelations of child slavery in our so-called Christian lands to-day. In this, the century which has been called "The Century of the Child," numberless children are living in a hell upon earth, their little lives spent in circumstances of agonising misery. She gives a brief review of the history of philanthropic and governmental child-rescue from early times. Coming down to our day, she closes her introductory chapter by commenting on asylums for foundlings. Such institutions, it is well known, are falling into disrepute, and are being discontinued because of their—frequently—high death rate. But Sister Henriette also shows that their existence in a community greatly increases the numbers of abandoned infants. On the other hand, in countries where they have been quite abolished, infanticide is frequent, and moreover, a lucrative trade in abandoned infants is carried on.

The White Slave Trade, says Sister Henriette, is now the subject of international agitation, and the existence of a traffic in girls for immoral purposes is universally recognised, while the duty of society to extirpate it is equally acknowledged.

On the other hand, the traffic in children is ignored, either intentionally or otherwise, both by public authorities and by private child-saving societies.†

Thousands of wretched white children of all ages, of every nationality and every religion, pine in barbarous slavery unnoticed by officials or volunteer associations.

"I will not assert," says Sister Henriette, "that child slavery equals the traffic in girls in dimension, as, for want of full statistics, I could not prove such an assertion." But that the child slave trade is appallingly extensive she knows from personal experience, and divides this trade into four branches:—

1. The most familiar form, baby-farming (Engelmacherei).
 2. Selling children, or giving them away, and disposing of children with a single sum of money paid down with them at the time they are cast off.
 3. Exploiting children for immoral purposes.
 4. Selling or renting children to professional beggars, thieves, &c.
1. The victims of the baby farms are chiefly illegitimate, yet even legitimate infants are

* By Sister Henriette Arendt, formerly Police Assistant in Stuttgart. Deutsches Verlagshaus, Berlin.

† Sister Henriette's researches have been made upon the Continent, and her accusations are made against European countries.

sometimes done to death in this way, for the most diverse reasons. Insuring the lives of babies has resulted in the death through neglect of many wretched little creatures. Commercial baby-farmers bring about a "natural death" by the use of alcohol, narcotics, and under-nourishment. Horrible cases of baby-farming appear from time to time in the daily press.

2. In the disposition of older children by sale, gift, or bribe there is on one hand the pecuniary advantage, and, on the other, the benefit derived from exploiting the child's strength in some form of labour. That children so disposed of are used

Sister Henriette has mentioned many cases where illegitimate children, sometimes of good family, have been given with a sum of money to persons with a criminal record, and that no trace of these children has ever been found.

She reiterates, with righteous indignation, the hideous sacrifice made in the name of science, namely, the bribing of poor parents to allow their children to be made the objects of medical experimentation, and to horrible instances of waifs in foundling and orphan asylums being so used, with the obliging consent of those in charge. She quotes the medical report of a set of such cases



SISTER H. ARENDT'S IMPORT FROM GALICIA IN 1912.

for illegal purposes is clear from the fact that the names and addresses given by those persons who buy or take them are proved by investigation to be false. In some such cases, mothers honestly believe they are giving their children for adoption. In others the most sinister motives are exposed, as Sister Henriette has proved by answering the advertisements of those purporting to wish to give away their own children, but who in reality have evidently a victim to sell. The extraordinary thing is that advertisements of this kind, more or less frankly expressed, are admitted to the pages of daily papers! Again, persons accepting a child given away with a quitance sum of money often bring about a "natural death" of the little creature by starvation and cruelty.

(these data are not from Germany, where it was shown that calves could not be used for the experiments in question as they contracted diarrhoea, and had to be killed.*

Sister Henriette says that the traffic in children is active in all the larger German cities, and she describes with name and place a number of societies acting under the mantle of charity which conduct this traffic under the very eyes of the police and public authorities. Advertisements are inserted in the papers, which she reproduces

* The reviewer personally knows a nurse of distinguished character who came up her position in a Philadelphia, U.S.A., hospital only by means also because of her powerlessness to prevent similar experimentation on certain destitute orphans in the war-torn lands. This nurse is now living in England.

textually with names and dates. These advertisements, probably well paid for, are, alas! a stronghold for the trade. A child is offered for adoption with a goodly "dot" from £200 to £300; then all persons applying are to send 5s. to cover cost of "inquiries." From the 5s. of the many who hope to win the prize, enormous profits are reaped.

"Many of the dupes of such schemes have complained to the police of Berlin," says Sister Henriette, "and yet the traffic in children increases steadily." Well does she say, "The small swindlers are arrested, while big ones go free."

In 1911 a German paper published a letter written privately by one of the children traffickers, in which he assured a client that his office had, in six months, had about 300 children with "dots" to dispose of and added, "The Police Department of this city will readily confirm my statement, if you so desire."

After showing in the most circumstantial manner a great variety of documentary evidence of this trade in children, Sister Henriette says, "one of the 'Vermittlungsbureau' (placing office) in Berlin wrote to me in answer to an inquiry made by my elf that it could supply me every month with 3,000 'diskrete' children (i.e., illegitimate children) from Germany, France, Belgium, Holland and Switzerland, each one with a 'dot'!"

3. In another book* Sister Henriette has gone thoroughly into the ruin of children for immoral purposes. She there tells how she came upon the trail of a trader who sold German children to the keepers of houses of ill-fame; how, after this criminal had served a prison sentence for this crime, he took up the same trade again, even while he was still under the surveillance of the police. She also there described the active trade going on in sending German children to America.

In "Kleine Weisse Sklaven" she gives many terrible details of this branch of traffic in children, which are too shocking for an English review to reprint. In a Berlin Intelligence Office Sister Henriette was told by the manager, in the presence of a friend whose name she gives (both were, of course, disguised and pretending to be other than they really were) that the office supplied foreign and Berlin children to other countries, especially to Russia, for all sorts of purposes, at prices ranging from £15 to £500. According to her statements, neither the police nor the Orphans' Court (Gemeinde Waisenrat) nor the Court of Guardianship for minor children (Vormundschaftsgericht) nor the child-saving associations gave her the smallest trouble. When Sister Henriette, in her assumed character, told this woman she wanted to take a child out of Germany, she was advised to select a foreign child, and was offered the little girl of a Galician maidservant, with the remark that "it was as easy to get it over the frontier as a German child."

Various midwives whom Sister Henriette, always in her assumed character, interviewed in regard to buying little girls for foreign countries, told her that £15 was the usual sum for a Berlin working-class child. Children of better birth and parentage might be worth as high as £500. Of these sums the middlemen get half.

Sister Henriette's investigations in child-slavery in Berlin were made in 1911, under the auspices of the German Association for the Legal Rights of Mothers and Children (Deutsche Gesellschaft für Mutter und Kindesrecht). The Police Department, she says, had naturally no knowledge of a traffic in children, and when she applied to it for police protection whilst making her investigations (which were naturally of a most perilous nature) she received a curt reply saying that her request could not be complied with.

4. On the final theme, selling children to beggars, &c., Sister Henriette's pages make reading almost too agonising to pursue.† Also we may pass over the verified facts on all points which she has accumulated from other countries, such as England and America.

We have dwelt on the German revelations, because they have been her own discoveries, proved by many personal visitations to make which she literally took her life in her hand. Her book closes with a number of definite proposals for amending and amplifying the laws and for adopting new and adequate legislation. But chief and most urgent comes her plea for women to take their place in Government and sweep away these wrongs against children. Women must strive for enfranchisement, that they may make their power felt through prevention.

It is no wonder one feels, after reading this book, that Sister Henriette is detested by police and bureaucrats, even though no shade of corruptness attaches to them. In the United States it would be quite certain that the police shared the unholy profits; in Germany it is quite certain that they do not, yet the supreme arrogance of man will not tolerate the interference of women in his ordinances. Sister Henriette is regarded as a nuisance, but her power is also recognised. "Be absolutely polite to Sister Henriette, and give her no information," is the order that has gone forth. As to the evil powers, what they think of her is shown by the fact that at three different times, when dealing in disguise with child-slaves, she has been warned against herself!

Nearly 1,200 children have been rescued so far by Sister Henriette, and she always has a group in her own care and expense, while waiting to find good homes. It is good to know that an International Society has been formed to combat child slavery.

L. L. DOCK.

* Menschen, die den Pfad verloren: Publisher, Kielman, Stuttgart.

† It should be noted that such data come from countries of Southern Europe, not from Germany, where there is no evidence of the occurrence of this traffic.

OUTSIDE THE GATES.

WOMEN.

Many of those who were present at the Queen's Hall on June 10th, when the Bishop of Birmingham presided, and spoke on "The Religious Aspect of the Woman's Movement," will be glad to know that the addresses given both on the afternoon and evening of that day, are now published in pamphlet form, and can be obtained, post free, price 7d., from Miss Lucy Gardner, 232, Evering Road, Clapton, N.E. Dr. Gore's speech will long be remembered, not only for its eloquence, but for the rarer qualities of honesty and fearlessness. "I am quite certain that, with regard to any large and mixed movement, like this woman's movement, it is our duty to confront it with a clear mind, and to ask what is right, what is just and to take for our motto nothing but 'Be just and fear not.'" After a very reference to the many things to the disadvantage of the entrance of women into new fields of activity which he had heard said at different times by his grandmother Lois and his mother Eunice, the Bishop, it will be remembered, said, "As it presents itself to me, the entrance of the Woman's movement into the strictly political area, and the demand for the suffrage, has been part of the movement in its essence. It has been necessary for the securing of that ground which individual initiative has always taken the first part in securing, but which demands something which at the last can only be secured by legal and formal action. That is the way in almost all departments of human activity. Where individual initiative is the pioneer, legal and formal action has to follow."

The whole of the speech deserves close attention, and we advise our readers to secure the pamphlet.

Women are making their mark in the legal world. According to the *Standard*, Miss Gladys Adeline Taylor, who was recently admitted to practise as a barrister and solicitor of the Victoria Supreme Court, made her first appearance in court as instructing solicitor in a case connected with the application of trusts for educational benefits. The will concerned had been found unworkable, and the scheme submitted by Miss Taylor, which involved considerable legal research, was adopted by the Chief Justice.

The new Emperor of Japan has already taken steps which are likely to improve the position of women in that country. One of his first acts was to give notice to the Master of the Household that in future the Empress will ride with him in the Imperial carriage. It was noteworthy that at the first reception of the new Sovereign the Empress was present, and that the wives of dignitaries and officials were also invited. The Emperor, when Crown Prince, according to the Tokio correspondent of the Press Association, had a dislike for officious policemen, and he has already

forbidden traffic on the Imperial route being stopped for twenty or thirty minutes previous to and subsequent to the passage of the Imperial procession.

“THE ROADMENDER.”

"The Roadmender" is a favourite book with many nurses, but few know the conditions under which it was written, and they cannot fail to give it an additional interest, especially to nurses who can so well realise the brave endurance of the writer. We reprint therefore from *Misericordia*, the organ of the Guild of St. Barnabas for Nurses, the following pathetic story:

"The Roadmender" took two years to write. When Michael Fairless began the book she was in fairly good health; about three months afterwards her illness came upon her. She was then unable to stand, and her right hand and arm were totally disabled. She lay on a couch, sometimes on her back, and at rare intervals on her side. Her MS. was written in pencil with her left hand. The pad on which she wrote rested on her breast. For twenty months she wrote whenever she had the strength; during much of the time she was in severe pain. Occasionally she would go into a trance, which lasted some hours. In this condition the look and bloom of health came back to her wasted face, and her breathing, which was often very difficult, became easy and normal. When she regained consciousness she seemed to have dipped her bucket into a well of health, and for some hours all appearance of pain and suffering left her. She had been, she said, to a place of unbroken peace. She knew what it was to go beyond the range of suffering. She had been led into the depths of unearthly beauty, where there was no pain, and the certainty of this freedom had been given to her. After such times she wrote with greater facility; at all times there was scarcely an erasure in her MS. or the change of a word.

"Her book was nearly finished—that is to say, the first and second parts were complete, and the third begun—when her illness rapidly increased. She could no longer take any food. For nine days she had tasted nothing but water, and her weakness made her almost unconscious.

"She was troubled lest she should fail to finish her task, and one day called her friend to her and bade her fetch pen and paper, and then dictated in a whisper, without hesitating for a word, except when she paused for breath, the whole of the last chapters of 'The Roadmender,' and only as she whispered the last words did she again fall into unconsciousness.

"She lived for twelve days more, entirely without food, until at last she passed out through the White Gate."

WORD FOR THE WEEK.

"How much pain the evils have cost us which have never happened."

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 CATHOLIC NURSES' GUILD.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Thank you so much for kindly inserting my notice regarding the Catholic Nurses' Guild. You will be pleased to hear that I have already received several cards.

I am, yours truly,

A. PETIT.

City Hospital,
Seacroft, Leeds.

PRELIMINARY TRAINING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It is very interesting to know that the authorities of Queen Charlotte's Hospital have found it necessary to establish a preliminary training school for their nurses. One realises that pupils must be hopelessly confused if launched at once into a labour ward, or a maternity ward, where they really do not understand what is going on around them, or what theory underlies the practical teaching they are receiving. But the point which forcibly presents itself to me is: If preliminary training is necessary at Queen Charlotte's Hospital, it is necessary at every other maternity hospital throughout the kingdom, and it is obtainable in none of them. Can nothing be done to place this preliminary training on a sure foundation, so that it shall be available not only for one hospital, but for all?

The question is not only one affecting nursing and midwifery education. It cannot be for the welfare of the patients that continual relays of raw probationers should be drafted into the wards every few months, and the strain on Sisters responsible for the nursing of the patients, only those know who have experienced it. In London, at any rate, and in large provincial centres, preliminary training schools, once established on good lines, could supply many hospitals with pupils to the benefit of both.

I am, dear Madam,

Yours faithfully,

♀ A HARASSED SISTER.

THE ADMINISTRATION OF MEDICINES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The sad case of the death of a patient after the administration of a disinfectant in error for an aperient, colloquially known as "house medicine," raises many points of interest, such as the custody of poisons, the precautions as to the shape of bottles, the necessity for reading labels before administering doses, and so forth.

But one point was not raised at the inquest, as the inquiry did not bear upon that.

The house surgeon testified that the deceased patient had been in an extremely weak condition for a day or so—almost *in extremis*—and that it was doubtful how long he could have lasted, apart from this misadventure. On the morning of the day of his death the Sister was thinking of having the last rites of the Church administered to him.

Surely it is unusual to give house physic to a patient "almost *in extremis*." Is it permissible to wonder whether, under the circumstances, the dose of house medicine which he was supposed to have, would not have been almost as pernicious as the creoline (or allied substance) which he actually did drink? The necessity for the administration of the last rites of the church certainly sounds incongruous with the necessity for a dose of house mixture.

Yours faithfully,

INTERESTED.

REPLIES TO CORRESPONDENTS.

Questioner, Bradford.—Membership of the International Council of Nurses is gained through the National Councils of Nurses in each country. Associations composed of graduates of Schools of Nursing connected with General Hospitals and Poor Law Infirmarys, giving three years' training in the wards, and professional associations of nurses, formed for the benefit of nurses, the members of which hold qualifications of training acceptable to the Council, are eligible for affiliation with the International Council of Nurses.

OUR PRIZE COMPETITIONS.

September 7th.—Describe your practice in the care and administration of medicines; your method of identifying dangerous drugs, and of distinguishing medicines to be administered to patients from lotions and poisonous solutions used for outward application, or as disinfectants.

September 14th.—How would you deal with a case of croup occurring in a private house until the arrival of the doctor?

September 21st.—How would you care for a premature infant at the time of birth, and subsequently?

September 28th.—What records would you keep, and what points would you observe and report upon, as a routine practice, when nursing a case, either in a hospital ward or in a private house?

NOTICE.

BUSINESS COMMUNICATIONS.

The Editor will be obliged if all business communications, such as requiring extra journals, &c., are addressed to the Manager, THE BRITISH JOURNAL OF NURSING Office, 431, Oxford Street, London, W., and not to the editorial office at 20, Upper Wimpole Street, W.

The Midwife.

THE MATERNITY HOSPITAL AND SCHOOL FOR MIDWIVES, COLOGNE.

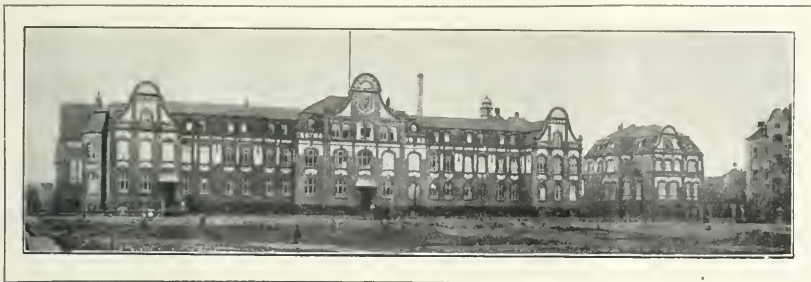
The International Nursing Congress was over; nothing was left of it but a few stragglers, who, maybe from necessity, or possibly a disinclination to leave the scene of so many inspiring impressions, had lingered behind. Nothing was left of the Congress! The readers of our JOURNAL will resent that statement, unless I qualify it. Well, then, the outward and visible signs of it had disappeared; but to those who had attended this great gathering of the Nations in a serious mood, the real work—the enduring work—had only begun.

I was one of the stragglers; and on Sunday

floors and walls of polished concrete are to be seen everywhere. There is, of course, a cot beside each bed, over which a mosquito-curtain is spread. The sanitary towels used for the mothers are of sterilised absorbent wool; these are taken straight from the steriliser by the pupil-midwife with a pair of forceps—the hands are not used.

There are excellent bath-rooms for each class of patient—the difference appeared to be merely that of name! One room contained appliances for mechanical massage for patients needing muscular stimulation.

In quick succession I was shown an X-ray room, a laboratory, consulting rooms, waiting rooms, and every sort of luxurious medical requirement for five resident obstetric physicians.



THE MATERNITY HOSPITAL AND SCHOOL FOR MIDWIVES, COLOGNE.

afternoon, August 11th, I visited one of the most interesting institutions—from a professional point of view—in the city. The *Frauenklinik und Hebammen-Lehranstalt* is a very fine State Provincial Hospital. It was built in the year 1909; and, consequently, has the advantages of the most modern equipment and hygienic treatment that medical science can devise—and, as a school, is probably one of the best of its kind.

THE HOSPITAL

This contains 104 beds for lying-in Women; 100 for the poor, and four for better class patients. If patients are quite unable to pay anything towards their maintenance, they are admitted free; otherwise there is a charge made to all. The terms are classified: First-class patients pay eight marks a day, exclusive of medical attendance; Second-class, five marks; and third and lowest class, three marks, inclusive of medical attendance. Wards for third-class patients contain four beds; for second-class, two beds; and first-class, one bed. They are sufficiently large, lofty, and have plenty of window space. Tiled

One small room is specially fitted up as a baptistry for the infants, to accommodate both the Roman Catholic or the Protestant faith.

The infants' bath and dressing-room is worth describing. In rows of four, porcelain baths are attached to two walls of the room, each furnished with hot and cold water taps, and every other convenience necessary for the washing of a baby. I was fortunate enough to be able to watch a pupil dressing a human atom of a few days' old! The method was one we might with advantage copy—and abolish for ever the *wrong* way of dressing an infant on the knees. A table is used for this purpose—previously padded with something soft and warm. The clothing is simplicity itself. Pins and needles are anathema! The little thing is first laid face downwards, with nothing on but a little woollen vest with long sleeves, reaching to the waist. A napkin—presumably of sterilised muslin or butter-cloth—followed by several other soft warm cloths; and then the child is turned over, and the napkin crossed over and wound round each little leg, serving the additional purpose of stockings for warmth; the cloths are

all folded neatly over and kept in place by a binder, which comes last. The mothers are kept in the hospital ten days. On the ninth day they are allowed up, when they leave the lying-in ward for a "rest" room, furnished with comfortable couches of a special antiseptic type.

THE SCHOOL.

Accommodation is given for 35 pupil-midwives at the same time. The course is for nine months, during which time they receive an excellent practical and theoretical training. In the splendid lecture-room lectures are given to male and female students, illustrated by the cinematograph. The head midwife gives one hour's instruction every day. The female students pay 600 marks (£30) for board, lodging and instruction.

The pupils appear to be very well looked after. Their bedroom accommodation is very good. Midwifery bags are not used. The steriliser serves the double purpose of a portable case fitted with all requisites; this is placed in an outside case of coarse washable canvas with handles; its simplicity, plus usefulness, is commendable. Lysol is largely used as an antiseptic.

I was interested to learn that there is a National Association of Midwifery Schools in Germany, of which there are ten branches. The fact that this magnificent institution belongs to the association is ample testimony that the educational standard is a high one.

One of the finest things, in connection with this hospital, is that post-graduate lectures are given to doctors and nurses. These lectures are free. There are seven trained midwives, besides the thirty-five pupils.

I am much indebted to the head midwife, who very good-naturedly gave up her rest, in order to gratify my wish to see the hospital on the only day possible to me. I had almost forgotten to mention what will undoubtedly interest midwives, namely, that the babies are bathed three times and changed six times in the twenty-four hours. Happy babes, happy mothers, who find themselves under such excellent care!

It was the Association of Teachers of Midwives connected with this school who so greeting was conveyed to the Congress by Dr. Franke on the opening day. It was here also that the nuns responsible for the housekeeping stayed up all night to make cakes for the Congress visitors.

BEATRICE KENT.

RUPTURE OF THE UTERUS.

The following notes and observations on a case of rupture of the uterus, as reported in the *Lancet*, were communicated by Dr. D. Shannon (Glasgow) in the Section of Gynæcology and Obstetrics at the recent Annual Meeting of the British Medical Association at Liverpool.

The patient, aged forty, was admitted to the Glasgow Maternity Hospital in a collapsed condition, and presented the typical picture of concealed accidental hæmorrhage. Three weeks

previously she had felt ill, but her condition had not been considered serious. On the day of admission she was seized with sudden acute abdominal pain and fell to the ground. Her condition was that rather of profound shock than of internal hæmorrhage. The nine months' pregnant uterus occupied the whole abdomen, was rounded and hard, and the fetal heart was inaudible. No hæmorrhage had occurred into the vagina. Cesarean section with subtotal hysterectomy was performed, but the patient never recovered from the shock, and died a few hours after operation. On opening the abdomen the uterus was found ruptured—small multiple tears extending over the peritoneal coat and a larger laceration, two or three inches long, situated between the bladder and uterus. Here and there blood was extravasated in the muscular wall, and there was a small rounded hæmatoma of about the size of an apple near the left cornu. Free blood was also present in the peritoneum. Two factors, Dr. Shannon said, must be considered in connection with the case: (1) The condition of the uterine wall, and (2) the effects produced by the hæmorrhage. In accidental hæmorrhage the uterus was usually abnormal, inasmuch as the fibrous tissue was increased and the muscular elements diminished. The placenta was also possibly the seat of inflammatory change but the essential lesion undoubtedly lay in the uterine wall. A normal uterine wall was capable of distention, but fibrous tissue would give way, as had occurred in this case. The uterine sinuses were lacerated and the placenta was separated. It was quite possible that the uterine wall was paralysed as a result of the sudden distension. Similar peritoneal lacerations had been noted in cases of volvulus or ovarian cyst into which sudden hæmorrhage had occurred. The blood lost was about two and a half pints, not sufficient to cause death. The condition was quite unlike that seen in placenta prævia, post-partum hæmorrhage, &c., and was undoubtedly due to shock, which might have been produced by interference with the nervous plexuses following on the distension. The treatment of concealed accidental hæmorrhage was always difficult, and the majority of the patients died. The first indication was to remove the shock, and this might be done by removing the pressure by rupture of the membranes. In the present case saline was first given, and it did more harm than good. Saline might be given *after* the membranes had been ruptured. It was well to let the patient rest before operation was performed, in order that she might rally from the shock. The trend of modern obstetrical opinion pointed to Cesarean section, combined with supravaginal hysterectomy as the procedure of choice.

We regret to record the death of Sir William Japp Sinclair, Professor of Obstetrics and Gynæcology at Victoria University, Manchester; and who, for many years, was a member of the Central Midwives' Board, nominated by the Privy Council

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EDITORIAL.

AN INTERNATIONAL MEMORIAL TO FLORENCE NIGHTINGALE.

The proposal set forth at the Banquet given by the members of the Cologne Congress, to found, under the auspices and direction of the International Council of Nurses, a truly significant memorial to Florence Nightingale, may well appear some day in the far future to have been the most fruitful of all the ideas radiated forth endorsed by the unanimous approval of the members of the International Council of Nurses.

From the first THE BRITISH JOURNAL OF NURSING has insisted that a memorial to Miss Nightingale should be commemorative of her great work for nursing education, and with the clear judgment, and professional self respect which always characterise its pronouncements deprecated the proposal to make a world wide appeal for financial aid for indigent British nurses, as undignified and unseemly in this connection. The view that the memorial should be of an educational nature found strong endorsement abroad, and it was almost inevitable that when the members of the International Council of Nurses met in Cologne, the question should be discussed informally, and that as a logical sequence it should be agreed that the Council should raise its own memorial to Miss Nightingale.

It was fitting that the proposition should be made publicly by Mrs. Bedford Fenwick, Honorary President and Founder of that Council of Nurses which now encircles the globe with its membership of nine countries, while twenty-three nationalities, and at least three races, were represented by nurses who sat around the board and applauded the proposition, eloquently seconded by Miss M. A. Nutting, to endow a memorial which should be of an educational character,

to the honour of a woman whose supreme weapon was knowledge.

The attempts made by men in high places to promote memorials to Miss Nightingale have been singularly unfortunate, and the representatives of her own training school appear to have failed wholly to perceive the real lesson of her life, failed wholly to apply its lesson.

Nurses have disapproved and resented from the outset the entire form and content of men's proposals for a Nightingale Memorial. They resent the egotistical attitude which led the Memorial Committee to ignore the rank and file of the nursing profession, to seek no light from the organised nurses, who would naturally, because of their lifework, have formed a ripe opinion on the matter, which should have received consideration.

They resent the application of the wretched, discredited pretext of charity—refuge of mediæval minds—to themselves, members of a modern, skilled, trained profession, which is absolutely indispensable to society in its present form—absolutely indispensable to Government Departments concerned with public health and well-being—absolutely indispensable to physicians and surgeons in their work with the sick. Without their aid all the fast-developing lines of preventive medicine, public sanitation and hygiene, and social nursing service could not make one iota of progress. To propose to make these expert women the objects of a charitable endowment in honour of Florence Nightingale, who foresaw and foretold all these lines of Health Nursing before any one else in England did so!—the very idea is endlessly ludicrous, or would be so if it were not sad, and sad it is, because it shows the colossal obstacles which women must overcome in lands where all power is obstinately held in the hands of a sex oligarchy.

Even the promised statue of Miss Nightingale, which should indeed shine forth among England's heroes, cannot be a source of unmixed satisfaction to nurses, because of the frugal expenditure allowed for it.

No, the only vital, the only fitting memorial to Miss Nightingale is one that shall embody her spirit, shall perpetuate her energy, shall disseminate her principles, shall raise up women to follow in her footsteps. Her spirit was an indomitable, a militant spirit, not a meek tractable one. Her energy was destructive of man's meddling in things he did not understand, and constructive on lines of woman's public duties. Her principles are: Knowledge, Training, Authority for the woman in the work which is hers. Women will be prepared to follow where she led, only by knowledge, culture, fearlessness, self-reliance.

The true memorial to Miss Nightingale will be an educational memorial, and to such a foundation not only nurses, but all truth-loving and humanity-loving women and men should gladly contribute according to their ability.

L. L. Dock, R.N.

MEDICAL MATTERS.

THE X-RAY TREATMENT OF UTERINE FIBROIDS.

Dr. G. Fedor Harnisch, of Hamburg, presented, in the Section of Electro-Therapeutics and Radiology, at the recent meeting of the British Medical Association, an interesting paper on the X-ray treatment of uterine fibroids, which is published in full in the *British Medical Journal*. He said, in part:—

"In undertaking this treatment it is necessary to have a complete mastery of the Röntgen technique, not only generally, but also in its application to deeper situations. Just as important is the correct selection of suitable cases. This has now been generally agreed upon as a result of the work done by many investigators during the last few years. In every case it is absolutely necessary that a gynaecologist should have made a thorough examination, in order to eliminate a mistake in diagnosis, which would, of course, entail unnecessary treatment. In certain cases it is advisable microscopically to examine the tissue removed by the curette or to dilate and investigate the uterine cavity. In other words, the radiologist should have the diagnosis and later condition confirmed by a

gynaecologist. On the other hand, should the gynaecologist undertake the treatment, then it is his duty to thoroughly acquaint himself with the general physical and biological properties of the X rays, and also the necessary special technique. . . .

"The indications for the Röntgen therapy are as follows: (1) Fibroids occurring before or during the climacteric, with or without pressure complications, such as those affecting the heart, bladder, or rectum; (2) in hæmorrhage due to fibroids; (3) for climacteric hæmorrhage; (4) for metritic bleeding before or after the climacteric; (5) to relieve dysmenorrhœa and other climacteric troubles.

"The age of the patient is a particularly important factor. The older they are—that is, the nearer they approach 50 years of age or more—the more favourable is the result; it is attained more quickly and is more lasting. The younger the patient is below 45, proportionally longer is the treatment and the greater the uncertainty of the result. One is also more likely to meet with a recurrence. In my opinion women under 40 should not be rayed for the treatment of these conditions.

"Further considerations are the size of the tumour, the position, and the rate of growth. The smaller the fibroid, the more favourable is the influence, although, as my own cases show, even a tumour reaching as far as the ribs is by no means a contraindication for the treatment, providing it is not of too long duration. It is hardly possible to cause the disappearance of a large hard tumour which has existed for ten to twenty years, although this may occasionally diminish and the complications may be relieved. Generally speaking, however, the large, old myomata do not lend themselves to favourable treatment. The length of raying for the skin is also a serious consideration. As regards the situation of the myoma, the interstitial and the intramural are the most easily influenced. Most authorities agree that the treating of submucous and pedunculated fibroids is absolutely contraindicated. I saw excessive bleeding follow in one of these cases after transient improvement had been attained. An immediate operation was necessary. . . .

"Special stress must be laid on the rapid improvement of the general health. In some cases I saw rapid disappearance of nervous symptoms, mental depression, misery, and discontent. The constipation which frequently accompanies the large tumours improves with extraordinary rapidity. The heart strain is relieved, incidental vomiting, nausea, and feeling of heaviness disappear. The hæmoglobin percentage of the blood increases."

THE OPSONIC INDEX.

One of the most common subjects a nurse meets with is that of bacteriology. It is certainly interesting, but very apt to be briefly dismissed because of the technical difficulties, so I am going to explain some of the definitions which you meet with in any text book on the subject.

We are quite used to saying that infectious diseases will "run their course"; we can prophesy the duration of a case of typhoid fever, but we do not know the *cause* of the limitation—that is still in the future. It may be either by the greater power of resistance of the patient, or by the activity of the invading bacteria, and indeed we can render various diseases less virulent by the use of antitoxine, as in diphtheria, or provide against them—as in the case of small-pox; but though great progress has been made during the last twenty-five years, we are by no means at the end of our discoveries.

When the infection starts, the "demand creates the supply," the leucocytes flock to the rescue, and the condition known as leucocytosis results, so that the danger instead of being hidden, becomes obvious. It has been a known fact for some time now that leucocytes devour and digest the bacteria, but it is only lately that it was discovered that there is a certain "appetizer" also in the blood serum to assist their meals, and that, even when all the leucocytes are removed from a given specimen of blood, there are left certain properties which antagonize bacteria if they are brought in contact with any. These are known as the opsonins, and are auxiliary to the leucocytes, being called by Mr. Bernard Shaw "What you butter your germs with in order to make your white blood corpuscles eat them"!

The opsonic index is the comparison of the activity of the opsonin in a patient suffering from a given germ, and thus proving the resisting power of the blood.

Each opsonin acts only on one single species of bacteria, and therefore, supposing a blood culture shows that the leucocytes readily absorb the tubercle bacillus, it proves that the O.I. is *high* for Tub. Bac. while it might be *low* for another form of bacteria.

In order to use the opsonic index to its greatest advantage in treatment, a daily blood count is often taken to show the amount of vaccine to be used and to note the effect.

A. M. R.

THE INTERNATIONAL CONGRESS OF NURSES.

TUESDAY, AUGUST 6th.

EVENING SESSION.

THE SOCIAL WORK OF NURSES

On August 6th the Cologne Congress had a strenuous day, for not only to the very great pleasure of many, both members of the Congress and residents in Cologne, were the beautiful living pictures of the Pageant repeated, but there was also an evening session on the social work of nurses, presided over by Fraulein Hedwig Busch, of Hanover, when two important papers, one by Miss Nutting on the Department of Nursing and Health at Teachers' College, Columbia University, and the other prepared by a committee of the American Nurses' Association, were presented by Sister Marie Lustnauer, of the City Hospital, Louisville, as well as one by the President, Sister Agnes Karll.

THE WORK AT TEACHERS' COLLEGE.

Miss Nutting stated that the Department of Nursing and Health at Teachers' College, Columbia University, in the City of New York, showed the first attempt in history to provide higher instruction for nurses, beyond that offered by the ordinary hospital training school. For this reason, and because of the importance of the principles on which it was founded, a brief presentation of its history, purpose and achievement had been accorded a place on the programme of the International Congress, as worthy the interest and attention of a body devoted and pledged to a consideration of educational problems in nursing and to the advancement of nursing education.

It was part of the statesmanlike quality of Isabel Hampton Robb's mind that she did not think in individual but in general terms. In looking at the nurse she saw always an army of nurses, reaching far back into the past, stretching forward into the future, spreading and growing and presenting for the world's use either a strong trained and united body of workers or a weak, undisciplined, straggling and unserviceable body. In the training school her glance swept out beyond the special school which she might at the moment represent, and which might by special gifts and opportunities rise high above others, and took in the entire nursing system of the country. She saw hospitals and training schools multiplying in response to many kinds of calls and impulses, charitable and humane, or purely mercenary, and she was constantly impressed with the great difficulty of maintaining good standards, or, indeed, any standards in training schools, under so many and such diverse forms of government, and such fundamentally different conditions of life and work, and her question was, How can we establish definite and satisfactory standards of work which shall be attainable by all schools? I

think her attitude on this subject is nowhere more clearly shown than in a few words she once used in discussing this subject. "Surely," she said, "we should agree that where the sick are concerned there should be no 'best schools.'"

To see all schools on a good substantial uniform level of work and effort, rather than a few far in the lead and other struggling helplessly against disabilities—this was her ideal, and to this end she more and more directed her energies, fully as she recognised the part that legislation and State registration must ultimately play in bringing about a more uniform and stable system of nurses' education. She appears to have become strongly impressed with the idea that a very considerable degree of uniformity in their education could be brought about through the Superintendents of Training Schools. This thought she finally embodied in a paper of which the substance was as follows: If we could only bring together in one institution the future Superintendents of Training Schools, give them there some special courses of instruction in preparation for their work, inspire them with the same standards and ideals, provide them with common methods of teaching, we might, through these Superintendents and teachers, bring about a considerable degree of uniformity, and plans for some such course were roughly sketched.

The Society of Superintendents, before whom this paper was read, cordially endorsed and pledged material aid to the development of Mrs. Kobb's plan, and in this instance, as well as others, furnished a useful demonstration of the enormous value of such an organisation in initiating and supporting measures of educational and professional advance.

Miss Nutting then detailed how Teachers' College was selected for the experiment. The interest of Dr. James Russell, the Dean, was evident from the outset; his advice and support were invaluable, and eventually arrangements were made to admit nurses as students who were graduates of high schools, and also of training schools for nurses approved by the Society and who gave satisfactory evidence of experience and personal fitness.

The course was opened with two students in 1899, and in the second year Miss Anna L. Alline, a first year student, was appointed, and remained in office till 1906, resigning to become Inspector of Training Schools in New York State. The expense of this officer was met by the Society, not the College, and the special lectures in hospital and training school matters were contributed without payment for several years by members of the Society, often at considerable effort and expense to themselves.

Miss Nutting then related that it early became very clear that the course needed a good deal more than the College could give it. The students were asking for instruction which could not be secured for them. Special lecturers and teachers in subjects not included in the work of the College were

needed. In fact, to handle nursing problems satisfactorily an organised department with a special Faculty, force and equipment was necessary. On the staff of voluntary lecturers, and familiar with the needs of the course, was a most distinguished nurse, Miss Lillian D. Wald, head of an important nursing settlement. She generously drew the attention and interest of a wealthy philanthropic woman, Mrs. Helen Hartley Jenkins, to the problems confronting the supporters of the course, with the result that in December, 1909, a substantial endowment was provided, so that the work might be carried on with greater efficiency and be enlarged and developed in certain important directions.

THE DEPARTMENT OF NURSING AND HEALTH.

A regular Department of the College was thereupon established, called Nursing and Health, and organised to embrace new activities. Where for years there was but part of the time of one supervisor there was now a staff consisting of a Director holding the University appointment of Professor of Nursing and Health, two regular assistants on full salaries, and full time in charge of special divisions, one responsible for the supervision of the group preparing to be teachers, the other of those preparing for public health work, besides eight other lecturers and teachers attached to the Department. It had been thought best to put the resources almost wholly into supplying lecturers and teachers, with the result that it was now somewhat cramped on the administrative side and needed more clerical aid.

A PROMISING OUTLOOK.

Miss Nutting then showed that within the last two years the number of students had more than doubled, and the outlook for the future in that direction was promising. The aim, however, was not to attract a great number of students, but to give special and advanced opportunities to those who had demonstrated their ability to profit by them, and who were likely to be drawn into the more important and responsible posts in training schools and public health work. One hundred and fourteen students had received diplomas or certificates from the College. Five nurses had gone further and obtained the degree of Bachelor of Science, and two were working for the degree of Master of Arts.

Miss Nutting then went into detail as to the scope of the course which, most interesting as it is, it is impossible to publish at length in this issue; we have endeavoured here to give rather the more general view.

THE RESULTS.

Concerning results she wrote:—"Perhaps our most tangible asset so far may be that our students may have conceived a new respect for nursing, a new appreciation of its value in the general scheme of life, an awakening to the weaknesses and defects of our present structure, an acceptance of the

principles upon which future developments should be based. It is good for our students to have lived even one year in the College, to have mingled with students of many kinds preparing for many fields of work, and to have watched the preparation of teachers which is its distinguishing feature. And I think we may presently see a group of women emerging animated by quite similar ideals and standards, and establishing similar methods of work, and that Isabel Robb's belief in the value of these college courses in helping towards uniformity and solidarity in our work will be largely justified.

"Against the confusions and contradictions into which nursing has been thrown by the various institutions and individuals controlling or utilizing the educational system one fact stands out sharply—there is an imperative, increasing demand in every branch of nursing for better educated and more liberally trained women. If we cannot under the present system find strength to pull ourselves up to a higher plane of mental power and effort, and cease to look upon nursing as a purely practical work requiring hard apprenticeship, heroic devotion, and little or no foundations in science or principles, then our present system must pass, and a worthier and freer one must replace it. And while it is true that nursing must stand or fall by the strength of the average nurse, yet it is equally true that into the hands of the teachers and Superintendents of our Training Schools is largely committed the making of that nurse—the destiny, in fact, of the entire nursing bodies upon which our countries are coming to lean so heavily. For our encouragement in our difficult upward path stands the picture of Isabel Robb, bringing our problems to the university—asking merely for an opportunity—empty-handed but with an idea and a vision—and also with a faith in nurses that they would make their own place, and shape their own course, and that training schools would discover their own extreme need.

HEALTH NURSING.

The paper prepared by the Committee of the American Nurses' Association dealt chiefly with the development of social or preventive work (Health Nursing) from that of district or visiting nurses. In this connection Professor Winslow, professor of biology in New York, said at a nurses' meeting in Boston in 1911: "In my judgment the visiting nurse is the most important figure in the modern movement for the protection of the public health"; and Miss Lent, Superintendent of the Baltimore Visiting Nurses, is of opinion that "the most valuable work of nurses to-day is to present facts to the public."

SOCIAL AND PREVENTIVE WORK.

The paper stated that the work of district or visiting nurses has had much to do with the development of varied special lines of work on social or preventive lines. The district nurses' work naturally embraced all the many varieties of such work, in an elemental form; and, as, in the United States, such nurses enjoyed a considerable

amount of freedom, both of speech and action, they have been able, themselves, to take independent steps often, and to urge new lines of work, instead of having to wait to be called upon by their managers or by physicians.

The lines of social or preventive work, "Health Nursing," might be summed up as follows:—

Source or Origin; Visiting or District Nursing. (Life Insurance Co. Extension.)

1. *Public School Nursing.*—This was sometimes under the Board of Health, sometimes under the Board of Education. It was started at the suggestion of a nurse, Miss Wald, of the Nurses' Settlement, in New York; and a Settlement nurse made a one-month's demonstration without cost to the city. District Nurses' Associations in other cities did the same thing in the beginning.

2. *Anti-Tuberculosis Work.*—This was sometimes under Health Departments, again under Dispensaries or Voluntary Associations. Much of it, as everywhere, was instructive work; but the most useful was in exposing bad living conditions, favourable to the bacillus; and in spying out weak individuals and saving them before they were actually infected.

3. *Social Service in Connection with Hospitals and Dispensaries.*—This was described in London three years ago, and was spreading enormously. Both nurses and laity co-operate in following the discharged patient, and making a favourable environment for him or her, until entirely able again to be self-supporting. Under this one head many specialties were developed, and prevention on many lines followed. The newest branch of this work was that of Mental Hygiene, taking charge of mental cases who were not yet hospital cases, or had been discharged from hospital care.

Welfare Work.—By this we meant the work of the nurse employed by a factory, mill, department store, or other business firm, to keep a general oversight over the health of all employees. Though the Welfare Nurse was ready to do nursing when required, her efficiency was best shown by her watchfulness and her success in building up the health and strength of the people in her care. The latest line of such work for her was in the public telephone companies.

5. *Child Welfare Work.*—This embraced Pure Milk Stations, with all the related details of the preparation of formulas, teaching of mothers, house-to-house visitation, to watch and attend infants, and supervise their diet; the special work required in connection with prevention of summer diarrhoea in children; the care of infants' eyes; the avoidance of contagions; and, in short, everything which might promote health in little children. Under this came work for the nurse in open-air schools, inspection of crèches and kindergartens, playgrounds, &c.

6. *The Care of Expectant Mothers; or, Prenatal Work.*—This was beginning to develop a large field. It meant the visiting, observation, and teaching of the mother before her accomplishment.

7. *Special visiting-nurse work under Health Departments* in the control of scarlet fever, measles, diphtheria and trachoma.

8. *Teachers of Hygiene* in schools, to instruct children on general hygiene, and also on the hygiene of sex. Nurses had also often given talks of a practical nature to teachers in public schools, and they were called on continually to teach mothers' classes and clubs on general and sex hygiene. Their services were also called for in social centres, such as clubs, playgrounds, &c., for similar teaching.

9. *School Visitors*.—This meant a special kind of work, done in conference with and by request of the teachers, to solve special problems and reach special cases by going back to the home surroundings. It was a work requiring great tact and understanding.

10. *Inspection of Tenement House or General Housing Conditions*.—For this nurses were especially suitable after they had taken special training.

11. *Secretarial Work for Associations*.—Nurses made most excellent and efficient working secretaries for Children's Aid Societies, Societies to Prevent Blindness, &c. The work of agent under charitable societies was also well done by them.

12. *Investigations on Special Lines*.—Notable work had been done in making original researches and gathering material for report on committees of inquiry into social conditions. Such work was usually done for some Association, but it might be done independently and its results published, or given to the public in lectures. There was no reason why large societies of nurses should not carry on such work. The best done yet on such lines had been in connection with midwifery, preventable blindness, and almshouse conditions.

The whole number of Associations in the United States employing nurses in social service was 1,042, and the number of nurses employed by these Associations 2,777.

THE CROWN OF THE NURSING PROFESSION.

Sister Agnes Karll said that if, as has been claimed, the care of the poor was the crown of deaconess work, surely social work should be that of the nursing profession. Social work might be regarded as the extension of parish nursing, and in so far as it pertained to bodily safety and health, a thorough training as a nurse should be a preliminary condition. At present this conception was little appreciated in Germany, and would only slowly take root, as the intellectual development of nurses in regard to social work had hitherto been of the slightest. That which religious institutions furnished by practical demonstration should now be within reach of secular nurses, all the more as these religious bodies were no longer able to supply the ever-increasing demand made on them. The care of incurables had become a newly specialised branch which required an even higher moral force than that brought to

bear on the struggle with tuberculosis. Not only were bacilli, stupidity and ignorance to be encountered but hereditary moral taint and weakness of will, which so often were the origin of the fatal drinking habit.

Another link in the endless chain was the school nurse or sister, the natural sequence of the appointment of school doctors. She was the connecting link between doctor, school and family. The duties consisted in being present at the doctor's consulting hours, visiting the families and seeing that neither through ignorance nor want of means his orders were neglected. A well-trained nurse was invaluable in many branches—home nursing, itinerant teaching, &c.

The office of female controller of a sick fund was rare and yet—her eye sharpened by long years of observation—a sister would be of great use in detecting cases of simulation and thus lessening the claims made on the fund. An experienced nurse was doubtless highly eligible for the post of female house inspector. Her supervision in the disinfection of houses would be invaluable.

Sister Karll then said: "A personal experience in a house where I lived for twenty years shows me how valuable a nurse's experience in these cases is. On the death of a consumptive seamstress, I drew the house porter's attention to the fact that the dwelling must be disinfected, and received the answer that it would be unnecessary, as it was 'only to be let as a workshop.' The upholstered furniture of the deceased had been bought on the credit system. Not having been paid for, the furniture was to be returned, and the few remaining pots and pans were to be sold by auction towards paying the rent. This bacilli were being scattered wholesale. To simplify matters, I sent a card to the district police, and disinfection at once followed. As I had once given my services as nurse gratis in this case, I knew the dwelling, and on passing looked in to see how the work of disinfection had been carried out. In a closet I found a bundle of clothes, dirty towels and handkerchiefs, quite beyond the reach of the formalin fumes. An energetic telephonic communication resulted in the clothes being taken away for disinfection. This shows that a woman's eye is often needed to achieve a speedy and thorough result."

A modern institution was the hotel, store and ship nurse. In some hotels and on some ships there was a hospital room. This was not only for the convenience of the guests, but also for the staff, slight accidents, &c., being frequent. In provision stores a nurse as inspector might often be a preventive of hygienic abuses. Factories now had nurses who cared for the employees. The duties of this branch were most varied. In mines where only men were employed the duties were principally the care of the disabled, the widows and the poor, superintendence of home nursing, lending of baby clothes, &c., a sewing

and knitting school for the children, a mothers' meeting, provision of Christmas cheer for hundreds, organising a summer trip, &c. In chemical factories where women were employed, the principal duties were hygienic consultations, but slight accidents also occurred. As in other factories, the duties included care for the welfare of the workers and their families.' How much experience and training was necessary to fill one of these posts could be easily imagined, and it would be a blessing if funds could be available for those who had had five years' practical nursing experience and did not possess private means, and who desired to attend lectures on political economy, hygiene, and above all, pedagogics, offered by the Leipzig Lyceum. The trying calling of a nurse often rendered her, after a few years, unable to continue strenuous hospital or private nursing, but her experience made her most eligible for one of these posts in the public service. The remuneration was generally good, particularly when such posts had been created by private individuals; less so when depending on the State or municipal control. Salaries ranged from £50 to £100 per annum, exclusive of board, lodging and uniform.

This concluded the third Session of the Congress on Wednesday, which also included the visit to the Lindenburg Municipal Hospital, and the repetition of the Pageant. Nevertheless the large attendance at the evening Session and the close interest with which the papers were followed justified the judgment of the organizers of the Congress in arranging so full a day.

THE CITY OF COLOGNE.

To the average person the name of Cologne suggests two things—its scent and its Cathedral. Nor is he deceived when he arrives in the city. For the one is displayed in a surprisingly large number of shops to tempt the susceptible visitor to buy samples of "real" Cologne water for his friends at home.

And the other—the Cathedral. How it dominates the city, the river, and the surrounding country. From its lofty site on the Rhine bank it towers skywards, grand yet graceful, and so impressive in its regularity.

But almost more magnificent than the Cathedral itself is the view from its lacework pinnacles. The climb up six hundred dusty, steep, winding steps seems but a small toil in view of the reward. When among the dizzy heights wonder and admiration comes over one for the men who had the courage and nerve to rear the building to such proportions, and a nervous glance down upon the ancient city of Cologne with its quaint steeples, towers and roofs, and its narrow, busy streets, serves only to increase one's wonder. Skirting the city is the "wide and winding Rhine," rolling in a mighty flood far into the distance, where rise the Seven Mountains with their wooded slopes and vineyards, and

prominent among them the castled crag of Drachenfels.

A glance to the left, down the Rhine, reveals Germany in its more modern aspect—mighty factories clinging to the river banks, while inland for miles stretches the flat agricultural land dotted here and there with clustering chimneys.

Though it does not fall to the lot of every visitor to Cologne to climb to the Cathedral's top, none surely fail to visit its interior or to be magnetised by it. Once inside, how difficult it is to tear oneself away. One visit inspires a desire for many more.

After the Cathedral, the building in Cologne that, perhaps, has the most interest, at any rate for Britishers, is the Church of St. Ursula, with its Golden Room. The contents of this room consist, except for a few shrines and vessels, entirely of bones and skulls with their proper embroidered wrappings and ornaments. Rather a gruesome sight, but suggestive of the legend connected with the place. Though it would be rather a stretch of imagination to suppose that all the bones here are those of St. Ursula's attendants, the fact remains that the collection includes many female Celtic skulls, pierced with spears, cleft with swords, and hammered with axes, thus proving that some massacre of British pilgrims took place in the city.

Of the museums and galleries of Cologne the most interesting is the Wallraf-Richartz Museum, and of its contents the Roman remains are the most remarkable. These mosaic pavements, remnants of buildings, and particularly the soldiers' tombstones, serve to remind one forcibly of the city's origin, and of the difference between Cologne at its beginning and the Cologne of the Middle Ages and of modern times.

The "Colonia" of the Romans existed essentially for military purposes as a stronghold against the Germans, a mighty fortress of the Caesars, affording a contrast to the religious and commercial atmosphere of mediæval and modern Cologne. Cologne, so full of history, takes its place in the hustle of life to-day with the same ease as it did in former times, when people were perhaps almost as busy, though they went about their work in rather a different way. There are few reminders of its ancient life, but those that remain are very potent.

From Cologne it is easy to pass on to other places of interest. Eastwards through the factory country to Hanover and Hildesheim, with streets of wonderful old fifteenth-century houses, then on to Goslar and the beautiful Harz Mountains; or northwards to Aix-la-Chapelle, full of history, and from there to the famous old cities of Flanders, once the commercial centre of the world, now small and busy in a quiet sort of way. Their quaint streets and picturesque buildings are the joy of every visitor, but their cobbles and smells the bane, surely. Such things make people who live in dull, ugly towns in England realise that if they have not got picturesque qualities they have, at any rate, something to make up for it in the way of comfort.

ELFRIDA SPENCER.

NURSING WORK OF RELIGIOUS ORDERS.

One of the most interesting sections at the Cologne Congress Exhibition of Nursing was that showing the hospital and general nursing work of the Religious Orders. This exhibit had previously been shown at the International Congress of Hygiene at Dresden, and was very kindly sent from there to Cologne by the consent of the authorities concerned.

From the splendid photographs and charts there shown it was clear that the Religious Orders of Germany are advancing steadily with the progress of modern ideas in sanitation, operative and preventive medicine, hospital construction, and out-door treatment. Among the fine groups of hospital buildings and domains shown we may mention that at Waldbreitbach, Rheinland, under the care of the Franciscans; that at Nonnenwerth, under the same order; that of the Malteser hospital in Trebnitz; the institutions at Maltersdorf belonging to the Franciscans, and those of the Sisters of Mercy at Bayenthal, near Cologne. These possessions all show ample, beautiful grounds with admirable hospital or other institutional buildings scattered, village fashion, as the German style is, among trees and gardens. In these groups are to be seen modern wards and operation theatres of the most up-to-date construction, out-of-door provision for the treatment of tuberculosis, and study and class-rooms fitted with skeleton, manikin and anatomical charts for the Sisters' instruction. The numerous beautiful photographs showing the

nuns busy at their work, indicate variations made in their dress according to the demands of science. All the Orders shown wear spotless white linen from head to foot in the operating rooms, and to some extent in hospital wards as well, while others have a modified uniform with a great deal of white, for ward work—as white oversleeves, caps, apron and scapular. There is, as yet, little or no indication in exhibited material of secular training school work under the guidance of Religious Orders,

but there were charming views of the nuns themselves in class-room work.

There were some excellent photographs of "Mother Superiors," women of notable presence, dignity, and power of command, such as Mother Camilla Schwedin, head of a Franciscan Order; Frau M. Thérésia Scherer, head of one branch of the Sisters of Mercy (Bamberzigen Schwestern v. heil. Kreuz), and the Mother of the Order of Sisters of Mercy at Innsbruck, with her unusually picturesque headdress, which in form recalled the beautiful caps of peasant holiday dress in the Tyrol. The Franciscans appear as a specially active hospital order, and have medals



GREY NUNS OF ST. ELIZABETH, BRÉS LAU.

from the wars of 1864, 1870, and South Africa. A large chart gave the names and statistics of 64 different orders of Catholic Sisters who engage in nursing (as well as other work) in Germany and showed that they had in all, in the year 1910, an army of ministering women numbering 26,000. Besides the work of nuns, eight Catholic secular nursing societies presented statistics showing that, between 1892 and 1908, they had trained 822 nurses. As an example of these may be mentioned the

Association for Training Secular Catholic Nurses in Berlin.

THE RED CROSS.

A very complete and interesting section was that contributed by the Red Cross Society, showing how many things ready to hand can be used in emergency in extemporising necessary appliances. Examples of this were to be found in the stretchers often improvised with rough wood for the frame, the stretcher itself being made of such materials as list, plaited straw, tape, string and wool, faggots, wire netting, brush wood, and the tops of fish baskets. Fish spears in one instance were used for the frame work, with fish netting strained across to form the stretcher; in another instance a ladder was indicated as providing a usable expedient.

Trucks were converted into field ambulance wagons and boats were fitted for the same purpose. An improvised gangway was also shown. Altogether the section afforded an admirable demonstration both of the work of the German Red Cross Society, and of methods of extemporizing articles required in case of need.

Those who attended the Exhibition will be glad to know that it was a financial as well as a professional success.

A QUEEN'S INTEREST.

It will be remembered that Queen Sophia of Sweden took a deep interest in the London Congress, and at her express desire Miss Emmy Lindhagen, on her return to Stockholm from Cologne, attended before Her Majesty to give her an account of the proceedings at Cologne, in all of which the Queen expressed great interest.

IMPRESSIONS OF THE CONGRESS.

You ask me for my impressions of the Congress. I gladly send you a few lines, though I am sorry that, owing to the pressure of official duties, I was unable to attend as many of the sessions as I should like to have done. I can say, however, that from the proceedings at which I could be present, and from what I saw and heard there of the members of the Congress, both from home and abroad, the way in which the programme was carried out, and the personalities of those conducting the meetings, I received a very strong impression that able and energetic women have applied themselves to the task of solving the difficult problems that are related to their chosen work.

I saw that notable achievements in nursing education and in organisation are being pushed forward by your leaders, and I am fully convinced that the excellent service of Free Sisters, well taught and well trained, merits its full reward.

Should your members succeed in amending the untoward circumstances now existing in nursing, and mitigate that overburdening which now shortens the working term of the Sister's life, they will help, not only nurses, but also the community, by preserving in vigour many a useful life that is now prematurely shorn of its strength and efficiency.

From Geheime Rat Dr. RUHSACK.

I had only one grand impression of the International Congress of Nurses, and that was its wonderful UNITY, which denotes strength—both strength of will and strength of purpose.

It was so marvellous that representative nurses from so many different countries should meet together for one aim and purpose, and that that grand purpose was to convey to their colleagues of different creeds and languages, as well as workers under different conditions, the best and latest methods of each nation for caring and tending our sick and suffering, as well as helping to better the conditions of the nurses themselves.

The enthusiasm of the whole week was very fine and the organisation was carried out in a most masterly and efficient way by our German sisters with much spirit and enterprise.

It was a week that will never be forgotten by those present, and one only regrets that owing to duty so many were unable to enjoy and benefit by the advantages those present obtained.

I shall live on the memory of it till our next meeting in San Francisco.

B. CUTLER.

My impressions of the strenuous week of the Nurses' Congress at Cologne were so many, that it is difficult to state them shortly, but they may be crystallized in Mrs. Bedford Fenwick's exclamation during her speech at the banquet on Wednesday evening: "*In nursing there is no nationality*"; it was what I had been longing to say myself all the week.

Differences of race, of speech, of country, all seemed small before the uniting tie of one womanhood, one earnest work for the same object—the cure, and also the prevention of sickness of both body and mind.

How fitting it was that so great a gathering should resolve on erecting an educational memorial to Florence Nightingale. May the watchword of the Congress, given us by Mrs. Bedford Fenwick—"Aspiration"—receive a definite form in this remembrance when Congress meets again.

H. L. PEARSE.

THE mountain fastnesses of Switzerland, with its wealth and magnificence of landscape, are a suitable environment wherein to sift one's thoughts and select impressions from a surging crowd of them.

The "still small voices" of Nature, the music of the spheres, are a great aid to clear thinking.

so also is the tumbling, roaring, boisterous Tamina, as it rushes in such hot haste over its rocky bed in the beautiful gorge. The sound of it makes the tongue silent, and the thoughts active. One is just flitting through my brain; I must arrest it, for there is symbolism in it that will fit my impressions of the Congress. Great boulders lie in the bed of the Tamina; the water cannot flow over them, or through them; but it flows *round* them. They are great obstacles to the *smooth* passage of the water, but they do not stop for a single instant the steady, determined flow of the water *onward*. This life-giving stream, which contains in itself special healing properties (medicinal waters) must go *FORWARD*.

I won't insult the intelligence of the readers of this Journal by explaining the parable! Five hundred and fifty women, of twenty-three nationalities and many languages, meeting together with one aim and purpose—the alleviation of sickness and distress—is a thought which must have made the hearts of all who attended the Congress, and who have since been quietly thinking about it, thrill with pleasure. This representative number means, of course, that a large part of the civilised world approves of internationalism among trained nurses, altruism—brotherly love. So "let brotherly love continue"—and continue to *increase*.

Among the many impressions of our inspiring Congress two stand out vividly before my mental vision. We were welcomed by a representative of the Government! I am grateful to the German Government for this recognition. It is a great and important advance. Three years ago, when the Congress was held in London, no such act of courtesy was extended to our foreign visitors by the British Government. Without wishing for one moment to minimise so gracious an act, one cannot but feel that it was largely due to the fact that German nurses enjoy State Registration, and therefore are recognised by the State as an important entity of the State, so all nurses were welcomed for their sakes. My grateful thanks are also due to the organisers of the Congress for having given Women's Suffrage a prominent place on the agenda of the first day's session. That a resolution in favour of it should have been passed unanimously by an international assembly of women marks great and most encouraging progress, and shows the trend of thought of women engaged in important social service, and verifies the words of Sister Henriette Arendt: "*throughout the world all women are asking for a voice.*"

Surely the highest form of patriotism, namely, the care of the sick, should be rewarded by the granting of the right to use the political "voice" in the best interests of humanity at large.

In conclusion, I would like to record my deepest gratitude to Sister Agnes Karll and all her helpers, for their strenuous labours on our behalf. The Congress was magnificent—was inspiring.

BEATRICE KENT.

I shall keep an everlasting remembrance of my short stay at Cologne, and I must express at once my admiration for the methodical and practical direction of the Congress.

In this magnificent pageant of the "Gürzenich," the living representation of nursing throughout the world showed its remarkable unity. I left the room greatly impressed, and felt a sincere need to embrace these friendly women to whom I am so deeply attached, without considering their nationality, who have the same tasks and the same ideals as myself.

I am very grateful to Sister Agnes Karll and to the Cologian nurses for having organised the touching pilgrimage to the spot where Florence Nightingale studied, and my monitresses and I will ever think of the delightful greeting we received at the Deaconesses' House.

(MILLE.) CLÉMENT.

*Matron of the Salpêtrière's Training
School for Nurses, Paris.*

Last night I asked my Norwegian comrades at the Congress what they thought about it. I am afraid I shall not be able to express in English all the warm words and praise I heard about the delightful and interesting time we had in Cologne, and how very well we thought everything arranged and done. We were impressed to see what a wonderful vitality the movement has had in the nursing world. After having been at this international meeting for nurses, and heard of the standing and work of our profession in the different countries, and the splendid lectures and discussions, the spirit of federation must enter everyone, and give a great impetus to organisation.

Every nurse in the world must be grateful to the founders of this great movement.

We Norwegians are heartily grateful for the needed impetus, and for all that we have learned.

I am, sincerely yours,

BERGLJOT LARSSON.

I was about to say, "Now that the Congress is over," but to say so would be an error. Such an event in history can never be over. I should rather say, now that we are reading the accounts of the Congress in our *BRITISH JOURNAL OF NURSING*, we realise what a grand forward movement has been made in the nursing world. It is impossible to give the atmosphere that enveloped the fortunate people who were present at the Congress, but those who have the interest of their profession at heart may read of the whole-hearted thoroughness which it is evident must have characterised the arrangements to produce such perfect organisation for the benefit of the representatives of the world's nurses. But, as Miss Dock said in her delightful speech on the night of the banquet at the Hotel Disch, we should not be surprised that Sister Agnes Karll made such a complete conquest of her workers for the Con-

gress to bring all to such a perfect issue, for is she not German, and are not the Germans thorough in all they undertake?

So, in my estimation, that in itself is a great lesson to all who would be nurses, or organisers of the training of nurses. Be thorough, and you may even aspire to conducting an International Congress of Nurses. For myself, I feel but a small atom to represent South Africa, but as yet United South Africa is young, and when we consider that the population of London is greater than the whole of South Africa, it is not to be wondered at that we should consider ourselves young. But I feel sure that at no great distance of time we shall have a Society of Trained Nurses to form a Council, and so give the keynote necessary to identify South African trained nurses.

At present very few matrons of hospitals have been trained in the country, and each matron seems contented to remain attached to her mother country or training school, and consequently the nursing profession in the "little continent" cannot at present consider themselves a united profession. The one great help—at least to the public—there, is that it is a country demanding State Registration, and when the medical councils of the various States once unite and secure the help in their deliberations for the good of nurses of a trained matron on their executive committee, I think the foundation will be laid of a South African Matron's Council, which will inspire the nurses trained in that country to be proud of their profession and training school.

Therefore, I say the Congress is not over, for our BRITISH JOURNAL OF NURSING will carry the news, and the Watchword given by our founder, Mrs. Bedford Fenwick, will be read even in so-called "Darkest Africa," and at the next Congress I trust the sunny land may be represented in greater strength, and report news of progress in all branches. Before closing my letter I must again state that, although English trained, I was very proud to find waiting for me at Cologne an armet of white satin, with "Sud Afrika" printed thereon, shewing that a representative was expected.

I am with you in all your most forward desires.

J. C. CHILD.

Hon. Vice-President for South Africa.

As the foreword is "Aspiration," the whole spirit of the Congress was aspiration. The result will be lasting "inspiration."

WINIFRED M. TAIT,

Fraternal Delegate,

Australasian Trained Nurse Association.

Miss Take Hagiwara is now staying in London, and Miss Watatani and Miss Yamamoto, the other fraternal delegates from Japan to the Cologne Congress, are staying at St. Thomas' Hospital for a few weeks, in order to get a practical insight into English nursing methods.

THE FINANCIAL SIDE.

It will not surprise those who were eye-witnesses of the organizing genius of the Cologne ladies' Committee to know that the Congress was a great financial success. When Sister Agnes Karll, a stranger to Cologne and its citizens, arrived there to make arrangements for the Congress she had two assets—a good cause to plead and a forceful and charming personality. With these she succeeded in arousing the interest of influential ladies in Cologne, and, once secured, the personal and financial support they gave was unbounded. They began by raising a substantial fund wherewith to finance the Congress, and, at the close, the balance derived from this fund, from the sale of Congress tickets, and from charges for admission to the Exhibition, amounts to no less than some 9,000 marks, *i.e.*, £450, which has been handed over to Sister Karll towards the expenses of delegates to San Francisco. After this who can doubt the genius of women for finance.

CONGRESS ALBUMS.

Miss Cutler made a very interesting suggestion at Cologne. She proposes to compile a Congress Album, inserting postcards, photos, and other items which will in the future remind her of things and people met at Cologne specially deserving of note. What a pity such a record has not been kept of all our happy international meetings! It would have been a great asset to our international library.

We have to thank several of those present at the recent Congress for copies of charming snapshots taken. Those done by Miss C. A. Tait McKay are specially good, and she has most kindly said that copies of these photos may be obtained from her for cost of printing. A most lifelike picture of Miss Dock on her way to the Congress—laughing, of course—her arms full of business books, is most precious, as we have never seen a good likeness of her before, and this is splendid.

Miss McGill has a very sweet one of the grave of Friederike Fliedner.

Miss R. B. Downing has an excellent picture of the block at the Seminary at Kaiserswerth, with the decorated windows of Miss Nightingale's room; and Miss Child has also some happy results from her snapshots.

Miss Tait McKay's address is County Superintendent, Clifton Villa, Truro. Her pictures would be a great addition to any album of reminiscences.

Perhaps Miss McGill, Miss Child, and Miss Downing will let us know if they can supply copies to those wishing for them.

To make a Congress Album really useful, little descriptive notes and personal reminiscences should be inserted as well as pictures.

OUR PRIZE COMPETITION.

DESCRIBE YOUR PRACTICE IN THE CARE AND ADMINISTRATION OF MEDICINES; YOUR METHOD OF IDENTIFYING DANGEROUS DRUGS, AND OF DISTINGUISHING MEDICINES, TO BE ADMINISTERED TO PATIENTS, FROM LOTIONS AND POISONOUS SOLUTIONS USED FOR OUTWARD APPLICATION OR AS DISINFECTANTS.

We have pleasure in awarding the prize this week to Miss M. Evans, Clayton Hospital, Wakefield, for her paper on the above subject.

PRIZE PAPER.

One of the most important duties in the care of the sick is the regular and intelligent administration of medicines, and it is a duty that is often thought too lightly of.

The nurse responsible should know enough about the after effects of the different drugs to recognize any symptoms of overdose, or if the drug in question is doing the work expected of it; also the time of day certain drugs should be given, never waking up a patient for medicine unless ordered to do so. Great tact is often needed when dealing with young children, a powder being easily disguised in jam or syrup. Most common drugs, such as castor oil, quinine, iron, &c., can be obtained in pill, capsule, or cachet form, and this will often prevent a great deal of unnecessary suffering to nervous women, to whom the taking of nauseous drugs is often a great trial.

All medicines should be carefully labelled with the patient's name and prescription, and not kept near the bed, but in a cupboard reserved for the purpose.

When giving medicine,

Be punctual, give at stated intervals and with regularity.

Shake the bottle.

Read the label.

Pour out from the unlabelled side.

Measure accurately and in a graduated measure glass, doses under a drachm being measured in a minim glass or pipette.

Give the medicine yourself and stay with patient until it is taken.

Wash glass after use.

Never use stale drugs.

Report at once any bad effect.

Without any exception, all poisons should be kept under lock and key in charge of some

responsible person; this rule applies to all lotions, liniments, eye drops, some gargles, the various stimulants and sedatives in tincture or tabloid form.

The bottles they are kept in should be dark blue or green, and be either octagonal or triangular in shape, the name of the drug painted and varnished on, so that it cannot be washed off, every part being visible from the front, also labelled with a red poison and "Not to be taken" label.

No poisonous drug should be left out of its place, but the dose measured and the bottle returned immediately.

Have the dose checked by a second person, and never pour out in a doubtful light.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Emily Marshall, Miss M. Dalton, Miss E. Jahrens, Miss S. A. G. Lett, Miss P. Fogarty, Miss B. James, Miss E. Martin.

Miss Elizabeth Martin writes:—

"I prefer all medicines, tabloids, &c., to be kept in a special place set apart for the purpose, and nothing of this description would I allow to be kept on the lockers by the patient's bedside.

"Patients have been known to help themselves to their own medicines; and, of course, an overdose of any medicine might prove a very serious matter."

Miss A. E. Jahrens states that a nurse's work in connection with medicines lies chiefly in their punctual, accurate, and skilful administration. A nurse must be sure that she thoroughly understands how to read the measure-glass. A nurse must always read the label, no matter how familiar she may imagine she is with it. If an error occurs, the doctor must at once be informed of it. The bottle should always be shaken, whether the mixture has a visible sediment or not. Mixtures that have thick sediments at the bottom must not be poured out until the patient's bedside is reached and he is quite ready to swallow the dose. If the dose has been poured out and allowed to stand, the sediment will be left in the glass, and the patient will not have the benefit of the drug prescribed. If the nurse fails to shake up the mixture at one time she not only deprives the patient of at least one of the drugs ordered, but she gives in subsequent doses a much larger proportion of that drug than the doctor intended, and it is easy to understand that this may do positive harm.

QUESTION FOR NEXT WEEK.

How would you deal with a case of croup occurring in a private house until the arrival of the doctor?

APPOINTMENTS.

MATRON.

St Luke's Hospital, Old Street, London, E.C.—Miss Laura A. Hunt has been appointed Matron. She was trained at St. George's Hospital, London, where she has also held the position of Sister.

Cameron Hospital, Cameron Bridge, Fife.—Miss Margaret Jack has been appointed Matron. She was trained at the Western Infirmary, Glasgow, and the City Fever Hospital, Edinburgh, and held the position of Matron of the West Fife Diseases Hospital previous to coming to London, where for six years she worked as a member of the Registered Nurses' Society. For the last eight months she has been Sister at the Wemyss Memorial Hospital, Methill, Fife.

The East African Nursing Home, Nairobi.—Miss Alice Shrimpton has been appointed Matron. She was trained at St. Bartholomew's Hospital, London, and subsequently did private nursing for some years in connection with the Registered Nurses Society, 431, Oxford Street, W.

ASSISTANT MATRON.

Belvidere Hospital, Glasgow.—Miss Isabella McGrowth has been appointed Second Assistant Matron. She was trained at the Union Infirmary, Leeds, and held the position of Charge Nurse at the Grove Hospital, Tooting, and Sister at St. Leonard's Infirmary, Shoredditch.

SISTER.

Eye Hospital, Bristol.—Miss Fuller has been appointed Sister. She was trained at the Royal Infirmary, Bristol, and the Hospital for Sick Children, Great Ormond Street, London, and has had experience in district nursing.

SUPERINTENDENT NURSE.

Workhouse Infirmary, Wisbech.—Miss Alice Wright has been appointed Superintendent Nurse. She was trained at Ecclesall Bierlow Union Infirmary, where she has held the position of Sister. She has also been Night Sister at the Cardiff Union Infirmary.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Sister Miss K. Coxon resigns her appointment; Miss E. B. Darnell, Staff Nurse, to be Sister (Sept. 1).

QUEEN VICTORIA'S JUBILEE INSTITUTE.

Transfers and Appointments.—Miss Amy Cochrane is appointed to Walmer, Miss Martha K. Gibson to Newcastle-under-Lyne, Miss Mary Harvey to Harpenden, Miss Theophane Mansfield to Olton, Miss Alice Pennington to Uttroxtet.

THE PASSING BELL.

We regret to announce the death of Miss C. M. Riley, for many years Sister Pitcairn at St. Bartholomew's Hospital, London. Miss Riley only left London recently for a holiday, and contracted double pneumonia while away. She died at Church Stretton, and the funeral took place at Grange-over-Sands on Monday last.

NURSING ECHOES.

Miss E. J. Tillott's many friends on the Registered Nurses' Society will learn with great regret that she has sustained serious injuries in a motor bus accident. She was taken to Middlesex Hospital, where she is receiving every kindness and attention.

A knowledge of invalid cookery should be part of the equipment of every nurse, and the Universal Cookery and Food Association has done much to stimulate interest in the subject, both by giving generously of the profits derived from exhibitions which it has organized to London Hospitals and other charitable institutions for educational purposes—some £4,000 having been donated in this way—and also by arranging special classes at its exhibitions open only to trained nurses.

The financial aid given by the Association enables hospitals, which would otherwise be unable to afford the expense, to provide properly equipped practice kitchens for the nurses and probationers who are taking the sick-room cookery course; and the exhibitions held, and the generous prizes offered, stimulate these pupils to compete with those of other hospitals. The result is that at the Annual Exhibition of the Association there are always a number of invalid trays on view, daintily appointed and arranged, and very creditable as to the specimens of invalid food exhibited.

This year the Cookery and Food Exhibition is to be held at the Royal Horticultural Hall, Westminster, S.W., from October 29th to November 2nd, and in the Invalid Cookery Section (Section III) Class 38 will be open to trained nurses only. Entries must be sent in before October 7th, and the Invalid Tray must contain a dish of fish or meat, light pudding or jelly or custard, and two beverages, including beef tea or a soup (four dishes in all). These exhibits will be on view on October 31st, November 1st, and November 2nd. The prizes to be awarded are one gold medal, silver medals, bronze medals, cash prizes, cookery books, and certificates of merit.

Everyone must rejoice that the floods which have devastated the city of Norwich have subsided, but there is an aftermath of trouble for the thousands of people who have been rendered homeless, and are being cared for in schools, churches, and public buildings, which have been turned into relief centres. One room in each of the shelters is set apart for hospital purposes, with a staff of trained nurses. The

Medical Officer of Health for the City has issued a necessary warning counselling people not to return to their houses after the subsidence of the water, or at any rate not to take their children there till the houses have been thoroughly cleaned and carefully dried, and that too hurried occupation of dwellings may give rise to serious illness. Much sympathy will be felt for Mr. Louis Tillet, formerly Member of Parliament for Norwich, who, while carrying a nurse through five feet of water to the assistance of a woman in labour, sustained a severe lacerated wound of the hand from the barbed wire surrounding the garden.

Last year a member of the Swedish Lower House of Parliament proposed an inquiry into the conditions of Swedish nursing. The proposal was confirmed by the Parliament, and two months ago the Government named the members of a special committee to make such inquiry. Three nurses, including Sister Emmy Lindhagen, were appointed to this committee, all of whom are officers of the Swedish Nurses' Association.

The *International Hospital Record* gives a word of salutary advice to nurses as to their responsibility in countenancing unsatisfactory conditions in nursing homes. It asks: "Ought nurses to lend themselves to the continued mismanagement which characterizes many of these homes, and is shown most conspicuously in the treatment of members of that profession without whose aid they could not subsist for a week? There can be no doubt that trained nurses are directly responsible for many of the abuses which occur in ill-managed nursing homes, for without their countenance it would be impossible to carry them on, and the whole unsatisfactory fabric of pretence and muddle would inevitably crumble away. We say deliberately that nurses ought not to allow themselves to be made use of by unscrupulous proprietors of nursing homes, who, beneath the good certificates of one or two of the staff, take occasion to hide the deficiencies of half-qualified women wholly unfit to have the care of patients."

We believe that many nurses will be glad to know that the exhaustive report on the Educational Status of Nursing prepared by Miss M. A. Nutting, and published by the United States Bureau of Education, may be obtained gratis on application to the Bureau at Washington. The number of the Bulletin which should be quoted in making application for it, is Bulletin 1912, No. 7.

REFLECTIONS.

FROM A BOARD ROOM MIRROR.

The Report of King Edward's Hospital Fund for London mentions an increase in the expenditure of the hospitals. It attributes this to the rise in the cost of living, and to expenditure on new treatment.

At a recent meeting of the Governors of the Swansea Hospital a letter was read from the honorary medical staff, stating that all their members, together with the consulting staff, with one exception, had taken the British Medical Association's pledge under the Insurance Act, refusing to render professional service until the terms, conditions, and administration of medical benefit had been approved.

The annual report to Parliament of the Board of Superintendence of the Dublin Hospitals, which receives grants from Parliament, states that the hospitals under the superintendence of this Board fulfil in an economical and thorough way the objects for which they were instituted.

THE ROYAL SANITARY INSTITUTE.

LECTURES FOR WOMEN HEALTH VISITORS AND SCHOOL NURSES.

A course of lectures to assist school teachers and other students entering for the examinations in school hygiene, including elementary physiology, and for women health visitors and school nurses, has been arranged under the auspices of the Royal Sanitary Institute, 90, Buckingham Palace Road, London, S.W., commencing on Monday, September 30th, 1912, at 7 p.m.

The course will consist of lectures and practical demonstrations on physiology, personal hygiene, and the sanitation of school buildings and dwellings. The hygiene of child-life and educational methods.

Special arrangements will be made for each student to attend a course of six infant consultations under the direction of Dr. G. Eric C. Pritchard, and in connection with these opportunity will be afforded for students to follow up this instruction by visiting the infants in their homes.

A fee of £1 1s. will be charged for the course.

The various subjects to be dealt with will be given by well-known authorities, and will be illustrated with diagrams, drawings, models, and lantern slides.

The museum of sanitary appliances and the library are open free to students attending the course. Arrangements are made by which students can obtain the loan of books for a small payment.

Students and others desirous of attending the lectures are requested to send in their names at once to the secretary of the institute, E. White Wallis, Esq.

The next examination for Women Health Visitors and School Nurses will be held in London on December 6th and 7th.

OUR FOREIGN LETTER.

DEAR MRS. FENWICK, Ever since I was fortunate enough to join your great Convocation I

have had it in my heart to address a few words to you. Will you kindly give me a few moments of your, no doubt, very precious time?

First let me thank you most heartily for sending me a copy of your highly interesting BRITISH JOURNAL OF NURSING. We have read it, and quite appreciated what you have said of us in kindness and love. We have felt your sympathetic heart. There is a common bond that binds us together, and yet there is a world-wide difference between your "Sister-Nurses" and the Kaiserswerth Deaconesses. Do not misunderstand me. I do not mean personally; the difference is in the system, the management.

I cannot tell you how glad my heart was, how full of joy, when I looked at the crowds of nurses, when I thought that the world—literally the world—had convened together to help "suffering humanity." But if I think of

Florence Nightingale, you celebrated heroine, how she burnt in desire to help those that suffered, to alleviate the pain of the wounded, how she had no time to think of herself, how she tried to teach abnegation of self and devotion to others, then I could not help feeling sorry that her great lesson had little in common with the questions that you discussed so ardently at Cologne. I do not say that I disapprove of them. That could not be, for I understand that you sadly are in need of some kind of organisation. And here I want to point out the difference between the Free Sisters and the

Kaiserswerth Deaconesses. We look at our calling from another standpoint, perhaps from a more ideal one. With you it is not only a question of work, but also a question of remuneration. Thank God, we have nothing to do with money matters.

The spirit that enables us to undergo any hardships is expressed in a short dialogue which you can find printed in almost all the Sisters' rooms. I will translate it for you:

What is your desire? —My desire is to serve.

Whom will you serve? —The Lord Jesus, in His poor and needy ones.



OUR SISTERS AT KAISERSWERTH.



THE GRAVE OF FRIEDERIKE FLEDNER, KAISERSWERTH. WREATH FROM BRITISH DELEGATES.

And what is your reward?—I serve neither for reward nor for the gratitude of man, but out of gratitude and out of love. My reward is that I am allowed to serve.

And if you perish in doing so?—"If I perish, I perish." So said Esther the Queen, who did not know Him for whose dear love I would gladly perish, but Who will not let me.

And if you grow old in your service?—Then I shall be like a green olive tree in the House of the Lord. My God will satisfy me with His mercy and grace. I go my way in peace and take no thought.

You see, there breathes the spirit of utter devotion, the spirit that alone enables you to give up self, to lose your life—ultimately to gain it.

With politics we do not meddle; our duties take up our time and thoughts. Lately I have read a book which is dedicated to Sister Agnes Karll. It bears the somewhat strange title: "More Sunshine in the Poor Lives of the Sisters." The reader's attention is called to a series of facts, all the more deplorable as they seem to be strictly true. Perhaps a little exaggerated here and there, but on the whole a sad reality. The poor Sisters in that book stand in need of all our kindness and pity, and all the help which we can render them, but, if such be their condition, why do they remain in it?

They admit that the Deaconesses, who are under the protection of a mother-house, know nothing of all the woeful condition. But in spite of that, they cannot make up their minds to bind themselves to the order and strict regulations of the establishment. They fear to be obliged to give up their personal freedom, perhaps a little bit of their individual originality. Dear Mrs. Fenwick, if those poor Sisters only knew how utterly mistaken they are!

I was young when I joined the Sisterhood; now I am getting on in life—quite aged, as you know—but I always felt perfectly free, at least under no other bondage than that which binds the whole human race. It is true we cannot, out of our own free will, give up a place in ward or hospital as soon as difficulties arise, but nobody can do that, not even the King, his Prime Minister, the officers in the Army or Navy. All who are entrusted with an office, whatever it is, cannot go and leave their post at will, but have to stay faithful and true; and so have we. Our Superiors try to place the Sisters so that their personal inclinations fall in with their duties. They always listen to complaints; they attend to the Sisters' health, send them to bathing-places or into the country, or to their friends for their holidays, at least once a year. What more should we desire?

But one thing is forbidden to us. You will not find the Kaiserswerth Deaconess either in the ballroom or at the theatre, or at large assemblies, or evening parties, however select they may be. We cannot burn our candle at both ends at once.

Nursing duties do not agree with the world's amusements, and there it is, I suppose, where the

real difference lies. If your Sister-Nurses could make up their minds to forego all these pleasures they would soon feel the benefit of it in their own lives.

More sunshine? Our sunshine is the Lord Jesus. If you open your hearts to Him He will arise as the Sun of Righteousness, with Healing on His Wings.

Of course, I had much more to tell you, but I must not take up your time. If you think that my letter will be of interest to your companions, or perhaps of use to only one suffering soul, pray have it printed.

At any rate, convey my most ardent greetings to them all, and may the blessing of God Almighty rest upon you now and for ever.

I am, dear Mrs. Fenwick,

Yours most sincerely,

SISTER JULIE BORGES.

Kaiserswerth Seminar.

The group of Sisters illustrating this article is from a photograph by Miss Tait McKay, and that of Friederike Fliedner's grave from one by Miss McGill.

THE NURSES' MEDICAL DICTIONARY.

It is with much pleasure that we draw attention to "The Nurses' Complete Medical Dictionary," just published by Messrs. Baillière, Tindall & Cox, 8, Henrietta Street, Covent Garden, London, W.C., and compiled by Miss M. Theresa Bryan. The book is compact in form, and could readily be slipped into an apron pocket, and concise and clear in its arrangement, and as the cost is only 2s. it is within the reach of most probationers, to whom medical terms in common use in hospital wards are often such a source of bewilderment. It will no doubt become the nurses' "Enquire Within Upon Everything," and from the wide ground which it covers it seems probable that enquiry will be fruitful in result.

To take a concrete instance, "intussusception," a word often heard in a children's ward. We find on turning to it first the pronunciation indicated and then the definition: "The slipping of one part of the intestine into a part beyond. It occurs most frequently on the right side, the ileum slipping into the ascending colon. It is most common in the young, and is characterised by pain, straining, frequent small blood-stained stools, and a swelling like a long tumour between the ribs and the ileum."

These are just the salient points simply told, which a nurse needs to know. The book is sure to be popular, and its popularity will be the reward of much painstaking effort.

Messrs. W. & G. Foyle, with whose new and secondhand books our readers are well acquainted, have found it necessary, owing to the increase of their business, to take larger premises at 121 and 123, Charing Cross Road, where they will be pleased to show visitors their stock, which includes over 1,000,000 volumes.

OUTSIDE THE GATES.

WOMEN.

The *Monthly Record* of the Penal Reform League, the object of which is to interest the public in the right treatment of criminals, and to promote effective measures for their cure and rehabilitation, and for the prevention of crime, is always full of articles of interest. In the current issue Mr. W. H. Dickinson discusses "Legislation for the Feeble-minded" and "Child Helping in New South Wales," and other articles are of interest. Referring to a book on this subject by the Hon. Sir Charles Mackellar, President of the State Children Relief Board of New South Wales, who is now in Europe on a Commission to enquire into the treatment of delinquent and neglected children, the following extract is quoted: "Every criminal has a life history, and that history is very often the explanation of his sinister career."

The League invites help in connection with the circulation of a pamphlet, which is an expansion of a memorandum sent to the members of the House of Commons in June, when the Criminal Law Amendment Bill was before it. This is now published under the title, "Prostitution, its Nature and Cure," and costs 2½d., post free, from the office of the League, 1, Harrington Square, N.W.

This year's Presidential election in the United States will, says the *Standard*, be a very important one for the women of the country. Both the Democratic party and the new Progressive (Roosevelt) party are coquetting for their votes. The Democratic party has no official woman suffrage plank in its platform, but it is sending Mrs. Borden Harriman, a prominent political campaigner, to the six equal suffrage States to win over the women with promises of fiscal reform, reduced prices on food, and a workman's compensation Act. The Progressive party is making woman suffrage one of its main issues, and the fact that Miss Jane Addams, America's foremost woman, both in politics and social reform, has given her support to the party will tremendously influence the women voters of the country, even though they yet have little faith in Mr. Roosevelt's pledges.

Mrs. Chapman Catt contributes some very interesting articles on a tour in the East to *Jus Suffragii*, the organ of the International Woman Suffrage Alliance in connection with Burma. She writes that when in Rangoon she asked to be directed to a leader among women, she was soon provided with a letter to Mrs. Ma May Hla Oung. They were soon fast friends, for she understood as no other Eastern woman had done, the mission for women of Mrs. Catt and her friends. There was no need to explain to her the ballot for women, for she had voted for years. She is the daughter of a famous Burmese general, and the widow of the Controller of the Treasury. She

has two schools for Buddhist children, in which nearly 400 boys and girls are taught together in all the classes in true co-educational fashion.

We learn that "among the Burmese there is little intemperance, a small amount of crime, and almost no murder. No Society for the Prevention of Cruelty to animals is necessary, for they are as gentle as can be with all things that live. They are astonishingly tolerant, and when education becomes universal and has conquered the superstitions of the ignorant and broadened the views of all, they will teach the rest of us many lessons. Meanwhile, the 'languor of the East' is upon them. How can any people possess the qualities which trace new paths, discover new thoughts, and do new things, under a blistering, relentless sun? To tread the old paths, to think the old thoughts, and do the old things is the instinct of the 'children of the sun.' It must ever take a thousand years for a people here to move the distance a northern people would compass in a hundred. Meanwhile, these happy, contented, good-natured, dear Burmese live under an equality of rights between the sexes in Church and State, for which we Western people must still struggle."

VERSES.

Our common Master did not pen
His followers up from other men;
His sermons were the healthful talk
That shorter made the mountain walk,
His wayside texts were flowers and birds,
Where, mingled with His gracious words,
The rustle of the tamarisk tree
And ripple-wash of Galilee.

Whittier.

Prize what is yours, but be not quite contented,
There is a healthful restlessness of soul
By which a mighty purpose is augmented
In urging men to reach a higher goal.

Ella Wheeler Wilcox.

COMING EVENTS.

October 2nd.—Meeting at the Mansion House in support of the Nurses' Missionary League.

October 3rd.—Conference and Farewell Meetings to bid Godspeed to members of the Nursing Missionary League leaving for the foreign field, University Hall, Gordon Square, W.C.

October 22nd.—Central Midwives' Board Examination, London, Birmingham, Leeds, Manchester, and Newcastle-on-Tyne.

October 20th November 2nd.—Cookery and Food Exhibition, Royal Horticultural Hall, Westminster, S.W.

WORD FOR THE WEEK.

Character must stand behind and back up everything—the sermon the poem, the picture, the play. None of them is worth a straw without it.—*J. S. Holland.*

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 GENERAL NURSING COUNCIL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The letter from Miss Jane Bell, referred to in your last issue, referring to the fact that no nurses can be members of their Governing Body in Queensland until a considerable number of nurses have been registered, shows the foresight of our leaders in this country in providing for the appointment of a Provisional Council, upon which representatives of the different sections of nurses shall have seats until the nurses, who will eventually form the electorate, have been registered. It is highly necessary that the advice and special knowledge of nurses should be available during this most important period.

We have, therefore, once more to thank those who have drafted our Bill with such care. Once it obtains a place on the Statute Book, it will, I believe, prove itself to be the best which has yet been framed, as experience has from time to time shown many details in which it has been advisable to amend it, until now we have a broad and statesmanlike measure calculated to be of service both to the public and to nurses. This may be some small consolation to those who are weary with the weariness of hope long deferred.

I am, Dear Madam,

Yours faithfully,

AN ARDENT REGISTRATIONIST.

WHITE CHILD SLAVES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I think that nurses owe a debt of gratitude both to Sister Henriette Arendt for describing her work for the White Child Slaves, and to Miss L. Döck for bringing that work to our notice. I think it must come as a shock to many to know that such a horrible trade is possible, for the majority of people are ignorant of its very existence. The traffic in girls is horrible enough. The traffic in little children seems the lowest infamy to which it is possible to descend. I think nurses may be proud that a member of their profession should be willing to risk her life to probe the secrets of this infamous trade and that she should be devoting her energies as well as her substance to caring for the children she rescues. Others may well emulate her example in taking up this branch of social service, but the trade is one which pre-eminently should be put down with the greatest severity which the law can devise. Perhaps we might have some information

as to the International Society which has been formed to combat child slavery.

Yours faithfully,

MEMBER NATIONAL COUNCIL OF NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Thanks for the copy of THE BRITISH JOURNAL OF NURSING forwarded to me.

So far no hint has reached me of "White Child Slaves" in England. No child received into our Homes has been subjected to this awful treatment, but I will certainly keep a look out for any indications of such a vile traffic.

The ruining of children is, however, of wide extent, and our Homes for these little ones are full. We hope, however, to be able to raise sufficient funds to open at least two more before long.

Yours truly,

THOMAS GEO. CREE,
Hon. Sec. Church Penitentiary Assocn.

REPLY TO CORRESPONDENT.

Three Years' Certificate.—The salaries of members of Queen Alexandra's Imperial Military Nursing Service are good, and members retire with a pension, if they remain in the Service; but promotion is very slow, and a staff nurse cannot hope to be appointed Sister for a long time. You should, therefore, consider whether you are willing to remain a staff nurse for years before applying for admission to the Service.

OUR PRIZE COMPETITIONS.

September 14th.—How would you deal with a case of croup occurring in a private house until the arrival of the doctor?

September 21st.—How would you care for a premature infant at the time of birth, and subsequently?

September 28th.—What records would you keep, and what points would you observe and report upon, as a routine practice, when nursing a case, either in a hospital ward or in a private house?

NOTICES.

BUSINESS COMMUNICATIONS.

The Editor will be obliged if all business communications, such as requiring extra journals, &c., are addressed to the Manager, THE BRITISH JOURNAL OF NURSING Office, 431, Oxford Street, London, W., and not to the editorial office at 20, Upper Wimpole Street, W.

OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper.

Only the most reliable firms are accepted by the management.

The Midwife.

THE PRENATAL CARE OF BABIES.

On the important subject of the Prenatal Care of Infants, the *Dietetic and Hygienic Gazette* publishes the following article which is of interest to midwives, who often come in touch with poor mothers before their confinements:—

Excessive infant mortality obtains mostly among the poor, when the prospective mother is ill-nourished or obliged to work during her pregnancy, or when the new-born infant suffers for want of proper sustenance at the breast, or from the mother's ignorance how properly to prepare substitutes for her own milk. The melancholy handicap under which such babies are oftentimes born is increased by congenital malformations (which are comparatively many among the poor), the environment in which the infant is born, and the lack of means for its necessities.

Dr. Jacobi, in his superb presidential address before the American Medical Association, has considered exhaustively "The Best Means of Combating Infant Mortality." He notes that the Committee for the Reduction of Infant Mortality of the New York Milk Committee has arranged with the Russell Sage Foundation for providing a nurse who will look after a thousand pregnant women, with a view to enabling them to rear infants *with improved resistance*. In Boston, the Woman's Municipal League is seeking, through its *Committee on Infant Social Service*, to provide for babies among the poor a greater capital of resistance. To such end the aims are for more sanitary housing conditions, pure milk, the prevention of eclampsia among mothers, the education of the body politic (which must in the last analysis be the power behind any move for betterment), and the like. The Lying-in Hospital and other Boston charities are aiding in such prenatal work. Thus are philanthropic associations striving to "care for babies before they are born."

The family practitioner may well play a helpful part in this work. Were his admonitions to would-be parents but regarded, there would be better born babies, though the number of them would be diminished. Pity it oftentimes is that one cannot take advantage of the advice of Oliver Wendell Holmes that "a man should be careful in the selection of his ancestors."

Indeed, to fortify the infant against the environmental stresses it must bear and against the enemies, bacterial and otherwise, with which it must cope during its first year or two, we must begin long before its birth; nine months before its birth, observes Dr. Jacobi. In science, birth is but an incident in a succession of biologic processes; conception is but a transmutation of older cellular elements (such as are contained in the ovum and the sperm) into a new cellular compound. And it is essentially with the quality and the virility of cells that we have to deal. The practical deduction would be that those contemplating marriage, who have the sense to seek the physician's advice, should be urged to proceed with the utmost circumspection and self-denial if they are conscious of any hereditary or acquired stigmata. Undoubtedly, marriage, with the possibility of parentage on the part of men and women unfit for this tremendous responsibility—on the part of the nearly related, couples of widely diverse ages, the neurotic, the pervert, the insane, the drug habitué, the syphilitic, the consumptive, and, above all, the alcoholic, besides those whose poverty (with all its dreadful accompaniments) would bring grievous stress into the family economy—marriage among such as these should be precluded whenever possible. Generally speaking, all these subjects are likely to transmit to their offspring vitiated tissues, susceptible to infection, so that such offspring is unable to cope fairly with the agencies inimical to human existence.

We recall that during embryonic life the cells of the body become differentiated and the organs are formed, increase in size, and begin to take on their several functions; that during this period the organism of the coming infant is most acutely sensitive to impressions in utero—variations in oxygen supply, warmth, the constitution of the mother's blood, and the like. Before the birth, then, the mother should be safeguarded to the fullest possible extent for the good of her offspring; she should, even more than in the pregnancies of normal and well-circumstanced women, be assured wholesome diet, sensible and hygienic clothing; should rest well at night and for an hour in the afternoon; have frequent baths in tepid water, and the other familiar measures. Especially should she, if it is possible, be spared unusual care, mental strain or excitement.

MIDWIFE v. MONTHLY NURSE.

Fräulein Elizabeth Schmidt, of Bremen, in a paper prepared for the Cologne Congress, on the "Training of the Maternity Nurse and her Duties," said that in no branch of nursing can more harm be done by incompetence than in maternity cases; and yet it is not possible, in the large hospitals, to give this special branch its due importance. Maternity nursing should be learnt in a maternity home where the cases are principally normal. The fact that nurses are anxious to take complicated cases in clinics or hospitals proves how little they understand this department. It is a great mistake to think that because a nurse is experienced and capable in sick nursing she is also competent to undertake a confinement case. Fräulein Schmidt further directed attention to the dangers attendant on an ordinary sick nurse who takes confinement cases "in between" other work.

Nowhere, she holds, are educated women more needed than in this branch, where so much superstition and old traditions must be combated. It would be well if nurses recognised this, made maternity nursing the object of their careful study, and then embraced it as their special form of nursing.

There are still (Fräulein Schmidt alleges) a number of untrained nurses who are known by the name of "monthly nurses," as well as the so-called "certificated monthly nurse," whose training depends on the means she can spend on it. The cost of four weeks' training is 180-200 mks.; for six weeks, 150 mks.; for three months, 100 mks. This short time of training is productive of certificates which delude the public; but, instead of a well-trained maternity nurse, there goes forth one who, with her smattering of knowledge, pushes aside the midwife. The following figures speak for themselves. In the Rhine district, in 4,000 cases undertaken by doctors and monthly nurses, 8.22 per cent. of the children died; whereas, in 29,000 cases, undertaken by midwives alone, only 1.38 per cent. of such deaths occurred.

In order that such abuses may be reformed, Fräulein Schmidt suggests:—

1. That all who wish to undertake maternity cases should submit to a board examination.
2. That they be subject to inspection by the medical board, and to the same rules as the midwives regarding disinfection.
3. That only such houses be qualified as training establishments which can provide courses of at least six months' duration for probationers, three months for sick nurses, and a sufficient number of maternity cases, from 500-600 a year.
4. That regular theoretic instruction be given with practical demonstration under superintendence of a salaried head-sister, who shall also be required to furnish proofs of her efficiency.

5. That anatomy and bacteriology, as far as it pertains to maternity nursing, be taught by the house-doctor.

6. Domestic training, comprising cooking, &c., should be included.

The insufficiently trained monthly nurse is mostly to be met with in the lower middle classes. Ignorant of such things as puerperal fever, sepsis, and infection, she cannot be made answerable for the results of her incompetency. In the most earnest language, Fräulein Schmidt appealed to the State to help in regulating these abuses, and to all cultured women to follow the bright example of their Empress, who shows such sympathy with the welfare of women and children.

THE CENTRAL MIDWIVES BOARD.

The next examination of the Central Midwives Board will be held on October 22nd in London, Birmingham, Leeds, Manchester, and Newcastle-on-Tyne. The oral examination follows a few days later.

THE YORK MATERNITY HOSPITAL.

Mr. W. W. Hargrove, J.P., writing in a contemporary on the York Maternity Hospital, describes the system of baby consultations held weekly at the dispensary.

"By this means," he points out, "not only is the feeding and general management of the infants carefully supervised during the first year of their lives, but the mothers receive a training in the management of their babies which is of inestimable advantage to them. This system of 'baby consultations,' which deals with infants born in the outside maternity practice of the Dispensary as well as in the Hospital, has been in existence for nearly eighteen months. It is steadily growing, and many mothers gladly avail themselves of it. Its value and its effects on the health of the community can hardly be over-estimated.

"During the time the Maternity Hospital has been in existence the demands on its help have fully justified its establishment, and it has been of considerable value to the medical men of the city and district, who have gladly availed themselves of it for the treatment of their more serious cases which required the constant skilled care and attention they could not receive in their own homes."

LUPUS OF THE FACE IN AN INFANT.

Baumet, as mentioned in the *British Medical Journal*, describes a case of a child of 11 months suffering from what was first considered to be eczema. Removal of the crusts by warm fomentations revealed deep ulceration with a purulent discharge. The submaxillary glands were much enlarged. The treatment consisted of daily applications of iodoform ointment (2 in 30), inunctions of mercurial ointment every two days to the glands, and syrup of Vacheron (0.15 gram of carbonate of guaiacol in 20 grams of syrup), a teaspoonful morning and evening. The local condition gradually healed, but before the healing was complete the child died of convulsions.

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EDITORIAL.

THE NURSE AS A PIONEER.

One of the facts which are being most plainly demonstrated in the nursing world is that the entrance of the trained nurse into social service imposes on her the obligation to be conversant with many matters formerly considered outside her province. Indeed, it is evident that, if she is to meet the demands upon her, the establishment of a special course of training similar to that now available for nurses at Teachers' College, Columbia University, New York, in connection with the Department of Nursing and Health, is urgently necessary in this country.

At the recent International Congress of Nurses at Cologne, one speaker after another emphasized the point that nurses needed a great deal more than a thorough knowledge of their own professional work if they were to be effective social workers; indeed Fräulein Schubert claimed that, in order really to help, nurses should know "everything," and that it was of vital importance that they should be women of education and refinement. She further pointed out that in pioneer work, such as that in the care and management of infants, now being undertaken through various agencies, it was often necessary, in order to further the cause, that she should be able to speak well and fluently on the work in hand.

This is a side of social service from which the trained nurse often shrinks. She knows her own work; she is able to deal with patients, and to cope with any emergencies which may arise from day to day, but she thinks it asking just a little too much that she should be expected to give addresses in relation to that work. She considers that her gifts lie in other directions, and that

public speaking should not be demanded of her.

We fully admit that it is asking a great deal of nurses, but the public, by their services in the past, has come to believe that nurses will rise to the demands of the present and future, and we do not believe that it will be disappointed.

Undoubtedly one reason why nurses feel confidence when at work, and altogether incompetent for public speaking, is that they have been trained for the former and not for the latter. To be an effective speaker some knowledge of the rules governing this art, and of voice production are necessary, as well as practice in addressing an audience, or teaching a class, and nurses who think of specialising in any branch of social service will do well to acquire some elementary knowledge of these subjects. Most Superintendents of district nurses for instance are required from time to time to give public addresses with the double purpose of explaining the work in order to interest the public in it, and of securing financial support. To do this needs no small ability, and the same applies still more forcibly to newer branches which are constantly opening up to the trained nurse, and appealing for her work.

Fräulein Schubert while admitting that "to speak well and fluently on the subject in hand is the most difficult part of the nurse's business," at the same time gives an indication of the motive power which will inspire her—"when her heart is in her calling, her tongue will be eloquent in its service."

Lastly, if the trained nurse renders such great and indispensable services to the State, surely she has a right to expect from it that recognition which will protect her profession from charlatans, and so raise its status and add to its influence by granting legal status to its accredited members.

MEDICAL MATTERS.

THE TREATMENT OF FLAT FOOT.

Mr. Paul B. Roth, M.B., F.R.C.S., has a most instructive and useful illustrated article in last week's *Lancet* on "The Treatment of Flat Foot," which might be read with special benefit by nurses—many of whom, alas! know well the "overstrain" of feet.

Mr. Roth states that, in common with many other acquired deformities, the first change is a postural one; when the patient raises his heels from the ground, so as to stand on his toes, the arch is restored. It is only after the postural change has existed a considerable time that structural change occurs. Thus the cases can be at once divided into two classes: those in which the deformity entirely disappears when the patient stands with his heels raised, and those in which some or all of the deformity persists. For convenience, these may be described respectively as "postural" and "structural" cases, though it must be understood that in the "structural" ones much of the deformity may be "postural."

In this connexion mention must be made of those unusual cases where there is spasm of the peronei muscles. In these the spasm entirely disappears after a week of absolute rest and the foot returns to its normal shape; they must, therefore, be put in the "postural" class. Flat foot complicated by spasm of the peronei has by some been regarded as a stage through which all cases must inevitably pass as they progress from bad to worse, but I am convinced that this is not so. Flat feet are very common; in the last five years I have examined very many hundreds, and in only three cases was there spasm of the peronei muscles. It must be looked upon as a comparatively rare complication. The following outline of treatment may be pursued with absolute confidence, resulting in relief to the patient and credit to the surgeon.

Object of the treatment.—In the "postural" cases, to produce complete cure. In the "structural" cases, to abolish all pain and discomfort, to cure the "postural" element of the deformity, if present, and to arrest further increase in the "structural" element.

The treatment consists of: (1) attention to footwear; (2) attention to position in standing and walking; and (3) regular daily exercises.

1. *Attention to footwear.*—Whether boots or shoes are worn, whether they button or lace, they must be the shape of the feet. If this primary essential is not secured the whole treatment may as well be abandoned. To bring this

about it is not at all necessary to wear boots of an ugly shape. The inner side of the boot, where the big toe lies, is kept straight, so that the end of the boot is opposite the big toe, and not opposite the second or third toe. This is to ensure that the big toe is not pushed out against the other toes and has plenty of room in which to act. The soles should be a sixth to a fourth of an inch thick, the heels broad, an inch or less in height. If the degree of flat foot be anything more than the merest trace, mechanical means are utilised to throw the weight of the body, distributed down the leg, slightly *outside* the centre of the ankle-joint. This is effected by thickening the sole and heel of each boot along its inner side by $\frac{1}{8}$, $\frac{3}{8}$, or $\frac{1}{2}$ inch, the amount depending upon the severity of the case; the worse the case the greater the thickening. The additional leather is in the form of a wedge, with its base to the inside and its apex to the outside of the foot, so that the extra thickness on the inside fades off to nothing on the outside. Not only does it fade away outwards towards the outside, but also forwards towards the tip of the shoe, from a point situated about an inch behind the tip. When viewed from in front the wedge should scarcely be seen. The extra thickening is applied by a bootmaker to a boot of the shape described; there is no need to have a surgical boot made, and no need to have the instep filled in by a continuation forwards of the heel.

2. *Attention to position in standing and walking.*—*Standing:* The patient must always stand on both feet with the toes slightly turned in and the heels slightly turned out. He must never stand with the toes turned out, or on one foot to rest the other. Every now and then he must raise the heels just clear of the ground—that is, stand on the toes sufficiently to bring all the muscles of the foot into action. Whenever the feet begin to ache he should do this. In addition, he should stand with the feet very slightly turned over on their outer border. *Walking:* He must walk with the feet pointing straight forwards—never with the feet turned out. If the feet are hurting, he must walk all the time very slightly on tip-toe—that is, with the heels just off the ground. It is a good plan while indoors to walk on tip-toe all the time.

3. *Regular daily exercises.*—The exercises, to be done the first thing every morning, preferably with the shoes off, are two in number: 1. *Standing, alternately heels raising and toes raising.* To steady the body, both hands touch the mantelpiece or wall. The heels are slowly raised from the ground, and slowly lowered; then the toes are slowly raised and slowly

lowered—the exercise thus consisting of four distinct movements. The feet are kept slightly turned in, and slightly turned over on their outer border, all the time. The exercise is repeated from 50 to 100 times. 2. Sitting on one chair, with the foot projecting over the edge of another, the calf of the leg resting on the seat. Keeping the knee still, the foot is slowly *circumducted* to its full extent in all directions, down, in, up, out, 50 times; then down, out, up, in, 50 times. If possible, the circumduction is to be done with the foot in a slightly varus position the whole time. This is repeated with the other foot.

These directions must be followed uninterrupted, and the exercises carried out daily, for at least three months, and as long after that as any disability is felt in the feet. In most cases the wedges give relief at once, and after three months' exercises cease to be necessary, but the directions as to footwear and position in standing and walking must be adhered to for years. The wedges may, as a rule, be omitted after a year. In addition, the patient should take to bicycling, care being taken that only the toes rest on the pedals.

CLINICAL NOTES ON SOME COMMON AILMENTS.

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

TUBERCULOSIS IN CHILDREN—TREATMENT.

We come now to the treatment of tuberculosis in children, and it will simplify matters somewhat if we bear in mind certain points which underlie the treatment of infectious diseases in general.

Inasmuch as we have to deal with a fight between the germ and the individual, it is obvious that we have to try both to hinder the microbe and help the patient. Always, however, we should begin by considering whether the disease cannot be prevented, and to encompass this we have to try, firstly, to remove the supply of germs from the community as completely as possible; secondly, to kill any microbes that may have got there already; and, thirdly, to improve the natural resistance of susceptible people so that they may be more readily able to rid themselves of the organisms which have obtained entrance to their bodies.

When the patient has contracted the disease, that is to say when the fight is in full swing

inside his body, we have to consider whether we can take the microbes away from his system, or kill them, and also in what ways we can help his white blood corpuscles in their attempts to do this for themselves. In some infections we can use all these methods, but in tuberculosis we have to rely on one or two only. Formerly it used to be thought that all forms of tuberculosis were incurable; but we know now that very much may be done to help the patient, and in some cases we can eradicate the disease altogether.

With these general principles in view, we will take the treatment of tuberculosis (always bearing in mind that we are talking of its effects on children and not on adults) in some detail.

Firstly, as to prevention. Let us see what the conditions are under which children contract tuberculosis. All over the country, and especially in overcrowded areas in our big cities, adult consumptives are loading the air with tubercle bacilli, which they expectorate in myriads whenever they have a fit of coughing. This sputum dries up, becomes dust, and is ready to be breathed in by children, especially by those who are playing about on the floor of a room where a consumptive lives. This, as we have seen, is the main source of infection; but the second, namely, tuberculous milk, is by no means to be despised. If, in the case of a great city, the trains conveying milk for consumption by its inhabitants are boarded by inspectors and samples are taken for analysis of the milk from the churns, it is found that when these samples are inoculated into susceptible animals—usually guinea pigs—very many of them are found to contain tubercle bacilli, as shown by the development of tuberculosis in the animal. When the farms from which the infected samples have been taken are visited by veterinary inspectors, it is common to find animals suffering from tuberculosis of the udder.

Now all this is preventible. Adult consumptives, if they are not able to, or will not, take proper precautions to prevent their sputum becoming dust, should undoubtedly be removed to a place of safety in an isolation hospital or sanatorium. The main point is that they should never expectorate into the atmosphere at all, but rather into a bottle whose contents can be afterwards burnt. Then tubercle bacilli should be removed from schools and places where children most do congregate, by spraying and swabbing the walls and floors with an adequate disinfectant—not, incidentally, with something that merely smells and does not kill.

When disinfection is left to the discretion (or otherwise) of the patient's relatives, it often happens that they select carbolic acid. Now this, besides being very poisonous and also expensive, has the disadvantage that it does not kill tubercle bacilli at all easily. A solution of the strength of one part in twenty parts of water takes about three hours to kill tubercle bacilli in a test tube, and it is very doubtful whether tuberculous sputum, in which the bacilli are enveloped in sticky mucous, can be rendered harmless in four hours. On the other hand, it was found by Prof. Delépine that tuberculous sputum can be disinfected in one hour by being mixed with an emulsion of Izal containing Izal oil in the proportion of 1 in 125. Moreover, Izal is not poisonous, and is very much cheaper than carbolic acid. Tubercular dust is, incidentally, not nearly so difficult to destroy as the moist sputum, so a solution of 1 in 200 Izal suffices for the disinfection of walls and floors, provided that it be thoroughly applied by spraying or swabbing.

Disinfection nowadays is, or should be, performed by the sanitary authorities free of cost to the patient; but, unfortunately, the efficiency and quantity of the work depends upon the amount which the particular municipality is prepared to spend, and this again is, unfortunately, often decided not so much by the requirements of the population, but by what the authorities think of the importance of sanitation compared with other matters, such as schemes for municipal trading, for instance.

Apart, however, from the action of public bodies, very much spade-work can be done by the quiet and gradual education of the community, and nurses, in particular, can often do a great deal of good in this sort of way. Though this is treading on debatable ground, I am personally of opinion that if we had more women on our City Councils, the claims of sanitation, especially as it affects the tuberculous child, would receive better attention than they now do.

As regards measures for the improvement of the resistance of the community, much may be expected from the results of the medical inspection of school children, which is rapidly educating the public in this respect, and also from the recent Town Planning and Housing Act, which aims at the eradication of unhealthy dwellings, and at the prevention of the erection of those which may become slums in the future. Then we have the Act which enables an authority to feed necessitous school-children who come to school without any breakfast. All these give local authorities power to prevent

private individuals endangering the health of the community, and will be of great value, especially where tuberculosis is concerned.

But we must come now to the individual child who is suffering from tuberculosis in some form or other, and we may clear the ground somewhat by noting at once that we cannot take the microbes away except in the case of accessible infection of glands or bones, when, of course, the complete removal by the surgeon of the affected parts is invaluable.

In the case of tuberculosis of the lung, the difficulty lies in reaching the affected part, and it has not been found that medication of the air that the child breathes with antiseptic substances is of any real value.

Still, the main factor in the treatment of tuberculosis in children is the attempt to increase the resistance of the patient, so that he is enabled to deal with the microbes in whatever situation they may be.

GENERAL TREATMENT.

The first point is to treat the patient in the open air as far as possible, and in healthy surroundings. It is not possible, though very much more is being done in this direction than formerly, to send every tuberculous child from the cities to the seaside, but I certainly think that much more use might be made of the country, especially amongst the hills. Many cottagers will take a child from a city for a very small sum, and open-air treatment, together with an almost unlimited supply of fresh milk, can be easily arranged. The cases that are most suitable for this kind of life are those of abdominal tuberculosis.

The next essential is that the child should take large quantities of pure milk; but this is practically impossible in a city, where the milk is always expensive, and frequently itself tuberculous or dirty or both. Not every child, however, can take large quantities of milk, at all events until the digestive organs are in good order, as they very seldom are in a city child. It is usually best, therefore, to begin by giving small quantities of milk, which may profitably be enriched by the addition of an extract of bone marrow. This latter is particularly useful in the case of tuberculosis, which, as we have seen, is very apt to attack the blood-forming organs. It is also necessary that the diet shall contain an extra quantity of fat. Cream is useful, but is practically out of the question amongst the poorer classes, and it is, moreover, often adulterated with preservatives. The usual alternative is cod liver oil, but very many children cannot take this at all, and many

more strongly dislike it, and in these cases it probably does them very little good; usually children do very well on Virol, which is an emulsion of eggs, malt extract, and bone marrow prepared with lemon juice. Perhaps the strongest point in its favour from the medical point of view is that it causes an increase in the quantity of white blood cells, which means an increased capacity for dealing with micro-organisms, including the bacilli of tuberculosis. Children usually take it with avidity, as its flavour is distinctly pleasing.

Apart from these general measures, it is possible to act directly on the resistance of the patient to the tubercle bacillus by giving tuberculin hypodermically from time to time. This consists of finely ground dead tubercle bacilli, and it is found that the effect of an accurate dose is to cause the patient's leucocytes to destroy living tubercle bacilli more readily. In all probability there is a very great future before this remedy, as the difficulties in the way of accurately gauging the dose and the frequency of administration that were apparent when the use of tuberculin was first started, have now been removed. In most of the large towns, so-called tuberculin dispensaries are being started for the use of this remedy under scientific supervision.

LOCAL TREATMENT.

Such are the general measures at our command for combating tuberculosis; it now remains to add a few words concerning the local treatment of the special forms. We need not here discuss surgical methods for the removal of diseased bones and glands, nor is there much to be said about the treatment of pulmonary tuberculosis, which practically resolves itself—apart from general measures aforesaid—into the relief of cough, diarrhœa, and so on, but the abdominal form demands a few words.

Curiously enough, abdominal tuberculosis in children is particularly amenable to treatment, though this may have to be kept up for a long time. Complete rest is essential, and the abdomen should be supported by a broad flannel binder, and either iodoform or mercurial ointment may with advantage be rubbed into the skin. It is important to check diarrhœa, and to give as much Virol as the patient can take. Cod liver oil often increases the diarrhœa. In some cases simply opening the abdomen and afterwards closing it up again without drainage, has a very marked effect, and it probably acts by causing a flow of healthy serum to the affected glands; it is not usually possible to remove these latter.

OUR PRIZE COMPETITION.

HOW WOULD YOU DEAL WITH A CASE OF CROUP OCCURRING IN A PRIVATE HOUSE UNTIL THE ARRIVAL OF THE DOCTOR?

We have pleasure in awarding the prize this week to Miss Emily Marshall, 123, New Bond Street, London, W.

PRIZE PAPER.

Croup may mean several different ailments. The word itself means "a noise in the wind-pipe." The most common kind of croup is named "false croup," which is inflammatory laryngitis, accompanied by a hoarse, noisy cough and difficulty of breathing. In the event of a patient becoming suddenly worse and pending the arrival of the doctor, the best thing to do is to put the patient into a warm bath and fit up a steam tent. Hot compresses to the throat are also very useful, and tickling the back of the throat to make the patient sick and thus abort a spasm may relieve the symptoms. No hot water being to hand, cold water may be applied to the patient's face and head.

Spasmodic croup is a nervous disease without inflammation, chiefly attacking children during teething, or those inclined to be rickety or troubled with worms. The attacks are spasmodic. The symptoms are twitching of the hands and face and sudden difficulty of breathing. It is in reality a spasm, and often ends as suddenly as it began, with a loud crowing noise. The medical term for this is "laryngismus stridulus."

It is always advisable to give a dose of aperient medicine directly a child shows symptoms of an attack.

True croup, or membranous croup, is a much more serious condition, and is probably genuine diphtheria of the larynx. It resembles the other kinds of croup in the shortness of breath and crowing cough, and as long as the patient has this noisy cough there is little danger of suffocation. Directly the cough becomes feeble, the breathing more difficult, and the patient a dusky colour, send at once for the doctor, put patient into steam tent, and prop into a sitting posture with pillows. A gentle slap on the back with each effort of coughing may dislodge the membrane, or pieces can probably be removed with forceps from the back of the throat.

In the event of suffocation taking place and the patient becoming livid, the only chance to save life may be to open the windpipe to allow air to rush into the lungs; this must be done quickly in order to save the patient's life.

It may also be necessary to give artificial respiration to assist the passage of air into the lungs and restore breathing and animation.

Great presence of mind is needed, and, of course, it would only be in cases of extreme emergency, when there is no alternative, that any one but a doctor would take the terrible responsibility of performing such a delicate and dangerous operation.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss C. Ryder, Miss K. Parry, Miss G. Campling, Miss T. Martin, and Miss R. Temple.

Miss C. Ryder writes:—

"If the attack should last, give a drachm of ipecacuanha wine in water. . . . As the patient may perspire freely, the room must be kept warm and the air moist by means of a steam kettle. If possible, notes of temperature, pulse, and respiration, and length of attack should be taken in readiness for the doctor on arrival."

Miss K. Parry states: "If a child has previously suffered from croup, it is always well to have a spirit lamp and all other necessaries in readiness in its room. . . . Also when in bed after a hot bath, a warm drink of diluted milk should be given if possible, and the child encouraged to go to sleep."

Miss G. Campling writes:—"Children liable to croup should have the cure of their attacks anticipated, by always having in the house ipecacuanha wine carefully labelled with full directions as to use in case of emergency. Send immediately for the doctor—in the meantime quickly prepare a hot bath, into which lower the child in a blanket (some children are very nervous of water, especially the very poor, and the gradual immersion is less terrifying, as the hulk of the water is not then realised), and apply a hot sponge to the throat and a cold one to the head."

QUESTION FOR NEXT WEEK.

How would you care for a premature infant at the time of birth, and subsequently?

MEDICO-PSYCHOLOGICAL ASSOCIATION.

The next Nursing Examinations will be held on the following dates:—The Preliminary on the first Monday in November, viz., November 4th. The Final Examination takes place on the second Monday, November 11th.

Asylum News publishes this month a list of successful candidates for the nursing certificates in May. Three hundred and eighty-nine passed the Final, and 368 the Preliminary. How sad to think that the services of so many mental nurses are required to attend the saddest of all human conditions!

THE INTERNATIONAL CONGRESS OF NURSES.

WEDNESDAY, AUGUST 7th.

MORNING SESSION.

THE SOCIAL WORK OF NURSES.

On August 7th Miss M. A. Snively, first President of the Canadian National Association of Trained Nurses, presided at the Morning Session of the Cologne Congress, when Sister Karll announced a cable from Miss Goodrich in reply to that offering her the Presidency of the International Council of Nurses for the next triennial period. Miss Goodrich's answer, "Accept. Honour deeply appreciated," was received with prolonged applause.

The Chairman then said that the first words attributed to man after he was turned out of Paradise—"Am I my brother's keeper?"—revealed the depth of his fall. The Man Christ Jesus had lived and died in this world to demonstrate the Divine love of humanity. "Greater love hath no man than this that a man lay down his life for his friend." The duty of serving humanity was finely incorporated by Charles Kingsley in the lines:—

"I must headlong into seas of toil,
Leap far from self and spend myself on others."

Miss Snively then called on Miss Beatrice Kent to present the first paper.

TRAINED NURSES IN SOCIAL SERVICE.

Miss Kent, who read her most interesting and exhaustive paper in fluent and faultless German, introduced it by saying that, in his humorous essay entitled "The Two Races of Men," Charles Lamb described them as the men who borrow and the men who lend. The International Council of Nurses met triennially to lend and to borrow ideas from one another corporately. The members gathered seed at one meeting, and at the next showed the fruit of it. She hoped to be able to show that we had made progress since the last meeting of the International Council in London.

DISTRICT NURSING.

Dealing first with district nursing, Miss Kent showed that the earliest efforts of modern times for nursing the sick poor were made by Elizabeth Fry, who founded the Society of Sisters of Charity in 1840. District nursing formed a considerable part of the early work of this society, but was dropped with the organisation of regular District Nursing by other societies. It still survived under a different name for supplying trained nurses to people of limited means. Miss Kent reminded her audience that three great women—Elizabeth Fry, Florence Nightingale, and Agnes Jones—drew their inspiration for organised trained nursing from Kaiserswerth, and then sketched the rise of district nursing in the United Kingdom. .

SCHOOL NURSING.

She then spoke of the beginning of school nursing under the London County Council, in 1904; the staff now consisting of a superintendent, two assistant superintendents, and 112 nurses. She showed that school nursing was brought into greater prominence by the passing of the Administrative Provisions Section of the Education Act in 1907 by raising it to the position of an integral part of school inspection. The Act provided for the compulsory inspection of school children attending elementary schools, vacation schools, and play centres. The chief medical officer of the Board of Education in a recent report testified forcefully to the invaluable results of school nursing. The nurses worked under the school doctor, who was usually the Medical Officer of Health, by which means the Public Health and the School Medical services were co-ordinated.

TUBERCULOSIS NURSES.

The notification of tuberculosis which came into operation on January 1st, 1912, included the cleansing and disinfection of premises, and aided the work of prevention of tuberculosis to a very appreciable extent. Edinburgh was the pioneer city in the United Kingdom in tuberculosis work, and the dispensary system started there so admirably by Dr. Philip had served as a model for other places. The Royal Victoria Hospital for Consumption established in that city in 1887 as a memorial of Queen Victoria's Jubilee had now outgrown its name, and comprised an anti-tuberculosis scheme, including a group of institutions, namely a dispensary and hospital for advanced cases, a sanatorium, and a farm colony.

A large number of duly qualified nurses were constantly at work, seeing patients at the Dispen-

sary, taking their history, and preparing them for examination. They followed this up by visiting them in their homes, teaching them how to live the open air life, also trying to persuade all persons living in the same house as the infected person (known as "contacts") to submit to an examination. Three years ago London started dispensaries for tuberculosis on the same lines.

In the year 1907 the Women's National Health Association of Ireland was formed with the primary object of entering upon an active crusade against tuberculosis, and in 1908 the Women's Imperial Health Association was formed in England with the very appropriate motto, "The power of the King is in the health of his people." The chief feature was its travelling Health Caravan work, in connection with which lectures were given by trained nurses, illustrated by lantern slides and also by the cinematograph. In the Principality of Wales an active campaign was also being carried on against tuberculosis.

HEALTH VISITORS AND SANITARY INSPECTORS.

The Health Visitor was an advisory officer and her work preventative and educational. In this she differed from the Sanitary Inspector, who worked by rules laid down in Acts of Parlia-

ment, and so had the power to enforce compliance with the laws relating to Public Health.

The work of the Health Visitor did not overlap that of the District Nurse or School Nurse; rather she co-operated usefully with them. The movement was the outcome of a suggestion made by Florence Nightingale and had steadily and rapidly developed.

It was not essential that Health Visitors or Sanitary Inspectors should be trained nurses, but many of them added these qualifications to their



**MISS L. L. DOCK ON WAY TO CONGRESS.
(LEFT) MISS DORRAN, R.N.S.**

own. The Medical Officer of Health for Sheffield wrote: "It is not a statutory qualification of Health Visitors or Women Inspectors that they should be trained nurses, but I am of opinion that a nurse's training is the most valuable training for a Woman Inspector or Health Visitor."

MOTHERS' WELCOMES OR SCHOOL OF MOTHERCRAFT.

This movement had undoubtedly been the outcome of the valuable investigation work done by the Health Visitors. Not only the ignorance of the mothers, but bad sanitary conditions in the home were militating factors against the rearing of healthy infants. It was France which first set the example to all civilised countries of giving greater care to the welfare of the infant population. In 1907 the St. Pancras School for Mothers was opened, the first of its kind to be established in London. There were now 160 Schools for Mothers, and Infant Consultation Centres, at work throughout the United Kingdom. The majority were worked by voluntary agencies; only about twelve were run by the municipalities.

FACTORY NURSES.

Many of the large factories, said Miss Kent, maintained a staff of trained nurses for their employees. For the purpose of the present paper she had visited two of them, the Lever Soap Factory, and Cadbury's Cocoa Factory. In connection with the former there was a well equipped hospital in the grounds, besides many dispensaries for dealing with minor ailments, also a well-organised St. John's Ambulance Brigade. Organisation in connection with the second factory named was very similar, and equally satisfactory. Nurses as well as employees were well trained and well paid.

COTTAGE AND VILLAGE NURSES.

It was regrettable to report that a system of nursing had been established in various parts of England by which the poor were nursed by women who had undergone a very short period of training. They were primarily midwives, and were recruited from the same class as their patients. The organisation of nurses for the poor in rural districts through these "Cottage Nurses," and "Village Nurses," was to be deplored as an undesirable substitute for the fully trained nursing which should be provided for the sick poor.

THE NURSES' SOCIAL UNION.

The Nurses' Social Union was founded some twelve years ago. Its original purpose was to be of assistance to nurses working singly in lonely districts, but it was subsequently felt that the Union must widen its basis, as there was never more need than to-day for nurses to meet together to discuss the social questions with which they were so intimately concerned, for the good of the community whose servants they were. For this reason the co-operation of all branches of the profession was invited that they might acquire from one another a knowledge of the needs of the nation in respect of health.

In conclusion, Miss Kent said that she had only been able, in the time available, to touch on the principal activities of trained nurses in the United Kingdom in connection with their social service. The National Council of Nurses advocated further extension—in all relations of public health—of the thoroughly trained and skilled work of the professional nurse. Its members further desired that only the highest standard of nursing should be provided for the sick of all classes, and looked forward hopefully to the day when a Ministry of Health should be established in all civilised countries to promote and conserve the inalienable right of Life to Health.

A GROUP OF GERMAN PAPERS.

THE NURSE AS INSPECTOR OF ORPHANS.

Sister Martha Oesterlen, Inspector of Orphans, of Stuttgart, said that as soon as they were declared eligible as assistant inspectors of the poor, women from all parts of the Empire offered their gratuitous services. Their work was of incalculable value, but in the large towns it had become evident that the number of honorary members was inadequate, and must be supplemented by paid workers, who would work hand in hand with the honorary members. In Stuttgart the suggestion came from the latter, and already two female inspectors and one assistant had been appointed by the Town Council. They were answerable to and received their orders from the Board of Guardians of the Poor. Their duties comprised the supervision of illegitimate children and orphans, both boys and girls; also, when the Court of Ward deemed it expedient, children of divorced parents, or those whose safety was endangered by a stepfather; further, children who were boarded out, whose foster-parents, in Württemberg, could not without a licence take any child under 13 years (in the other federal states the age limit was 6); also girls from reformatories and other homes who had been placed with families, allowed to return to their parents on trial, or who had entered service, the law requiring that they be kept under supervision. Besides this, the female inspectors were expected to examine cases on application from other boards. Their work comprised 5-6 hours' visiting, and 2-3 hours' office work for the registering of cases, the drawing up of reports, more or less detailed, and the consideration of the advisability of granting licences to applicants for foster-children.

The work was divided into districts, and it was possible to pay 357 visits a month. Five to six hundred children might be carefully inspected, but a larger number would endanger the thoroughness of the work. This work brought its own rewards, and though there was much that saddened, one found amongst the poor noble souls and often heroic deeds. In a workman's family where there were many mouths to feed, a little child might be found being fed and cared for, for no other reason than because the people were fond of it.

Help might be given in many ways. Temporary assistance with money or milk, medical aid, admission to hospital or brine baths, the lending of coats, which if given would be pawned, to children who were otherwise forced to share a bed with some invalid adult. A daily war must be waged against dirt, ignorance, neglect and insanitary habits, unsuitable nourishment and the use of alcohol, the causes of so much infant mortality. Mothers must be encouraged to suckle their own infants and be given some idea of pedagogics. But care must be taken not to let zeal outrun discretion. For example, if a child was loved and cared for, a little dirt must be overlooked, for surely nothing could make up for the lack of love in a child's life. The fact that a female inspector must be well acquainted with the care and the feeding of children, hygiene, &c., pointed to the need for a nurse who had gained experience by working in different departments of nursing and proved herself efficient in posts of trust.

Sister Oesterlen cordially agreed with Sister Agnes Karll that three years training was indispensable for thorough grounding in nursing, and went on to say that it was not medical and social knowledge alone which the woman inspector needed; and the wisdom and tact gained by experience in dealing with cases of mental disorder proved of untold value when face to face with drunkenness or resistance to authority, whilst the insight into human nature thus gained would guide a nurse, in judging a child's faults or vices, to trace hereditary taint, or the undermining influence of alcohol. Tact and sympathy were two necessary qualifications to draw out the good in the working classes, and the inspector who would gain influence must show respect for the worth in those with whom she had to deal. Many a well-meaning worker split upon the rock of condescension, instead of tactfully imparting her superior knowledge.

(To be continued.)

FIRST STEPS TO NURSING.

Miss Cave, the Matron of the Westminster Hospital, has a much needed handbook in the press, entitled "First Steps to Nursing." It deals with the preparation of the candidate, habits to be acquired, new duties, and incidentally it treats of the necessary clothing to be provided and the various appointments which are open to certificated nurses. It will be published by Messrs. Partridge & Co., Ltd., at 1s. net, and will, we feel sure, command a wide sale.

Princess Louise, Duchess of Argyll, has provisionally fixed Friday, November 15th, as the date on which she will open the new ward block at the Miller General Hospital, Greenwich. Her Royal Highness will receive purses containing not less than five guineas.

A PILGRIMAGE TO EAST WELLOW.

It was my privilege to accompany Miss Take Hagiwara, Hon. Vice-President for Japan of the International Council of Nurses; Mrs. Watatani, Matron and Delegate of the Mitsui Hospital, Tokio; and Miss Yamamoto, Delegate from the Red Cross Society of Japan, on a pilgrimage to East Wellow last Saturday, to lay a wreath on the grave of Miss Florence Nightingale. Mr. K. Hiraiwa accompanied the party, and interpreted Miss Hagiwara's questions and speeches in the kindest way possible.

I learnt many interesting things on the journey down to Romsey; amongst them that the employment of Red Cross Nurses on active service during the war with China was due to the efforts of Baron T. Ostuguro, Director-General of the Medical Service of the Japanese Army, who insisted, in spite of opposition, that the nurses should be so utilized. It must be satisfactory to him that, when the opportunity was granted to them, the Red Cross nurses more than justified his trust in them, and their work during the war won world-wide admiration.

It will also gratify British nurses to know that when Miss Nightingale died her memory was honoured in far-away Japan at the same time that memorial services were held in this country, and that in the Red Cross Hospital at Tokio Miss Hagiwara spoke the tribute in the presence of Princesses of the Blood Royal, Peeresses, and other members of the aristocracy, and over 300 Red Cross Nurses.

About the same time Baron Ostuguro instituted a Nightingale medal as a reward of merit for Red Cross Nurses, which is decided by the lay head of the hospital, the principal medical officer, and the matron. No one may hold it until, in addition to gaining a three-years' certificate of training, she has been a sister for at least two years. It is not awarded each year, or at stated intervals, but for specially meritorious service. The medal bears the representation of a nightingale, of which bird the Japanese are extremely fond.

Arrived at Romsey, the Delegates first visited the fine old Abbey, dating back for a thousand years, and after lunching at the White Horse Hotel, drove out to Wellow across the lovely river Test, through Embley Park, and close under the windows of Embley House, and on between deep hedgerows scented with honeysuckle, now in full flower, and twined with wild convolvulus, until they came to East Wellow. Passing through the little turnstile at the side of the lychgate, they at once went to the Night-

ingale tomb, which is inscribed on the three sides with the names of Miss Nightingale's father, mother, and elder sister respectively. On the side facing the church, with its picturesque red-tiled roof and black wooden tower, the fourth panel bears the simple inscription:—

†
• F. N.

Born 12 May, 1820.
Died 13 August, 1910.

Here Miss Hagiwara knelt and placed a lovely wreath of heather, bearing a clustered spray of choice white Mary lilies and asparagus fern, tied with soft white ribbon, one streamer of which bore, inscribed in letters of gold, the words "Japanese Red Cross Society," and the other "Representatives, Miss Take Hagiwara, Miss Yao Yamamoto, Mrs. Lily Watatani." It was an international episode of the greatest interest and significance.

The interior of the little church where Miss Nightingale so often worshipped—picturesque in the extreme outside—needs restoration. The frescoes on the walls have been plastered over at some period in their history, and the plaster has only been partially removed, giving the walls an uncared-for appearance. It should be made a point of national honour to restore and beautify this simple village church.

M. B.

THE MATRONS' COUNCIL.

The quarterly meeting of the Matrons' Council will be held at the Royal Albert Edward Infirmary, Wigan, at the end of October, by the kind invitation of the Matron, Miss Macintyre, who has for so many years given her warm support to all movements for the better organization of the nursing profession at home and abroad. Though Wigan is far from London, and it cannot be expected that a large number of members can travel from London for the meeting, it is hoped that those in the North and their friends will muster in force. They are assured of a most kind welcome.

Miss Macintyre was one of the numerous matron members of the International Council who attended the Cologne Congress, and, with others, was deeply impressed with the vigorous growth of the Council which their support has helped to evolve.

Mrs. Elizabeth Mary Wood, who is in her 72nd year, has resigned the post of Matron of the Grenoside Workhouse, which she has held for thirty years. Everyone regrets her departure, as she has been a most valuable officer.

APPOINTMENTS.

MATRON.

Bradford Royal Infirmary.—Miss Jessie W. Davies has been appointed Matron. She was trained at the Royal Infirmary, Leicester, under the superintendence of Miss G. M. Rogers, and has held the positions in that institution of Ward Sister, Assistant Matron, Home Sister and Instructress to the preliminary training school.

Infectious Diseases Hospital, Croydon.—Miss Marian Stevenson has been appointed Matron. She was trained at the Borough Sanatorium, Huddersfield and the Royal Infirmary, Dundee. She has previously held the posts of Matron of the Borough Hospital, Bolton, and of Assistant Matron, City of Glasgow Fever Hospital.

Dunedin and Allied Hospitals, Dunedin, New Zealand.—Miss Margaret Myles has been appointed Matron. She was trained at the Southwark Infirmary, East Dulwich, and has held the positions of Charge Nurse under the Metropolitan Asylums Board, Night Sister and third Assistant Matron at the St. Marylebone Infirmary, and second Assistant Matron at the Park Hospital, Hither Green. She has also worked as a Queen's Nurse.

NIGHT SUPERINTENDENT.

St. Mary, Islington, Infirmary, Highgate.—Miss Dorothy Lapham has been appointed Night Superintendent in the Male Wards. She was trained at the Infirmary, Leeds, and has held there the position of Sister, and has also been Sister at St. Mary, Islington, Infirmary.

The Infirmary, Norwich.—Miss Helen Gower has been appointed Night Sister. She was trained at St. Leonard's Infirmary, Shoreditch, where she has held the position of Theatre Sister.

SISTER.

Hornsey Isolation Hospital.—Miss Nellie Branch has been appointed Ward Sister. She was trained at the Great Northern Central Hospital, and has held the post of Staff Nurse at the Smallpox Branch Hospital of the City Hospital, Coventry.

Fever Hospital, Clatterbridge, near Birkenhead.—Miss E. C. Heath has been appointed Sister. She was trained at the North Evington Infirmary, Leicester, and has been Staff Nurse at the City Hospital, North Liverpool, and Staff Nurse at the Clatterbridge Fever Hospital. She has also had experience in Liverpool in private nursing, and as a District Nurse in connection with Queen Victoria's Jubilee Institute.

City Fever Hospital, Little Bronwich.—Miss Mary Hayden has been appointed Sister. She was trained at the Crumpsall Infirmary and the above Fever Hospital, and has had experience of private nursing.

General Infirmary, Stamford.—Miss Alice Unsworth has been appointed Sister. She has held a similar position at the Hospital, Warrington, and the Devonshire Hospital, Buxton.

Northern Fever Hospital, Liverpool.—Miss Constance M. Barran has been appointed Sister. She was trained at St. Leonard's Infirmary, Shoreditch, and at the Northern Hospital, Liverpool. Miss Gertrude Gregor has also been appointed Sister. She was trained in the same institutions as Miss Barran.

THEATRE SISTER.

Royal Infirmary, Halifax.—Miss Helen C. Ashley has been appointed Theatre Sister. She was trained for two years at the Jessop Hospital, Sheffield, and for four years at the Royal Infirmary, Liverpool, the last of which she spent in the theatres.

CHARGE NURSE.

Jubilee Infirmary, North Shields.—Miss Martha Walker has been appointed Senior Charge Nurse. She was trained at the Royal Infirmary, Hull, and has also done private nursing in connection with the same institution. She has also had mental training at the District Asylum, Inverness.

The Sanatorium, Barrasford, Northumberland.—Miss Gertrude Parker has been appointed Charge Nurse. She was trained at Charing Cross Hospital, W.C., and has also had experience of eye work at the Royal Ophthalmic Hospital, City Road, E.C. She has been a member of Queen Alexandra's Imperial Military Nursing Service, and has also had experience in private nursing.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

The following ladies have been appointed Nursing Sisters (July 17th):—Miss M. McNeely, Miss M. A. Wilson-Green.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

Transfers and Appointments.—Miss Bacon is appointed to Leicester as Superintendent; Miss Harriet Goodwin, to South Wales as Assis'tant Superintendent; Miss Rosa Wilkinson, to Warrington as Senior Nurse; Miss Gertrude Butterworth, to Manchester, Ardwick; Miss Adelaide Hiron, to Coventry; Miss Olga Leknesund, to Glossop; Miss Clarinda Tynms, to Purley

SUPERINTENDENT.

Miss A. M. Bacon was trained in general nursing at the Royal Infirmary, Bristol, and in children's nursing at Pendlebury, and held an appointment at the Western Hospital, Fulham (Fever), for four years. She received her district training at Bloomsbury, and has since held the following posts under the Queen's Institute:—Assistant Superintendent, Ireland, Jan. 1900—March 1907. Inspector (London Area), March 1907—August 1912. Miss Bacon holds the Certificate of the C.M.B.

ASSISTANT SUPERINTENDENT.

Miss Harriet Goodwin was trained in general nursing and in midwifery at the Union Infirmary, Bradford, and in District Training at St. Helen's. She has since been Queen's Nurse—St. Helen's, Eccleshall, Pontypridd (Senior).

NURSING ECHOES.

Miss J. W. Davies, so well known as Sister Jessie at the Leicester Royal Infirmary, has been elected Matron of the Royal Infirmary, Bradford, and the committee of the latter institution could not have made a better choice than in selecting a lady trained by Miss Rogers, and whose wide experience in the various departments of hospital and training school work, not to mention her qualities of mind and character, eminently fit her for the responsible position to which she has been appointed. We hope Miss Davies will find time in the future to continue her practical interest in everything which touches the welfare of the profession at large, as public spirit in a matron reflects most advantageously upon the standing of a Nursing School. There is no doubt that in this connection Bradford's gain is Leicester's loss.

We are glad to find that trained nurses continue to avail themselves of the Trained Women Nurses' Friendly Society as a means through which to comply with the National Insurance Act, although we are bound to report the strong objection of many trained nurses to compulsory insurance for so small a weekly sum as 7s. 6d. and 5s. The principle of insurance is sound enough, they argue, but the sum awarded should be of some practical use, even if the self-sacrifice of a larger contribution becomes necessary. We still hear nurses state "I mean to evade the Act," and, indeed, it will be very difficult to enforce it in individual cases.

The question of underpaying and overworking the nursing staff in the employment of the Holborn Union came under discussion at last week's meeting. It was suggested that a subscription of £10 should be given to the Metropolitan Nursing Association (which relieves the infirmary of many patients through the good work of its district nurses in the vicinity), when a lady guardian suggested that if there was money to give away it would be better to accede to the demand of their own nurses for increased pay. Dr. Lauzen-Brown said: "We have much need of charity beginning at home in regard to our own nurses. You will see from the Infirmary Committee's report that two of them have run away, and we do not know where they have gone. You will also see that there are applications galore for an increase of salary. Our nurses are infinitely underpaid and infinitely overworked. No wonder they are discontented. Give more money to them, and then it will be time enough to consider about these

other nurses." Ultimately the resolution in favour of the £10 subscription was carried; and a letter signed by seven charge nurses of the infirmary asking for increases of salary and for more time off duty per month was referred to the Infirmary Committee.

The Local Government Board assented to the Guardians' proposal to appoint four additional nurses at the City Road Workhouse.

We hear from many parts of the country that the overstrain of nurses in Poor Law institutions is very prevalent, and conditions such that the patients are necessarily neglected. These nurses are officers directly serving a State Department—the Local Government Board—and there is no excuse for the overstrain and underpay of women nurses where their Chief receives a salary of £5,000 a year! and his male officials, according to printed lists, salaries which cost the taxpayers (including women) thousands and thousands annually. We heard recently of one poor girl who had 100 patients to attend to alone during the night, her salary being little over £20 a year! We don't wonder under such circumstances that Poor Law nurses run away and leave no tracks behind them.

A Nursing Department, with a Matron-in-Chief, has long been urgently needed at the Local Government Board. We urge Mr. John Burns to take the matter into consideration.

The large hall at the St. Hilda's Schools, East Leeds, presented a scene of unwonted noise, bustle, and animation last Saturday afternoon. Strange gurglings and cooings resounded through the school. And the reason of all the excitement was a Baby Show, promoted by the West Riding Nursing Association, which, at its local branch at St. Hilda's, has for the past eighteen months been doing a grand work amongst the poorer mothers of the district.

Without doubt it was a highly successful show. In all there were ninety-two entrants in the three classes, and almost all the babes had been ushered into the world by the kindly aid of the nursing staff attached to the Association, of which Miss Thurston is the proud and popular matron. The judges—Dr. Stokes, of Armley, and Miss Sorsby, of the District Nurses' Home at Hunslet—spent the best part of three hours in deciding which babies should take the prizes.

In the judging room the babies were extricated from the wonderful array of lace, ribbon, flannel, and safety pins, which had served to hide their natural beauty, and "mid noddings

on" they were placed under the scrutiny of the judges.

It was finally announced, after much calculation, that Baby Burrow—they were all "Baby This" and "Baby That"—had won the first prize, a silver-plated teapot, for those under six months old, with Baby Firth Dennis, whose mother obtained a silver-plated jam jar, as second. The first prize for babies under twelve months, a baby's high chair, was won by Baby Wallace, the second, a cut-glass and silver flower vase, by Baby Ernest Crossley, and the third, a silver-plated jam jar, by Baby George Dennis.

The first prize for babies under two years, a workbox, was won by Baby Kavanagh, and the prize for the best baby in St. Hilda's parish was awarded to Baby Alfred Reynard. Baby Hollings, aged nine days, easily won the first prize for the youngest baby in the show.

A New Zealand Matron now in England writes:—

"It is just possible that you might like to know a few details for the benefit of applicants for the post of Matron of the Auckland Hospital. The appointment is an excellent one. The Matron has very comfortable quarters—a very large sitting-room, pretty bedroom, with bathroom, &c., opening off the bedroom. She has her own maid, and can have everything she wishes in reason from the Board. Thus there are no domestic discomforts to endure, and although one does not wish to lay too much stress on creature comforts, it does make a difference to have nice surroundings. There are difficulties in New Zealand as elsewhere, and to an England trained nurse taking a Matron's post there the independence of the nurses may be one of them. But if the Matron is a well-educated gentlewoman and has a thorough grasp of organisation, and has held a post of authority in England, her life, in my opinion, is infinitely pleasanter than that of a Matron in England. There's a freshness and vim about life in the Dominion which, I think, is largely climatic."

REGISTERED NURSING HOMES.

We learn that the association formed by Miss L. M. Stower for the protection of the public and standardising of nursing homes has practically completed the work of registration with the Board of Trade.

The main objects of the association are to see that every matron of a home holds a certificate of a recognized training school, and that the nurses are also certificated; to safeguard the homes from unjust comment, and to protect the public against undesirable homes.

Among the supporters of the scheme, which will be known as the National Association of Registered Nursing Homes, are the Duchess of Somerset, the Duchess of Marlborough, Lady Downshire, Lord Dunmore, Lord Roberts, V.C., K.G., Lady Kinnoull, the Bishop of London, Lady St. Helier, Mrs. Bedford Fenwick, Dr. Christopher Addison, M.P., Dr. Mary Scharlieb, Dr. Leonard Dobson, Mr. B. Mower White, Dr. T. J. Horder, Mr. Joseph Francis (chairman of the City of London Lying-in Hospital), and Mr. Percy Simmons, L.C.C., who is carrying through the work of registration.

There will be a small subscription payable by members of the association, but after the payment of the administration expenses any surplus of income over expenditure will be vested in trustees appointed by the members of the association, to be used by them for furthering the objects of the association.

THE LEAGUE OF SCHOOL NURSES.

At a meeting of the above League, held on Friday, September 6th, a resolution was carried unanimously in favour of the proposed Nurses' International Memorial to Miss Florence Nightingale. The proposal is that each nurse in the world shall, sooner or later—sooner the better, of course—give one day's pay towards establishing an Educational Memorial of our great Teacher. Such a sum would not tax any nurse unduly.

We have pleasure in announcing that Miss Nutting—Teachers' College, Columbia University, New York—has promised the first subscription, a most generous one of £25. We want to found a Nightingale Chair of Nursing. Why not? Let us try.

Miss R. B. Downing, the hon. secretary of the League of School Nurses, has most kindly promised to send us some copies of the charming little snap-shot that she took at Kaiserswerth, of the decorated windows of the room used by Miss Nightingale, when working there sixty years ago. Those who would like to have a copy will oblige by sending a stamped envelope, with their application, to the Hon. Secretary, N.C.N., 431, Oxford Street, London, W.

POOR LAW REFORM.

The Departmental Committee of the Local Government Board (Sir J. G. Davy, Assistant Secretary, Sir A. H. Downes, Medical Inspector for Poor Law purposes, and Mrs. T. Smith, with Mr. H. W. S. Francis, as Secretary) entrusted with the difficult task of reporting upon the revision of the Poor Law Orders have prepared a draft for an Order to regulate the management of Poor Law institutions.

REFLECTIONS.

FROM A BOARD ROOM MIRROR.

The new Fever Hospital at Cameron Bridge, Fife, to be known as the Cameron Hospital, and of which Miss Margaret Jack has been appointed Matron, will not be opened to patients until the end of October. The Burgh of Buckhaven, Methil, and Innerleven, which has erected the hospital, has wisely chosen a most beautiful spot for it, and has spared no pains in making it conveniently up-to-date in every way. With Miss Jack in charge, the Town Council may rest assured that the patients admitted will have the best of conscientious care.

The late Mr. Graham Vivian, of Clyne Castle, Blackpill, Glamorgan, has left £10,000 to Swansea Hospital.

The principal remedies which the committee appointed by King Edward's Hospital Fund for London to inquire into the system prevailing with regard to the admission of out-patients suggest, for the removal of abuses are:—

1. The development of the almoner system.
2. The limitation of the number of the almoner patients.
3. The development of provident agencies. And
4. The development of co-ordination among hospitals.

Working men contribute most generously to the upkeep of the Royal Victoria Hospital at Newcastle-on-Tyne, and apparently they also wish for a very wide measure of control. The provocative suggestion made at a recent meeting that the miners might start a "thank-offering" movement by subscribing the £1,500 which they would have given but for the strike, naturally met with the prompt reply "Let the owners pay." However, it is satisfactory to know that every colliery in the county contributes to the infirmary.

The Dowager Countess of Carlisle has sent £1,000 for the endowment of a bed in the Cumberland Infirmary, in memory of her late husband, the Earl of Carlisle. Lady Carlisle wishes the committee to have placed over the bed the following inscription:—"This bed is dedicated on behalf of George James, 9th Earl of Carlisle, to the use of sufferers who come to this hospital for comfort and healing." Miss Julia Fleming, of Stanwix, has also sent £1,000 for the endowment of a bed in the institution in memory of her late father, who for a long time carried on business in Carlisle.

Under the will of the late Mr. Job Samuel Watson Palcthorpe, retired lithographer and engraver, the Nottingham General Hospital and the Nottingham Children's Hospital have benefited

to the handsome extent of £1,000 each. So far good, but when the munificence of the testator provides that on the death of the last of his grandchildren the reversionary interest in an estate valued for probate purposes at £50,000 passes to the two hospitals in equal moieties, we cannot approve. People have no right to disinherit their descendants in support of charitable institutions, however well managed they are.

REGISTRATION IN QUEENSLAND.

The Hon. Secretary of the Society for State Registration has received the following letter of thanks from Queensland:—

DEAR MADAM,—Your letter of the 15th ult., containing congratulations to the Nurses of Queensland, duly received.

Please convey many thanks to the members of your Society for their good wishes. A remembrance such as they have sent us is very much appreciated, and serves to bring us more in touch with our fellow-workers on the other side of the globe.

You have the good wishes of the nurses of Australia for the success of your Society and the accomplishment of State Registration for Nurses. As far as we can judge it is much more necessary in Great Britain than with us.

Again, with many thanks,

Believe me,

Faithfully yours,

E. L. HUNTER,

Hon. Sec. Queensland Branch,
Australasian Trained Nurses' Association.

NURSING IN VICTORIA.

AN INTERVIEW WITH MISS GRETTA LYONS.

The visit to this country of Miss Gretta Lyons, a prominent member of the Royal Victorian Trained Nurses' Association, has afforded the opportunity of hearing in detail something of the position of nursing matters in that Colony.

VOLUNTARY REGISTRATION.

In the first place, although the organization of nursing is at present on a voluntary basis, through the above Association, it is in advance of this country inasmuch as all the principal hospitals in the Colony have adopted the standard defined by the Association, and probationers have to pass its examination before registration so that there is uniformity of training. The nursing homes also are registered, and a condition of being so is that they only employ registered nurses.

EXAMINATION FOR MATRONS.

Further the Association has also established an examination for matrons and housekeeping

sisters conducted partly *viva-voce* by a matron, and partly on paper, including questions on finance, supplies, the teaching and supervision of nurses, and similar subjects; and it has approached the hospitals to support it in maintaining the value and prestige of this certificate when making appointments to Matronships, by selecting a candidate who holds this certificate; and the authorities have as a rule conformed to this request and loyally supported the Association in its effort to raise the standard for Matrons and therefore that of nursing education.

NURSES SHOULD PRESIDE.

The President of the Association is Miss Ayres, until recently Matron of the Alfred Hospital, Melbourne; but on her resignation of her appointment she also asked the Association for leave of absence, as she proposed to pay a visit to South Africa. This was granted, Dr. Featherstone, the Vice-President, being deputed to act as Chairman meanwhile. It is much to be hoped, however, should Miss Ayres' prolonged absence necessitate the appointment of another President, that it will realize the advisability of appointing a nurse member of the Association to this office. However well disposed members of the medical profession may be towards nurses, they have not the same outlook on, or knowledge of, nursing matters as nurses themselves; moreover, if medical and nursing interests happen to clash, their sympathy and influence is naturally with their own profession. The guiding influence and voting power in the hands of a nurses' association should therefore be limited to the nurse members; members of the medical profession acting in an honorary and consultative capacity.

NURSE EDITORS.

The same remarks apply with equal or, if possible, with greater force to the control of nurses' journals. We have often wondered why the Journal of the Victorian Trained Nurses' Association, which should reflect and voice nursing opinion, seemed so colourless and so devoid of the true nursing note. But the explanation is found in the fact that it is not edited by a nurse, and so naturally cannot deal with nursing matters from a nursing standpoint. We cannot too emphatically counsel all associations of nurses to keep the control and ownership of their journals in their own hands under the direction of a professional editor. To possess a voice in the Press is of supreme importance; and the only means of doing so is for

nurses to keep the control of their own official organs at all costs.

A PROFESSIONAL POSITION.

We learn from Miss Lyons that the question of Homes for private nurses between their cases is just now being discussed in Melbourne. At present private nurses pay 5s. 6d. per week all the year round for the right of belonging to a home, and the use of "billheads" and telephone. When in residence they pay from 15s. to £1 a week.

Miss Lyons strongly advocates that all such homes should be superintended by trained nurses, both because she considers that the nursing profession should reserve this means of making a livelihood for those nurses who for various reasons cannot undertake active nursing work, and also because of the importance of having doctors' calls and messages taken by a trained nurse.

While in London Miss Lyons has made a point of seeing the Howard de Walden Home belonging to the Nurses' Co-operation, with which she is delighted. "Surely," she says, "those walls can never hear the whisper of a grumble."

BUREAU OF INFORMATION.

It is interesting to learn from Miss Lyons that a Bureau of Information has been opened in Melbourne, at 59, Swanston Street, in charge of Miss Crocker, with the object of enabling nurses to obtain posts in private and public hospitals, and hospitals to obtain nurses. The nurse pays 1s. and the employer 5s. to the Bureau. It is hoped also to supply all information as to visiting and resident nurses, and private hospitals, and to provide a centre to which nurses can apply if they need information, or when visiting Melbourne.

BUSH NURSING.

In regard to Bush Nursing, Miss Lyons, who has lived in the Bush, considers it is beset by difficult problems, prominent amongst them the matrimonial one. Indeed, it appears as if a prominent feature of the work is likely to be its success as a matrimonial agency, and as trained nurses make most capable helpmeets, this need not be deplored.

After all, the problems of nursing at the Antipodes appear in the main to be much the same as those in this country, and so long as the nursing profession possesses members so devoted to its interests and so disinterested as Miss Lyons, we do not doubt they will be dealt with, with wisdom and success.

M. B.

OUTSIDE THE GATES.

WOMEN.

The Annual Conference and Meetings of the National Union of Women Workers will be held at Oxford in the Masonic Buildings from September 30th to October 4th, and a large attendance is expected.

The Annual Dinner of the Society of Women Journalists will be held at the Criterion Restaurant on Saturday, October 2nd. Mrs. Charles Perrin, the President, will be in the Chair, and the presentation of a gift will be made to Mrs. Willoughby Hodgson, the late Hon. Secretary. Her many friends hope she will be well enough by that date to be present. The Annual Meeting will take place at the Society's office, 10, St. Bride's Avenue, E.C., at 3 p.m. on Wednesday, October 6th.

Many prominent members of the British Association attended a women's suffrage meeting in Dundee last week and condemned forcible feeding. Professor Halliburton, of London, said the feeding by forcible means of even criminals would not be tolerated if statesmen knew what it was. The horror and disgust, apart from the physical injury, were a punishment which recalled the worst days of mediæval cruelty. In the *Lancet* forcible feeding is condemned by 177 distinguished medical men of Great Britain as "a severe physical and mental torture." It is the outrage to the "person" which produces so irradicable a sense of wrong, such deep and bitter indignation and resentment amongst prisoners and self-respecting women.

Now that about 1,500 Suffragists have suffered imprisonment in this country in their fight for citizenship, people are beginning to wake up a bit about the conditions of prison life. The description given by Mme. Steinhil of St. Lazare, Paris, where she was kept awaiting her trial for nearly a year, reads more like things as they were in the Middle Ages than in the present day, and it compares very ill with a description of the "Maison Central," the women's prison at Rennes, most interestingly described by a lady correspondent in Sunday's *Observer*. She writes:—

"The first thing that struck me was the absence of bars, the open windows, the air, and the light. My idea of a prison was something sombre and dark. But the sun shone into the huge workrooms, where rows and rows of women in little white caps, blue and white checked linen skirts and fichus, thick knitted stockings and wooden shoes, were bending over their work. This prison, like all others, is conducted on the silent system, and I was prepared to be impressed by the awful stillness of which I had heard so much. But here was noise, the deafening noise of hundreds of sewing

machines worked by motor power, provided by the contractor who supplied the material out of which these women were making the underlinen that is sold in the big shops of Paris and France generally. Here were machines for embroidering, for buttonholing, for festooning—all on the latest principle, such as might be found in any of the big factories, which must have interested the women to work more than the monotonous plain stitching. The very noise of the machines is a relief to the prisoners after the silence of the dormitories, refectories and the exercising yard. The impression here was, therefore, not painful.

* * *

"According to the French system prisoners can earn money by their work. Good workers can make tenpence a day, but only a certain share comes into their hands. A portion of these earnings is put aside by the authorities to be handed to the women on their release, but the greater part is spent by them in the purchase of sugar, coffee and a few apples, to vary the prison fare, which consists of vegetable soup poured over bread, and every other day a bowl of white beans, potatoes, or rice. One of the punishments for infringement of the prison rules that the women feel keenly is the temporary withdrawal of permission to buy at the canteen.

* * *

"In the infirmary, at the close of my visit, I came upon a weird collection of criminals, some sitting up in bed, others standing disconsolately about the room. What had they done, these harmless-looking old women? 'They are nearly all here for life,' said the governor. 'The one nearest to you has killed five children. That one there was a servant who murdered her mistress.' 'And the majority of these here,' I asked, 'what has been their crime? What are they here for?' 'For killing their husbands!' came the answer."

As soon as women have political power they must make a tremendous assault upon the penal laws and prison system, and the Sufiragists who have been behind the scenes will make a fine advance guard. Meanwhile, women who have time might join and help the fine work of the Penal Reform League, which is doing so much to interest the public in the right treatment of criminals, the office address of which is 1, Harrington Square, London, N.W.

VERSE.

Through the rich man's window
Joy passed one day;
He passed the scholar's alcove
Though bidden there to stay.

He brushed the cheek of beauty
Then rested—foolish joy—
Beneath the ragged jacket
Of a little beggar boy.

—Mary F. Bates.

BOOK OF THE WEEK.

"THE ADJUSTMENT."*

This book chronicles the doings of Christina, daughter of Rachel and Rudolph Massendon, whose marriage years before had caused consternation to Rachel's friends and well wishers. The consternation was justified by their separation just before the birth of Christina. Father and daughter meet in her first season, but it is some time before she learns that "Mr. Tennant" is her parent.

Christina is a serious girl, with a fund of self-will and self-reliance. Her mother leaves her on a two years' visit to America at the time when she most needed her, and Christina, as might be expected, throws herself away on an invalid man who is largely a crank, and who, incidentally, has undergone, some years previously, a term of imprisonment for forgery, mainly due to the bad influence of Christina's father. But somehow it all works out most suitably. She meets Desmond Stressborn for the first time in a furious blizzard on the sea shore.

"The tide rushed on in a foaming, swirling torrent over the level sands on her left and the rough path she tried to follow along the edge of the sand dunes became every moment more obliterated. Close at hand amongst the reeds she could see the roof of a hut, and decided to take rest and shelter there. She was for a moment too blinded with sand and too exhausted to speak or even to see, but she knew a man helped her to find a seat."

This is, of course, Desmond, and the description of the blizzard is one of the best things in the book. Her compulsory detention at the Castle during the storm, which lasts for some days, seals her fate; Desmond tells her his unfortunate history and owns his love for her.

"The whole horrible ugly tragedy seemed to rise up and drag from remote corners shadows that might lie in wait for a man's soul. She dared not look at him, but the slow tears gathered in her eyes and dropped one by one on her dress. And he did not look at her. He sat so still that she could bear it no longer, but sprang up and went over to him and put her hands on his shoulders—'Oh! if caring could help, how much I could do,' she cried in a shaking voice.

"His hands stole up and were clasped over hers. She felt them trembling.

"'I told you myself,' he said slowly, 'because I love you, and I could not bear that anyone else should do it.'"

The incident of her unpremeditated visit to this young man's home naturally gives rise to gossip, which her friends tactfully cover, so it is the more exasperating that she insists on returning to nurse him through an attack of rheumatic

* By Marguerite Bryant. William Heinemann, London.

fever. She appears to have combated the pain on Christian Science principles.

"It needed all her strength to hold her pity and fear in check as she looked down at Stressborn's pain-racked face. Then as she looked, there sprang up in her a consciousness of force, and an assurance of that well-being we call health too great for her own needs. The very tips of her fingers seemed charged with pulsating life.

"She leant over him and laid her cool trembling hands on his.

"'Desmond,' she whispered, 'I am going to help you. The pain shall go!'

"In time she knew those fixed lines of pain would fade; she could only wait."

One is not surprised after this to hear that the heart trouble from which he had been suffering for years in the language of the doctor, "looked as though it would pass away. I consider it amazing. You may well be proud."

But in spite of these figments there is a good deal that is interesting and amusing in this story.

H. II.

READ.

"Fanny Burney at the Court of Queen Charlotte," by Constance Hill.

"Sunshine Sketches of a Little Town," by Stephen Leacock.

COMING EVENTS.

September 30th to October 4th.—Conference of the National Union of Women Workers of Great Britain and Ireland, Masonic Buildings, Oxford. Meetings of the National Council of Women, October 2nd and 3rd, 10.30 to 1 and 2 to 4.

October 2nd.—Meeting at the Mansion House in support of the Nurses' Missionary League.

October 3rd.—Conference and Farewell Meetings to bid Godspeed to members of the Nurses' Missionary League leaving for the foreign field, University Hall, Gordon Square, W.C.

October 22nd.—Central Midwives' Board Examination, London, Birmingham, Bristol, Leeds, Manchester and Newcastle-on-Tyne.

October 20th–November 2nd.—Cookery and Food Exhibition, Royal Horticultural Hall, Westminster, S.W.

A HOSPITAL LOVE STORY.

Messrs. Hodder & Stoughton will publish on September 30th a novel, entitled "Dr. Tuppy," by Mr. Stephen Townsend, author of "A Thoroughbred Mongrel." From what we hear, "Dr. Tuppy" should prove popular with nurses who can enjoy a clean love story of hospital life.

WORD FOR THE WEEK.

HOLIDAYS.

"My idea of a real rest is to be able to do *what* I want to do, *when* I want to do it."

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 REGISTRATION OF NURSING HOMES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The public owes a debt of gratitude to Miss L. M. Stower for coming forward and tackling the question of the standard of nursing in nursing homes, and I am pleased to note that she is meeting with success. One claim made by the new Association is all-important, and that is that nurses employed in homes where the public pay high fees for skilled nursing shall be certificated. Private nurses like myself who often work in homes will warmly support this claim, as our position is a very invidious and thankless one, when we find serious operations we may have attended in the day handed over at night, or *vice versa* in the day, to totally inexperienced so-called "probationers." Let us hope the new Association will also put a stop to "training" nurses in homes, and especially the system of charging ignorant and hapless girls fees for a so-called "training" which they never receive. Why municipal authorities have so long permitted the many abuses to flourish in connection with unprofessional nursing homes is difficult to say. I hope the new Association will encourage sanitary inspection. Homes well conducted will then have less competition.

I am, yours truly,

A PRIVATE NURSE.

WHITE CHILD SLAVES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I was deeply interested in your review of Sister Henriette Arendt's work amongst White Child Slaves. There are plenty in our large cities, and hundreds of little prostitutes ten years of age and upwards. Recently at our Home we were talking of "fallen women." There are very few—most of them "fell" as quite young children. Then there is the stir in South Africa about the "Black Peril," but how about the "White Peril" at home? Two cases of rape of little girls of seven reported in the press in one week—and the press is very lenient in *not* reporting these cases. What punishment will be meted out? As little as possible we may be sure. Fifty years has made very little impression on the Bench where poor "Little Cuckoo Flower" is concerned. Sentences are scandalously inadequate. If Sister Henriette Arendt comes to England, it is to be hoped she will receive a warm welcome.

Yours truly,

A PENITENTIARY WORKER.

BLINDED AND GULLED.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I take in your paper, THE BRITISH JOURNAL OF NURSING, regularly, and wish to thank you for such a splendid helpful paper.

It is so helpful as regards the excellent lectures contained therein, though at times you hit hard, especially in regard to "village nurses" like myself, though I have done town work also, &c.

May I point out that we so-called "village nurses" are blinded and gulled when we first set out on our nursing "career," if that name is applicable to the case. I speak the truth. There was no friend at hand in my early—quite early—twenties to point the way to the magic goal of the ambitious probationer, *i.e.*, fully-trained and certificated nurse, so that to-day in my early thirties my position in regard to my training is not very much better.

I think young women of the middle class, such as myself, should be warned against the methods of these "octopuses" known as county associations, at present so prevalent throughout England.

A VICTIM OF SAME.

We have recently received several letters from village and cottage nurses, deeply regretting wasted time—in having through ignorance gone through a quite insufficient training, and then being compelled to fulfil a contract of three years' service at a very small wage. One writes: "If I had gone to a good hospital I should by now have gained a certificate worth having, known my work and felt safe of the future—now, unless I start afresh, I shall never be really trained—or able to nurse with a clear conscience." We have advised this right-minded woman to start afresh when her contract is completed.—Ed.]

STERILISED TOWELS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I read with much interest the account of the Maternity Hospital and School for Midwives at Cologne, and especially the fact that the sanitary towels used for the patients are taken from the steriliser with forceps and untouched by the hands.

It is not so many years ago since I called at a large maternity hospital in London, and to my surprise saw a nurse sitting at a table in the front central hall, making sanitary towels of butter muslin or some such material, absorbent wool and tow, and steadily increasing the pile in front of her, the uses of which must have been perfectly obvious to all who passed through the hall. It seemed to me neither seemly nor safe, and I can only hope that with a fuller knowledge of the need for asepsis so undesirable a custom has been abolished.

It seems to me also that it is desirable to adopt the steriliser as a portable case rather than the bag which, even if the lining can be boiled, is hardly large enough to hold a useful-sized steriliser, which it is all important a midwife should carry.

Yours faithfully,

CERTIFIED MIDWIFE.

REPLIES TO CORRESPONDENTS.

S. I. T., London.—We regret we have so little space for sketches and stories. If nurses would take notes on interesting cases, also write on practical nursing points, their contributions would always be welcome.

Sister E., Manchester.—We shall be pleased to give you the introduction you require. Everyone knows everyone, here, there and everywhere in these international times. There is more domestic work in private nursing in new countries than at home.

M. S., Dublin.—Consult the medical officer in charge, or write to the medical press.

Out-patient Sister.—Am glad you found the mask practical, and that it has been adopted in your hospital. Write to Miss Nutting, Teachers College, Columbia University, New York. The cost of journey and living in New York is prohibitive unless you have private means. We are sadly at a loss without such a curriculum in London.

Matron, Scotland.—The policy is to prevent co-operation—a disunited profession is weak and manageable—we might add exploitable!

OUR PRIZE COMPETITIONS.

September 21st.—How would you care for a premature infant at the time of birth, and subsequently?

September 28th.—What records would you keep, and what points would you observe and report upon, as a routine practice, when nursing a case, either in a hospital ward or in a private house?

NOTICES.

BUSINESS COMMUNICATIONS.

The Editor will be obliged if all business communications, such as requiring extra journals, &c., are addressed to the Manager, THE BRITISH JOURNAL OF NURSING Office, 431, Oxford Street, London, W., and not to the Editorial office at 20, Upper Wimpole Street, W.

OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper.

Only advertisements of the most reliable firms are accepted by the management.

NEW SUBSCRIBERS.

The Editor hopes that every reader who values THE BRITISH JOURNAL OF NURSING, will get one or more new subscribers, so that its constructive work for the profession may receive ever increasing support.

The Midwife.

THE MIDWIVES ACT IN MANCHESTER.

The report of the operations carried on in Manchester during 1911 under the Midwives Act, 1902, presented by the Midwives Supervising Committee to the city council is interestingly summarized in the *Lancet*, which states that the statement of the supervising officer, Dr. Barbara Martin Cunningham, shows that during the year 166 midwives gave notice of their intention to practise in the city, and that they attended 19,937 labours. Among these patients there were 72 cases of puerperal fever with 7 deaths. The percentage of the occurrence of puerperal fever among all the cases attended was 0.66, while that among cases attended by midwives having puerperal fever cases in their practice was 1.14. During the year 135 cases of puerperal fever in all were notified among 18,583 births registered in the city of Manchester, which has a population of 716,734. Of these 135 cases, 20 died, or a case mortality of 19.2 per cent. In 44 of these cases midwives alone were present at the confinements. Thirty-eight of the cases, were treated at home, and of these 28, or 73.6 per cent., recovered, 16 with good health and 12 with poor health subsequently. Eighty-five were treated at the Monsall Hospital, and of these 73, or 85.8 per cent., recovered, 59 with good health and 14 with poor health. In 10 of the cases which recovered in the hospital, the women when seen between six and eight months after the attack were again pregnant, an interesting proof of the completeness of their recovery. Dr. Cunningham concludes from these figures that hospital treatment of cases of puerperal fever leads to a greater number of recoveries, and that the recoveries are more complete. No doubt the adequate nursing obtained in the hospital, and the longer and more rigorous confinement to bed is the explanation of these better results. In 67 cases during the year it was found necessary to suspend midwives. Sixty of the cases were in connexion with puerperal fever, and the women were only off work for a few hours while personal disinfection was carried out. During the year the notification of 643 stillbirths was obtained through the returns from the cemeteries, or a percentage of 3.4; of these 314 were notified by midwives, and the stillbirth-rate of the population in midwives' practice was calculated as 0.41 per 1,000. As Dr. Cunningham points out, the large number of cases of stillbirths in breech presentations with perfect full-term children—namely, 37 indicates that if medical assistance had been forthcoming in all these cases a large number of the children might have been saved. The midwives Supervising Committee, in considering the reports submitted to them, decided that *prima facie* cases of negligence or misconduct had been established

against three midwives, and reports respecting these were forwarded to the Central Midwives Board. In addition to these, 15 midwives were dealt with by the Supervising Committee themselves for various breaches of the regulations of the Board. In one case legal proceedings were taken against a woman for practising habitually and for gain as a midwife although not certified under the Act, and a conviction was obtained; a fine of £5 and costs being imposed. During the year, four special nurses were provided by the committee, two of whom dealt exclusively with cases of ophthalmia neonatorum with most satisfactory results. The others were employed in cases where the midwife could not attend for the time being or in septic cases. The report shows that the work has been very completely carried out during the year, and the results obtained are greatly to the credit of the supervising officer, and to the committee, whose help and support have undoubtedly been of the utmost value.

THE CENTRAL MIDWIVES BOARD.

The next examination of the Central Midwives Board will be held on October 22nd, in London, Birmingham, Bristol, Leeds, Manchester and Newcastle-on-Tyne. The oral examination follows a few days later.

A RECOGNISED SCHOOL FOR MIDWIVES.

The Maternity Nursing Association, 63, Myddelton Square, E.C., is now recognised as a Training School for Midwives by the Central Midwives Board. The pupils work in the poor districts of Clerkenwell, Islington, etc., and under the supervision of Miss M. L. Muriel, the matron, and the district midwives, the school is doing excellent work amongst the patients, and the experience which it is able to offer affords excellent training in the work of district midwifery.

TRAINED NATIVE NURSES FOR CHINA.

DEAR EDITOR,—This photo may interest your readers, and help to impress upon them the value and importance of giving attention to the training of native women for maternity work, that they may by such education reach their own people.

Hangchow is the capital of the Chekiang Province of China, and has a population of half to three-quarters of a million.

The only hospital is that of the Church Missionary Society, which now has men's and women's wards, a maternity hospital, a home for untaunted children of lepers and orphans, a leper hospital, and convalescent homes. There are in all about three hundred beds, and only one English nurse.

The maternity hospital was started in 1907. Some Chinese ladies approached Dr. Duncan Main as to the possibility of starting a maternity hospital with a training school for native women. At first he refused, as he had no lady helper, for the English nurse was then studying the language, but finally a midwifery training school was opened, the ladies having promised the greater part of the fund, so eager were they to arrest the cruel practices of the "bo-bos" or midwives.

Ninety applicants sent in their names without delay, and twenty were chosen. They were not prepossessing in appearance, for although all came from respectable homes, they were far from clean in person, and their long nails, denoting superior position, presented another difficulty to be overcome. The first lecture was necessarily on personal cleanliness and the importance of short nails, and for quite a long time it was ludicrous to see only the right hand nails cut. But gradually, by lectures, and being in constant contact with the English doctor and nurse, the nails of both hands were shortened, and the all-important point of cleanliness was observed.

For various reasons, four out of the twenty students left, and the remaining sixteen passed their examinations very creditably, and were succeeded by others, and the good work is still progressing.

At the completion of their training the students return to their own towns and villages, and are able to carry on their work on Western lines. One student trained as a nurse and midwife, and later came to England to perfect her training and take her L.O.S. certificate.

It is delightful to think of the useful future of such well-equipped women, destined to attend ladies and women of all classes and to supplant the old "bo-bos." The harm these ignorant women have done with their terrible practices, causing such suffering of women in their confinements, is beyond our imagination.

Some of the nurses have become Christians;

and may they be endowed with power to live consistent lives and draw others to the knowledge of Christ!

If China is to become a Christian country, the natives themselves will have to make the great advance, and what better way of extending Christianity than by training those who desire to enter upon this form of Christian work? They have shown keen interest, and it is encouraging to hear that the effect of the teaching is seen in their patience and perseverance.

The natives have the advantage over the foreigner, although it is our duty and privilege to help and guide them all we can. We labour under difficulties of climate, customs, and language, whereas they are thoroughly conversant and can more clearly explain themselves and more fully sympathise in their joys and sorrows, and are able

to penetrate into the homes, and win their way to the hearts of the people.

With a sense of thankfulness we learn of the wonderful progress that has been made, and know it is all worth while, but how much more rapidly the work would spread if the supply of workers was more adequate, and if we recognised our mission of passing on to those who are through various circumstances more fitted than

ourselves to carry on this great work the knowledge of the art of ministering to the sick, through which Christ is often revealed.

Yours faithfully,

RHODA METHERELL.

NATIONAL MATERNITY HOSPITAL, DUBLIN.

The eighteenth annual report states that during the past year the work of the Hospital had been well maintained. Of Lord Iveagh's gift to the Dublin Hospitals, the institution has received £1,500, which it was intended to devote to the building of new labour wards, bathrooms, and additional sanitary accommodation, the want of which had long been felt.



MATERNITY HOSPITAL, HANGCHOW. MOTHERS AND NURSES.

THE BRITISH JOURNAL OF NURSING

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EDITORIAL.

PROFESSIONAL LESSONS.

From the report of the Annual Meeting of the Australasian Trained Nurses' Association, held in Sydney, the profession at large may learn some useful lessons, which it would be just as well to take to heart.

STATE REGISTRATION.

The Chairman, Dr. Sinclair Gillies, drew the attention of the meeting to the fact that Queensland, their oldest branch, had succeeded in securing State Registration by the passing of the Health Act Amendment Act. They had hoped that this year they might have succeeded in getting a Bill through Parliament, but in the present state of politics he thought that it might be advisable to leave matters as they were until a more fitting opportunity presented itself.

RECIPROcity.

The Chairman then said the question of reciprocity was an all-important one, and would require careful adjustment. Already, by the Midwives Act in Western Australia, trained general nurses from the Eastern States with a six months' midwifery certificate, were debarred from registering, or practising midwifery in the West, although English midwives, with a C.M.B. certificate and a training of probably not more than four months, could register. Their council had taken action in the matter, and had written to Western Australia, and also to Victoria, with the view of getting a joint protest of the nurses of Australia to combat the action of the Western Australian Government.

No "QUID PRO QUO."

It was stated that some of the members of the A.T.N. Association had been concerned in taking a stand with the members of the Medical Association, by refusing to work with unassociate doctors. At a meeting of the Council of the British Medical Association the opinion was expressed that the nurses should not identify themselves with any quarrels in which the doctors were involved. They should do their

duty under the doctors, no matter who they were. If they found that they could not work conscientiously under the supervision of any particular doctor, they should withdraw. It was felt that the doctors could not give a guarantee that they would not treat cases in which nurses other than those belonging to the A.T.N.A. were employed.

AFFILIATION WITH THE INTERNATIONAL COUNCIL OF NURSES.

Miss Blomfield proposed: "That it is desirable that the Australasian Trained Nurses' Association should affiliate with the International Council of Nurses." The motion was carried unanimously.

LESSONS.

(1) There can be no just dealing without reciprocity of standards, and thus the registered midwives of Western Australia, who have now legal status, are right to refuse to register unregistered nurses as midwives, however well trained in obstetric work they may be.

(2) The registered nurses in Queensland will be wise to take the same attitude towards their unregistered colleagues from sister States. It will compel the Legislatures of such States to pass just Registration Acts for trained nurses, and our advice is not to "wait upon opportunity"—ever a lagging jade—but to insist upon legislation.

(3) No one will dispute the wisdom of the advice that nurses should keep clear of doctors' professional disputes, at least until such time as the laws of medical etiquette extend to the nursing profession, and thus a substantial *quid pro quo* is given.

(4) We are very glad to observe that the Australasian Trained Nurses' Association has voted unanimously to apply for affiliation with the International Council of Nurses, the fundamental basis of which is that the affiliated Associations shall be composed of graduate nurses only. We have long been of opinion that the National Association of Australasian nurses should be self-governing. The question will need consideration before 1915.

WHAT NURSES SHOULD KNOW ABOUT TREATMENT WITH SERUMS, VACCINES, TOXINS, AND PHYLACOGENS.*

By MISS EMMA NIXON

(San Francisco County Association).

I have been requested to give you a general talk on serums, vaccines, toxins, and phylacogens. My plan is to arouse your interest and wonder in these marvellous therapeutic agents, point out some of the practical points of interest and value to our profession, and give a few reasons why we should take up the serious, intelligent, consecutive study of these new remedies.

Bacteriology, that wonderfully fascinating branch of the science and art of medicine, now embraces a vast fund of information that has been accumulating for many years, but it is only within the last twenty years that the application of these facts and discoveries has been made in the prevention and cure of disease. First came vaccine virus; then anti-diphtheric serum, with both of which you have long been familiar. Soon came other sera vaccines, and quite recently the phylacogens. Of these latter I will speak more in detail, as I have had greater experience with them.

In the last few months I have noticed a number of articles in the lay press, which indicate the extent to which observing lay writers have been impressed with the results obtained in the prevention and cure of disease by the use of bacterial derivatives. One article, entitled "The Struggle for Immunity," appeared in *Harper's Monthly*, December, 1911; another, equally interesting and well written, entitled "Our Struggle with Germs," was published in the *Literary Digest*, December, 1911.

The inference to be drawn from these is that the general public is already noticing, soon it will be interested, and before long it will demand to be treated with these remedies. If laymen are already acquiring a noticeable degree of confidence in the results that accrue from the use of the bacterial derivatives in the prevention and cure of disease, what must be the belief of the best-informed medical research workers? Naturally, they are very conservative in expressing themselves on paper, but there is no doubt that many of these men believe it will be possible to cure pneumonia, typhoid, influenza, erysipelas, scarlet fever, measles, whooping-cough, rheumatism,

asthma, tuberculosis, and other acute and chronic infectious diseases.

Let me assure you that a cure with a bacterial derivative, especially a phylacogen, is a cure in the true sense of the word—in a large percentage of cases a marvellous cure; grave cases that are beyond the reach of ordinary methods are saved, severe cases are cured promptly, and ordinary and mild cases are cured so quickly as to be dramatic; relapses and complications occur but seldom, sequelae are prevented, and the patient has been at the same time fortified against a number of morbid conditions due to bacteria.

What chance has the ordinary pharmaceutical agent against this class of remedies? Think it over. Personally, I have seen some most excellent cures obtained with the bacterial derivatives after all other approved, up-to-date methods have produced little or no improvement. I firmly believe that the next few years will show a universal adoption of the biologics in treatment of many acute and chronic diseases, so it seems reasonable to me to forecast that with this development the biologics will constitute at least 50 per cent. of the therapeutic agents used by doctors. The importance, therefore, of beginning early to learn something of the real facts concerning these preparations must be apparent to you all.

I urge all nurses to acquire a working knowledge, that they may intelligently co-operate with the physician when he is employing these wonderful therapeutic agents. I do not hesitate to say that less than 10 per cent. of the professional nurses know the nature of a serum, vaccine, toxin, and phylacogen. You may answer that these remedies are new; there is plenty of time. I grant they are new, but their use is growing so rapidly that their general employment by doctors is assured, and now is the time to begin getting acquainted with these preparations and learning their various features, that you may understand fully their rational application when these products come up for discussion in the regular routine of your professional duties.

Our profession is fully capable of acquiring a working knowledge of the practical points in the clinical use of these agents, and we should lose no time in doing so if we are to keep abreast of the new ideas and methods of treating disease. This means careful, well-directed, consecutive study. What is necessary for the nurse to know, and what is practical and easy for her to learn that she may intelligently serve the physician when he is treating a case with the bacterial derivatives?

* Address to the Californian State Nurses Association Convention. Reprinted from the *Pacific Coast Journal of Nursing*.

First, the nature of these preparations. Serums are the liquid portion (remaining after the clot has separated) of the blood of animals, usually horses, that have been treated with gradually increased doses of bacterial toxins or attenuated or killed cultures of the organisms themselves. These preparations contain the protective substances developed in the blood of the animal so treated.

Bacterial vaccines, or bacterins, are suspensions in physiologic salt solution of pathogenic bacteria whose vitality has been destroyed by heat. These preparations contain the dead germs themselves.

Toxins are products of pathogenic bacterial growth. These preparations contain the toxic substances generated by the germs during their life in artificial culture media.

The phylacogens are neither bacterial vaccines, toxins, nor sera as ordinarily understood. They are sterile aqueous solutions of the metabolic substances generated by bacteria grown in special artificial media. The bacteria, first killed, are then removed by filtration through porcelain. These preparations contain the substances developed by the germs during their life in artificial culture media. These are so modified by sterilization that they are non-toxic. These phylacogens, of which there are several, show every indication of becoming by far the most valuable and most widely used of the bacterial derivatives. Their range of applicability is great, as there is no question that they have a place in the treatment of most of the acute and chronic infectious diseases.

Second, the feature of the container in which these are usually supplied.

The glass-sealed ampoule which needs to be broken open, and for which a sterile stopper needs to be provided in the event that only a part of the contents are used.

The rubber-stoppered glass ampoule, rendered hermetic with paraffin dipping; this is by far the most practical and convenient container, since with a little attention to antiseptic detail the rubber stopper can be easily removed and quite easily replaced, thus preserving the sterility of the contents and allowing their use at will. The syringe container is ideal when the contents are to be given at one dose.

Third, the methods of administration.

The hypodermatic method is the method commonly used for giving any serum, toxin, vaccine, or phylacogen. This is the most conservative.

The intramuscular is used but little, as this method is followed by more pain and danger of injecting directly into a blood vessel.

The intravenous is used by those who are

expert in the use of bacterial derivatives. At this time the phylacogens and serums are the only preparations given by this method.

Fourth, that these preparations, when the dose is less than $\frac{1}{2}$ c.c., may be admixed with normal salt solution to facilitate administration.

These and other points which the nurse unfamiliar with these preparations finds specially adapted and necessary for her individual needs can easily be compiled in a small book, which can be carried and referred to as occasion demands. Some of you may consider this application of time and energy burdensome and impractical, but I can assure you that already there are those who see the increasing value and range of applicability of the biologics that are devoting their entire time and attention to this field of therapeutics.

In the several instances, of which I have personal knowledge, opportunity for employment is never lacking, and the remuneration is very attractive.

(To be concluded.)

OUR PRIZE COMPETITION.

HOW WOULD YOU CARE FOR A PREMATURE INFANT AT THE TIME OF BIRTH, AND SUBSEQUENTLY?

We have pleasure in awarding the prize this week to Miss S. A. G. Lett, Exning, Newmarket, for her paper on the above subject.

PRIZE PAPER.

In attending a case of premature labour, the nurse's preparations will differ somewhat from her ordinary routine so far as the infant is concerned.

Instead of the usual bath and clothing, it will be necessary to have warm olive oil and plenty of warm absorbent wool or gamgee tissue ready. A fire and hot water bottles must be in readiness, no matter how warm the weather, and it is well to have two warm flannel receivers.

As soon as the head is born, the eyes, eyelids, and mouth must be carefully cleansed in the usual manner with warm boric lotion, and if the cord is round the neck it must be slipped over the head or down over the shoulders.

One of the warm flannel receivers must now be placed so as to receive the baby's body as it is born, and to cover as much of it as is possible to exclude the cold air while the nurse ascertains that the child is breathing properly and waits for the cord to cease pulsating.

Unless there is any severe hemorrhage it is very necessary to wait until there is no trace whatever of pulsation, as every drop of blood lost by severing the cord too soon is of great importance to the premature infant.

The cord being severed, the infant should be transferred to the warm, dry receiver, and placed where the nurse can watch it, with a hot water bottle near it.

As soon as the mother has been attended to the baby should be gently rubbed with warm olive oil, the cord should be ligatured again and dressed in the usual way, the dressing being secured with a warm, soft flannel binder. The rest of the body should be warmly wrapped in cotton wool or gamgee tissue, a good pad being placed underneath the buttocks—to absorb all evacuations—and in such a manner that it can be changed without causing much movement. The baby should, if possible, be then placed in an incubator; but, as this cannot often be procured, it may be necessary to improvise one.

This is best done by getting a large wooden box with deep sides, placing several hot water bottles in the bottom with a pillow on top of them, covered with warm flannel or a blanket, on which the baby is placed and then covered with another blanket.

A thermometer should be hung inside the box, and should never register less than 70°, and the box should never be removed from the warm room till after the baby has reached the normal weight and strength.

For the first two weeks the baby should be fed every hour day and night, very gradually increasing the length between the feeds until the sixth or seventh week, when it should be fed every two hours.

For the first few hours it should have $\frac{5}{8}$ sterile water hourly, and then $\frac{5}{8}$ of one part milk to five parts water, and a very little sugar of milk for the remainder of the first and the whole of the second day. During the remainder of the first week the feeds may be increased to $\frac{5}{8}$ and the water decreased to $\frac{1}{4}$. By the fifth week the baby ought to be having $\frac{5}{8}$ of one part milk and three water, two-hourly. If cow's milk is not digested, whey and cream may be substituted, $\frac{1}{3}$ of cream to $\frac{5}{8}$ of whey. Twice a day a feed of warm water may be given instead of the milk mixture, and if there are any symptoms of constipation, $\frac{1}{4}$ of pure olive oil alternate mornings will counteract it.

If the mother has sufficient breast milk, it will not be necessary to continue artificial feeding after lactation is established, for the milk can be drawn off with a breast-pump, and given to the baby by means of a spoon. If the infant is strong enough to use a bottle, the usual attention to scrupulous cleanliness of bottles and teats must be paid, and in every case must the baby's mouth be carefully cleansed with warm boracic lotion after every feed.

If very weak, a normal saline injection—one ounce—may be ordered daily.

When the normal weight is gained, the baby may be bathed in the usual manner, and after one month may be taken out of doors for a short time each day.

Warmth and proper feeding are the two things absolutely necessary for success with a premature infant.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. G. Allbutt, Miss L. Holme Buck, Miss A. Smith, Miss S. Kerr, and Mrs. Power.

Miss Allbutt writes:—"As a makeshift, a small clothes basket, with a pillow placed at the bottom and lined with an old blanket, will make an excellent and cosy bed for a premature baby. A couple of hot water bags, securely covered, should be filled and placed ready in the basket. . . . If the child cries at once, all the blood in the cord may be squeezed along toward the child and the cord ligatured and cut. . . . Plenty of warm sterile water may be given between feeds."

QUESTION FOR NEXT WEEK.

What records would you keep, and what points would you observe and report upon, as a routine practice, when nursing a case, either in a hospital ward or in a private house?

THE PROGRESS OF STATE REGISTRATION.

The Bill for State Registration in Louisiana, U.S.A., was signed by the Governor on July 10th, and is an Act to regulate the practice of nursing; to create a Nurses' Board of Examiners; to regulate the fees and emoluments thereof; to establish a class to be known as Registered Nurses, and to prohibit the use of words or letters or other means of identification by unauthorized persons as registered nurses, and to provide penalties for the violation of the provisions of this Act.

A just and simple measure such as we have been asking for in this country, and which has been before our House of Commons for ten years. No wonder Englishwomen—at least those who work and thus contribute to the wealth of the nation—feel bitterly the systematic neglect of their interests by an oligarchy of men who don't understand their needs, and don't mean to trouble themselves to do so. Every day, resentment is on the increase.

THE INTERNATIONAL CONGRESS OF NURSES.

WEDNESDAY, AUGUST 7th.

MORNING SESSION.

(Continued).

MISS M. A. SNIVELY Presiding.

A GROUP OF GERMAN PAPERS.

"FEMALE POLICE-ASSISTANTS."

Sister Henriette Arendt said that in 1868 the question of women workers in municipal government was first mooted; to-day 12,000 women were employed in all its branches. The fact that the supervision of prostitutes was now in the hands of female police might be looked on as a great step forwards, for women might be the means of reclaiming women.

In 1882 the two first female police assistants were appointed in Chicago by "The White Union," and were supported by private subscription, with such good results that municipal appointment soon followed. In January, 1907, there were 80 female police assistants in America; to-day they were to be found there in almost every large town. In 1903 the first female police assistant was appointed in Stuttgart—Sister Henriette Arendt—and many other towns quickly followed Stuttgart's example. The duties of the female police assistants varied according to the towns. In Stuttgart, Sister Henriette Arendt's duties were as follows:—To see that order and decency were preserved by those who brought women prisoners to the police courts; to superintend all women brought to the police courts, whether they were eventually set free, sentenced to a term of imprisonment, or transferred to other courts. Also to attend the daily medical examination by the police doctor, at which she was permitted to give an opinion as to whether an examination were advisable or could be omitted. Sister Henriette Arendt considered it her most important duty to make provision for the female prisoners on their being discharged, the greater number of whom were prostitutes, barmaids, factory hands, servants, and sometimes girls of the better classes.

It was rarely possible to reclaim those whose parents were criminals, but the female police assistant might obtain influence over—and, thanks to private charity, materially aid—young girls between sixteen and eighteen who came into her hands on their first offence, the result of unfortunate circumstances, levity and bad company, but who were not yet blunted by prison life. Sister Henriette Arendt considered reformatories and homes of refuge to be the most expedient means of reclaiming such cases. Her attempts at placing these girls in service met with little success. As a rule the girls had been out of work for some time and found domestic service irksome,

whilst the mistresses did not always possess the tact and patience necessary for so difficult a task. She found it worse than useless to have the girls sent home to parents who were themselves averse to labour or too weak-willed to keep their children in the right path. From February, 1903, to January, 1909, 6,886 females passed through her hands, and, with the aid of the Evangelical town mission, the Roman Catholic Union of the Good Shepherd, and the district Rabbi, 1,620 women and girls were either placed in reformatories, sent home, or placed in service. As soon as her occupation became known in Stuttgart, girls who had been cut off by their relations or dismissed at a moment's notice by their employers, and mothers with their illegitimate children, came to her for help and advice.

Sister Henriette Arendt laid stress on the fact that the duties of the woman police assistant must not be restricted to the care of prostitutes in all their pitiable weakness, springing from moral hereditary taint, excessive use of alcohol, and weakness of will. She had been instrumental in founding a home of refuge in Stuttgart for youths discharged from their first term of imprisonment, and maintained that a woman's influence is of inestimable value in restraining these youths in their downward career. In the cause of temperance, but most particularly in the rescuing of abandoned, endangered, and ill-treated children, she insisted on the value of the female police assistant. In the course of nine years' activity, she was able to alleviate the sufferings of several thousands of men and women and 1,200 children.

This proved that the career of a police assistant opened to women workers a field of untold possibilities in the cause of humanity. It must be added that the duties of a woman police assistant varied according to the different towns. For instance, in Freiburg the duties of the police-nurse, as she is called, are restricted to the supervision of children who are boarded out. Until now there had been no special course of training for female police assistants, but it was much to be desired that they should be instructed in pedagogics, nursing and criminal law. Hospital nurses especially deaconesses, had proved the most suitable for this difficult and responsible post.

REFORMATORY WORK.

Sister Aylve von Tümpeling contributed a short description of the reformatory in Gummersbach near Cologne, which, founded in 1900, has grown to be a model institution. In 1900 the law was passed in Prussia which permitted the police to remove ruined and endangered children from their surroundings and place them in a home of refuge, or in some suitable family where, up to the age of 18, they could be educated and taught to become useful members of society.

Gummersbach was the first of the institutions which embraced factory work as a means of education. Seven years ago, fifty girls had already been placed at work at the spinning looms there eleven hours a day, girls under

fifteen only tea hours. The girls learnt punctuality, order and conscientiousness under the guidance of the factory Sister. The first two factory Sisters in Germany were appointed in Gammersbach. All pioneer work was hard and demanded self-sacrifice. They gave it nobly. One was invalided before she reached the age of thirty, the other died of tuberculosis. It was worthy of notice that each girl working in the factory received a fair wage with a prospect of increase. Very industrious spinners received extra pay. Part of the money was put aside for the girl's board, the remainder was placed in her name in the savings bank. Besides the fifty employed in the spinning-shed, ten to fifteen were employed in the house work of the institution. These were changed every two to three months, and others from the shed took their place, so that during the year each girl passed through a course of domestic service—house-work, cooking, washing, sewing, &c. A great principle of the institution was that the girls were not taught to look upon the factory work as the one and only aim in life, but were encouraged to become useful members of society, and it was encouraging to know that many girls who had passed through the Sisters' hands were now clever and happy housewives, whilst others who were still working in factories were helping to raise the tone amongst their fellow-workers. True education must always rest on a religious foundation, free from narrowness, bigotry, or hypocrisy. The Sisters who worked in the house and factory belonged to the Evangelical Deaconesses' Union, Berlin-Zehlendorf. A seminary for training Sisters in Refuge work was in connection with the Institution.

THE NURSE WITH REGARD TO INFANT NURSING AND HER TRAINING FOR THIS WORK.

Sister Else Knoerich said that in no branch of social hygienic provision was the truth more evident of the saying "Prevention is better than cure" than in the care of infants. Woman's work in factory and workshop had often caused her to neglect her duties as wife and mother, and this had resulted in increased infant mortality. Of the two million children who were born annually in Germany, about 400,000 died before the completion of their first year. Thanks to the efforts of the health officers and political economists, the care of infants had, since the eighties, become a specialised branch of social work; and during the last twenty years there had been a steady decrease in infant mortality in the large towns. Charlottenburg was a most striking example. From 1801-1901 inclusive the infant mortality sank from 24.08 per cent. to 12.11 per cent. In 1900 Barmen, with 9.41 per cent., Elberfeld, with 10.40 per cent., Kassel, with 10.83 per cent., Schöenberg, with 11.77 per cent., and Bremen with 12.02 per cent., had a still lower mortality of infants.

In the country, however, infant mortality was on the increase, from 8.1 per cent to 11.1 per cent. The causes were: (1) insanitary conditions; (2) the sending of milk, eggs, vegetables and fruit to

towns for sale, to the detriment of the country-people's nutrition; (3) the departure of men to the towns, leaving the field work to be done by women, not to speak of ignorance and unwillingness to adopt hygienic measures. Country districts were therefore a wide field of activity for the district nurse. Her first and most difficult task was to win the confidence of the country people. This could only be done by visiting them and giving them help and advice in time of need. Her duty would be to strictly superintend all foster-children and illegitimate children up to the completion of their sixth year, who were entrusted to the care of relations. Besides, it should be her aim to interest women's unions in favour of infant care and to gain their support. The most important part of the country care of infants were the mothers' unions ("Beratungsstellen"), which, owing to local conditions and lack of means, were at present difficult of attainment.

The work of a district nurse necessitated a threefold training. Firstly, knowledge of nursing work in general, for though her speciality was care of infants, yet she should be able to give advice and help to mothers in all questions pertaining to health or sickness. Secondly, the necessary special knowledge of the modern care and feeding of infants, which could best be acquired in a children's clinic or infants' home, managed on modern lines. Thirdly, instruction in social work by attending social courses for women. In order to superintend foster and illegitimate children, she must know the laws and regulations pertaining to them, so as to be able to take the necessary measures when required. Thus well equipped, the knowledge that she was serving her fellow creatures and the coming generation would give her support and encouragement.

NURSES' WORK IN THE MANAGEMENT AND CARE OF INFANTS.

In speaking of social work in general, the management and care of infants in particular, Fräulein Schubert laid stress on the indispensability of hospital training. The probationers were brought face to face with all classes and learnt to judge life from an aspect not possible to be seen at home, and every earnest worker learnt not only the technical side of her profession but expanded her sympathies and power of understanding without which all social work was useless. Great power and great responsibility lay in the hands of the district nurse. By teaching ignorant mothers, she could stem the tide of infant mortality and lay the foundation for a healthy generation in the future. The demand for such nurses was steadily on the increase and it was our duty to see that trained, cultured women were rendered competent to fill them by being well grounded and thoroughly trained in their profession. As this work brought the nurse into contact with all classes, and also comprised much secretarial work, it was of vital importance that

the nurse be a woman of education and refinement. With regard to the technical part of the work, Fräulein Schubert was of opinion that a longer time than the probation year in hospital was necessary, and strongly advocated a period of work in maternity wards, and tuberculosis wards or polyclinic, where, by observing the numerous cases, a nurse became familiar with dangerous symptoms, and acquired the power of judging when medical aid was advisable. Further, a course of training in the care of infants should be taken in one of the modern children's hospitals, under the guidance of a good instructor. It was further advisable for the probationer to attend the consulting hours in different crèches, to visit the mothers in their homes, and also to work in the crèches and milk kitchens.

In order to really help, the outdoor nurse should know "everything." She must be able to answer all the questions put to her by timid mothers and smooth away objections by straightforward and clear explanations. Fräulein Schubert pointed out that the outdoor nurse is as yet a pioneer in this special branch of work and that it was often necessary, in order to further the cause, that she should be able to speak well and fluently on the work in hand. This was the most difficult part of the nurse's business, but when her heart was in her calling, her tongue would be eloquent in its service. In order to aid by speaking, she must however know her subject thoroughly and be cognisant of that branch of legislation bearing upon it.

THE WORK OF THE ANTI-CONSUMPTION LEAGUE IN GERMANY.

Sister Taubert, who presented the paper on the work of the Anti-Consumption League in Germany, said that two things had had a marked influence on the tuberculosis question: (1) the discovery, thirty years ago, of the tuberculosis bacillus by the great German investigator, Doctor Robert Koch; (2) the social laws which rendered the struggle with tuberculosis possible. The hope that the injection of tuberculin would prove sufficient was vain. But attention had been aroused and the anti-consumption movement set in. The result of Dr. Brehmer's and Dr. Dettweiler's treatment (hygienic diet) caused a number of sanatoria for tuberculosis to be opened in Northern Germany, and the duty of providing such institutions for those with small means became evident. In 1895 a committee was formed by the Red Cross Society, which founded the Anti-Consumption League. In the same year the consumptive homes of the Berlin-Brandenburg Association and Red Cross Society were erected. The National Insurance Act was also the cause of the State opening consumptive homes for working people, in order to lessen the burden incurred by eventual pensioning. In 1902 the first international Anti-Consumption League was formed. Three years later the first consumptive home for women was opened at Vogelsang, near Magdeburg, and at the same time, by desire

of the Empress, one for children at Hohenlychen, which was principally occupied by children from Berlin and Hamburg. The experience thus gained had influence on the Insurance Act of 1912 and that which was to come into force next year. Annually in Germany 90,000 persons died of consumption. Ten times as many—900,000—suffered from this disease, and owing to legislation ten per cent. received gratis medical treatment, medicines and cures in consumptive homes. The German Empire owned to-day 136 such homes, 23 specially for children, with accommodation for 1,490 beds. In 90 per cent. the results were favourable. There were also 127 homes for hopeless cases, with a tariff of 1 mk. 20 to 1 mk. 80 daily. In Silesia there were the most "Homes for Observation" of cases threatened with consumption. There were many other means of combating the disease, such as outdoor schools, shelters, &c. Ten years ago "Lungen fürsorgestellen" were opened, from the conviction that the entire surroundings and work of the patient needed supervision. The work of those employed in these was the prevention of the spread of tuberculosis in the home, to protect the healthy from infection and to teach mothers the dangers incurred by lack of cleanliness and properly cooked food. There were now 1,250 of these "Lungen fürsorgestellen" in the German Empire. In each there was a doctor and a "Fürsorgeschwester." After the doctor had examined the patient he gave directions to the Sister and then her work began. It was she who was in touch with all authorities from the Board of Health inspector down to the midwife. With energy and endless patience she enforced the medical directions and brought cleanliness and order into the home. If the patient was bed-ridden she procured, when possible, an isolated room, the rent of which the family mostly paid. Last year 1,000 such rooms were rented in Berlin alone. She was responsible for the final, as well as the daily, disinfection. She persuaded invalid pensioners to enter a suitable sick-home. In 1911 only 40 per cent. of tuberculosis patients died in their own homes, in contrast to 80 per cent. of ten years ago. Thorough knowledge of the science of nursing, political economy and the conditions of State insurance were necessary. The "Fürsorgetätigkeit" had opened a new field for women, and the well-trained women whose profession it was were preferred to those who filled honorary posts and gave their services gratis. The Woman's National Union had given this branch of woman's work its warm support. In Solingen a tuberculosis fund raised at the time of the Emperor's Silver Wedding rendered assistance to applicants for consumptive homes, brine baths and milk diet; lent beds; folding chairs, &c.; and provided the parish nurse with funds to pay the washerwoman and charwoman. It was owing to the work of regular instruction in cleanliness and disinfection that the district of Solingen had now only a normal death rate.

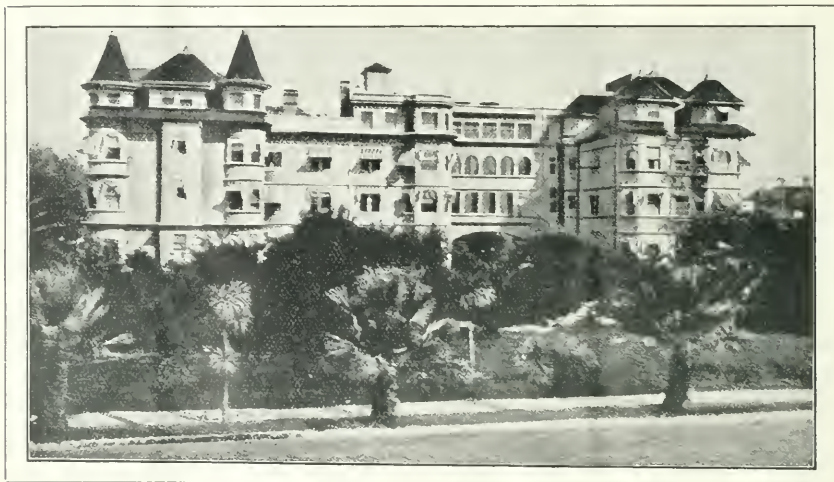
SAN FRANCISCO, 1915.

A FANCY DRESS DINNER.

The new President, Miss Goodrich, modest as all great people are, writes how deeply sensible she is of the honour that has come to her. Those who elected her know how greatly she honours the Council by accepting office. No woman is more deeply respected throughout the American nursing world, and those who met her in London in 1909 realise how safe is the honour of the International Council in her keeping.

It may appear fickle to be on with the new love before we are off with the old, but we cannot resist publishing a picture of the beauti-

The Women Writers' Suffrage League—of which Miss Elizabeth Robins is President, and which can count amongst its Vice-Presidents Mrs. Margaret Woods, Mrs. Meynell, Mrs. F. A. Steel, Miss Beatrice Harraden, Dr. Margaret Todd, Mrs. Baillie Reynolds, and the great Cicely Hamilton—has conceived the brilliant idea of a Fancy Dress Dinner in the autumn, special tables to be arranged representative of classes of women who claim political enfranchisement. Miss Annesley Kenealy, who is on the Committee, has, of



A WINTER SCENE AT THE CALIFORNIA HOSPITAL, LOS ANGELES.

ful California Hospital, Los Angeles, which has just reached us with interesting enclosures, one a four-leaved card which contains Ten Commandments for the Nurse in the Sick Chamber, and a Prayer for Doctors and Nurses. One precept reads, "I will strive to be always prepared for the very best that can happen to me. I will seek to be ready to seize the highest opportunity, to do the noblest work, to rise to the loftiest place which God and my abilities permit." The nurse is enjoined, "Thou shalt let in the sunshine and thyself be a sunbeam and a messenger of cheer." This Hospital will be well worth a visit in 1915.

course, advocated a Nurses' table, and Mrs. Bedford Fenwick has consented to organize it. We see great possibilities of an immense amount of fun from this practical object-lesson. No other profession but ours has a Gamp, a Prig, a Corney, nor the ubiquitous bogus nurse, to contrast with all the noble pioneers, men and women, who throughout the ages have earned the Suffrage over and over again by their splendid, self-sacrificing services to the State. The Nurses' Table will, we know, be a big success; it must be relieved by Knights of the Nursing Orders and Surgeons in aseptic operating array.

THE MATRONSHIP OF THE AUCKLAND HOSPITAL, NEW ZEALAND.

Miss Jessie M. Orr has been selected in England and appointed Matron of the Auckland Hospital, New Zealand, by the Auckland Hospital and Charitable Aid Board.

Miss Orr was trained at Guy's Hospital, and obtained a First Class Three Years' Certificate in 1900, also a certificate for six months' Fever training. She remained on the private staff till 1904, when she returned to Guy's Hospital to qualify for a Matron's post. She served with distinction as Ward Sister, Surgery Sister, Night Superintendent, and Hospital Housekeeper, her duties including the ordering and superintending the cooking for upwards of 500 patients, 35 sisters, and 95 servants, work in the Matron's office, in the Laundry, and classes for Probationers. From Guy's, Miss Orr was appointed Matron of the Taunton and Somerset Hospital, Taunton, in 1907, a position she has held to date to the unqualified satisfaction of the authorities and the medical and nursing staffs.

Miss Orr also holds certificates for Maternity Nursing from the British Lying-in Hospital, London, and for Massage from the Incorporated Society of Trained Masseuses.

It will be seen, therefore, that Miss Orr has been selected for the responsible position of Matron of the Auckland Hospital upon very high and thorough professional qualifications extending over a period of fifteen years' active service.

Miss Orr is a member of the Matrons' Council of Great Britain and Ireland, and strongly in favour of the organization of Nursing by statutory Registration, and she is looking forward to the privilege of Registration in New Zealand, where an Act has been in force for eleven years.

Of her personal characteristics it need only be said that her very excellent testimonials bear witness to strength of purpose, devotion to duty, and kindly relations with fellow-workers in every degree—the national characteristics, we may add, of Scottish women. In the honourable position she has been elected to fill we wish her all success, and that her relations with her fellow-workers in the land of her adoption may be as happy as they have been at home. We feel sure she will do all in her power to make them so.

Miss Orr will leave for New Zealand early in November; her departure from Taunton will be much regretted by many friends.

PRACTICAL POINTS.

Care of Sputum Cups before Incineration.

Miss Foley gives the following advice on this point in *The American Journal of Nursing*. A good way to dispose of sputum cups before burning them is to put them in very heavy brown-paper bags—the kind used in wholesale grocery houses to deliver sugar and cereals in. The sputum will not soak through these bags before eight to twelve hours and that is long enough to have the bags around before they are burned. An eastern sanatorium has the cups delivered in a room near the incinerator three times a day by the patients using them, and from a barrel of sawdust in the same room each patient is supposed to fill the cup with sawdust. It is said this makes them burn more easily when they are finally incinerated. A much better way is to make all patients carry small manilla paper bags and use paper napkins; bed patients requiring a great many napkins may have one of the large stout paper bags pinned to the side of the bed to receive the napkins after they have been used. These bags are turned down a few inches on either side and when properly folded they may be so pinned that one side of the bag folds over like a lid, and so there will be no danger from flies if the patient's bed happens to be out of doors on an unscreened porch. If the cups must be used, I think that the bags or the sawdust method are both good.

A Simple Device for Holding a Retention Catheter in Place.

In the *Journal of the American Medical Association*, Dr. William S. Ehrich describes a device for keeping a retention catheter in place. The finger of a thick rubber glove is divided into four parts, leaving about half an inch of the tip intact. A very small hole is made in the centre of the tip, through which the catheter is passed. One-eighth of an inch from the end of each of the four strips a small slit is made in it. From some other part of the glove a strip of rubber six inches long and nearly half an inch wide is cut, one end being a little wider. This strip is then threaded through the slits in the four long strips into which the glove finger was divided. To fasten the strip three slits are cut crosswise in the wide end and the narrower end woven through it. This can be drawn fairly tight behind the corona and will hold the catheter in place. It can be made in a minute and, unlike adhesive straps, can be removed, tightened, or loosened without loss of time or discomfort to the patient.

Small Pox and Imported Flax.

An outbreak of small pox is reported at Kirkcaldy, and, as on previous occasions, it is supposed that the disease has been brought to the district by infected flax from Russia. One young married woman has died, and six patients have been removed to hospital.

APPOINTMENTS.

MATRONS.

The Auckland Hospital, New Zealand.—Miss Jessie M. Orr has been appointed Matron. She was trained and certificated at Guy's Hospital, where she subsequently held positions on the Private Staff, and as Ward Sister, Surgery Sister, Night Sister and Housekeeper. From Guy's she was appointed Matron of the Taunton and Somerset Hospital, Taunton, which position she now holds.

Miss Orr also holds certificates for Maternity nursing; for six months' Fever nursing; and that of the Incorporated Society of Trained Masseuses.

Catherine-de-Barnes Isolation Hospital, Soibull.—Miss J. Fergusson has been appointed Matron. She was trained at the Fever Hospital, Newport, Mon., and the Salop Infirmary, Shrewsbury, and has been Sister-in-Charge of the enteric and diphtheria wards at the Newport Fever Hospital.

Hampton Court and Molesey Cottage Hospital and Nursing Home.—Miss Florence Pitt has been appointed Matron. She was trained at the Royal County Hospital, Ryde, Isle of Wight, and has since been Sister at the Royal Hospital, Richmond, Surrey; Theatre Sister and Assistant Matron at the Infirmary, Warrington; and Matron at the Cottage Hospital, Mold, Flintshire.

Salisbury and District Joint Isolation Hospital.—Miss C. Alexander has been appointed Matron. She has held positions at the Croydon Borough Hospital and the Salisbury Infirmary.

NIGHT SISTER.

Northern Infirmary, Inverness.—Miss Florence W. Harrison has been appointed Night Sister. She was trained at the Borough Hospital, Bootle, and has since been Staff Nurse at the Royal Hospital for Diseases of the Chest, City Road, London.

SISTER.

Clayton Hospital, Wakefield.—Miss N. Bamforth has been appointed Sister of the Theatre and Male Surgical Ward. She was trained at the Rotherham Hospital and Dispensary, where she has held the positions of Staff Nurse, temporary Theatre and Ward Sister, and temporary Night Sister.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received provisional appointments as *Staff Nurse*:—Miss C. A. Ward, Miss A. C. V. Morant, Miss P. M. Rhenius, Miss E. E. O'Connell, Miss E. S. Riddall.

TRANSFERS TO STATIONS ABROAD.

Sisters:—Miss K. A. Allsop, to Gibraltar from London.

Staff Nurses:—Miss E. K. Parker, to Malta, from Dublin.

PROMOTIONS.

The under-mentioned *Staff Nurses* to be *Sisters*: Miss A. M. Phillips, Miss C. M. Williams, Miss E. B. Darnell.

MILITARY FAMILIES' HOSPITALS.

The under-mentioned appointments have been made:—Miss F. Williams to Bullford, Miss A. J. Baldwin to Woolwich, Miss E. M. Weir to Shoeburyness.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

Transfers and Appointments.

Miss Hannah Giddins is appointed to Edenbridge.

WEDDING BELLS.

The resignation of Miss Mackenzie, Lady Superintendent of the Dunedin Hospital, says *Kai Tiaki*, was received with much regret by the Board. Her work during the short time she was in Dunedin was of the highest order. Her nurses worked under her in great harmony, and are very grieved at losing her. Her marriage to the Rev. Graham Balfour, of the First Church, Dunedin, is the cause of her resignation, and all who know Miss Mackenzie, while regretting her retirement from her sphere of useful work, join in wishing her every happiness.

PRESENTATION.

In recognition of long and valuable labour in connection with the Barnsley Becket Hospital and the Hospital Saturday and Sunday Fund, Mr. Alfred Whitham, who recently retired from the secretaryship, has been made the recipient of a handsome presentation, in the form of a silver tea and coffee service.

Alderman Rose presided over a large gathering of members of the committee of the fund and others. He paid a high tribute to the work of Mr. Whitham during a period of 30 years.

SCOTTISH MATRONS' ASSOCIATION.

The quarterly meeting took place on Saturday, September 7th, in the Board-room of the Edinburgh Royal Infirmary Convalescent Home, Corstorphine. The President was in the chair. Many apologies for absence were received, and, although the day was cold and wet, there was an attendance of twenty-five. At the conclusion of the business part of the meeting, Miss Melrose, Vice-President of the Association, gave an interesting account of her experience as a representative of the Association to the International Congress of Nurses at Cologne. The next meeting was arranged to be held in the Victoria Infirmary, Glasgow, on December 7th. A plentiful tea was provided by Miss Mitcheney, Matron of the Convalescent Home. Afterwards a visit was paid to the different departments of the Home, including the poultry runs.

NURSING ECHOES.

During the past fortnight several of the Congress delegates have been in London, but alas! are now sailing away. Miss Dock left for New York on Sunday, and a cheery little group of friends bid her goodbye at dinner on Saturday night, some of whom walked her back to her hotel and saw her disappear up the lift shaft with very dim eyes. Miss Sniveley left for Canada on Saturday last, after a year's rest in Europe, and she leaves a host of friends behind her. Miss Sutherland has arrived in Manitoba on her journey to New Zealand, and soon delightful little Mrs. Holgate will, regretfully we are pleased to know, also leave our shores. Miss J. C. Child is away to far Basutoland, determined that before long South Africa shall have a voice in our International Councils, and the Japanese delegation will soon have turned their faces to the Land of the Rising Sun. We don't want to part with any of them, but after such a happy time together we must not repine.

A welcome and most beautiful gift has been sent to the International Library at 431, Oxford Street. Nothing less than a complete set of seven volumes, dating from 1901, of *Tidsskrift for Sygepleje*, the official organ of the Danish Council of Nurses, exquisitely bound in green with gold lettering. This contribution to the international history of nursing is indeed most valuable, and the generosity of the Danish nurses in donating it will be warmly appreciated. The thanks of the International Council is specially due to the President, Mrs. Henny Tscherning, and Miss Maiken Lütken, the Hon. Secretary, for the handsome manner in which the gift has been presented.

Those who paid a visit to the little Garden House at Kaiserswerth will remember the lovely drawing of Friederike Fliedner hanging on the wall. Now comes the good news that Sister Julie Borges will most generously send us 20 printed copies of this exquisite drawing to be distributed to those who would value them. We propose that they shall be sold for the benefit of the good work at Kaiserswerth, at the price of three shillings each. The place for them when framed should be in the Nurses' Homes, so they will in the first instance be reserved for such of the affiliated Leagues and Associations of Nurses as would like them, after which others may apply. Address, Hon. Secretary, N.C.N., 431, Oxford Street, London, W.

Sister Mary Stanislaus Joseph, who was Florence Nightingale's right hand throughout the noble work of nursing in the Crimea, has just celebrated her ninetieth birthday in the Convent of St. John and St. Elizabeth, at St. John's Wood, London, N.W. In self-sacrifice and in what proved far more useful—talent for organisation and management—Sister Stanislaus was not far behind the noble woman upon whose name has been showered all the glory of that crusade of the Crimea.

She arrived with Miss Nightingale at Scutari the day before Inkerman, when already the hospitals were choked with wounded and disease-stricken soldiers.

Sister Stanislaus remembers a touching episode when the chaplain read in each ward a letter from Queen Victoria to the Secretary for War. "I wish Miss Nightingale and the ladies would tell those poor noble wounded and sick men that no one takes a warmer interest or feels for their sufferings, or admires their courage and heroism more than their Queen. Day and night she thinks of her beloved troops."

She stayed in the Crimea until the end of the war, returning to England in 1856. She soon found a fresh outlet for her energies, for Cardinal Wiseman and the late Duke of Norfolk invited the Sisters of St. Elizabeth to found a hospital for women and children. This they did, with Sister Stanislaus as the leading spirit in the enterprise, and for years the hospital did good work in Great Ormond Street.

Later the hospital of St. Elizabeth associated with the Order of St. John, and was removed to St. John's Wood, where for many years she superintended the work.

One of Florence Nightingale's acts on reaching her golden jubilee was to send a gift of £50 to her old friend of the Crimea, and Sister Stanislaus devoted the money to the orphanage. She is now the sole survivor of the English Sisters of Mercy who accompanied Florence Nightingale to the Crimea.

There is no doubt nursing in the home is not so popular with the athletic, pleasure-loving girl of the period as it was with our "aunties." Cannot we middle-aged women well remember those charming, gentle, spiritual women, mostly unmarried daughters, who attended on "grannie" with the sweetest assuetude? It may have been such memories and the knowledge that home nursing, like many other domestic virtues, is fast dying out, that prompted Lady Escher to organize classes to instruct women, rich and poor, in home nursing. Those interested can obtain full information from her at Craig's Court House, S.W.

THE HOSPITAL WORLD.

NOBLE'S HOSPITAL, ISLE OF MAN.

The new Noble's Hospital, Douglas, Isle of Man, was opened with all ceremony on Wednesday, September 11th, by His Excellency Lord Raglan, Lieutenant-Governor of the Island, and Lady Raglan.

The old hospital, which is still in use, was, as most people know, the generous gift of the late Mr. and Mrs. Henry Bloom Noble. It was in the year 1849 that some benevolent ladies, through a sale of work, raised the sum of £300, which formed the nucleus of a fund which resulted in the opening of a hospital in Fort Street in 1850, which did excellent work for 38 years. The committee by that time had for some years been faced with the inadequacy of the hospital to meet the demands upon it, and the lack of funds to provide a larger one. It was then that Mr. and Mrs. Noble stepped in, the latter providing the land, and the former the money for the building. It was supposed that the hospital would meet the needs of the town and neighbourhood for many years to come, but Mr. Noble proved not only his generosity, but his foresight, when, in making his will, he vested in trustees a large sum of money with discretionary powers, leaving a direction that they should apply part of it to improving the present hospital, or building a new one. When it became necessary, therefore, to consider the question of alterations and extensions, the committee came to the conclusion that the most satisfactory method of meeting the increased need would be by building an entirely new and modern hospital. This was made possible by the munificence of Mr. Noble's Trustees, who presented an ideal site of over three acres, over £20,000 to build and equip the hospital, and a further sum of £20,000 as an endowment. The work of con-

struction having been carried out to the complete satisfaction of the architect, Mr. William Henman, F.R.I.B.A., by Mr. Mark Carine, building contractor, of Douglas, the town was *en fête* last week to formally inaugurate the good work by the opening of the hospital by Lord and Lady Raglan.

With a view to creating as much public interest as possible—for, in spite of its endowment, the new hospital will need double the amount produced annually by the investment of that sum for its support—a procession was formed at the Town Hall representative of all sections of the community in the Island, including the Legislative Council, the Speaker and Members of the House of Keys, Justices of the Peace, Officials of the Insular Government Boards, the Mayor, Aldermen, and Town Councillors of Douglas, Clergy and Ministers of all denominations, representatives of Friendly Societies, Volunteers, Boy Scouts, Educational Authorities, Guardians of the Poor, High Bailiffs, the President and Council of the Isle of Man Chamber of Commerce, Freemasons in Masonic clothing, with Lord Raglan, Provincial Grand Master of the Isle of Man, the Ladies' Committee of the Nursing Associations of the various Districts of the Island, Noble's Hospital Committee, and the Medical Staff, and many others too numerous to mention, who proceeded to the hospital, thousands of spectators lining the route, including no less than 4,500 school children, who were afterwards feasted at the Recreation Ground by the Noble Trustees.



MISS BRIDSON, MATRON, NOBLE'S HOSPITAL.

THE OPENING CEREMONY.

The Clerk of the Rolls, Mr. Thomas Kneen, Chairman of the General Committee of the Hospital, presided at the opening ceremony, and the Bishop of Sodor and Man conducted the religious part of the ceremony. Miss

Pantin, daughter of Dr. C. S. Pantin, then presented a bouquet to Lady Raglan, and the architect and the builder having offered a gold key, suitably inscribed, to Lord and Lady Raglan for their acceptance, the latter at once unlocked the main door of the building.

Lady Raglan, whose speech was loudly applauded, then said: "This magnificent hospital is now opened. May the glorious light of everlasting sunshine enter in and dwell there with those who are sick and suffering, and may it shed its lustre to give courage and joy to them, as well as to those who attend them. We have received this key with a very great deal of pleasure. It is a most lovely key, and will always be treasured by us as a souvenir of our most happy associations with Noble's Hospital. I thank Miss Pantin for my lovely bouquet."

Lord Raglan also expressed the great pleasure it had been to him and Lady Raglan to take part in so important a function, and reminded those present that the expenses of the new hospital would be greater than those of the old one, and generous subscriptions would be needed.

At the conclusion of the proceedings the new hospital was thrown open for inspection, and tea was served to the general public at a cost of one shilling each, the finances benefiting to the extent of about £50 by the opening ceremony.

THE HOSPITAL.

The position of the hospital is surely second to none in the kingdom. On an elevated site, just outside the town, it commands extensive views from most of the windows of the lovely Braddan Valley, and more distant mountain ranges of this fertile island, including just at present numerous undulating cornfields, in which sheaves of golden corn stand ready for carrying, in perfect condition. The windows of the matron's delightful rooms, as well as some of the nurses' quarters, overlook this exquisite landscape, which must be a continual source of enjoyment to all lovers of beauty.

The hospital, which is excellently planned, is built of local stone, rough-cast externally, and roofed with Westmoreland green slating. The Administrative Block contains the house surgeon's rooms, the matron's suite of sitting-room, bedroom, bathroom, and office, "where," the alert and smiling porter remarked, "we shall come when we have to be reprimanded." "Oh, yes," he replied in answer to an interrogation, "I'm under the Matron, too," and the tone in which he said it left no doubt that he considered his lot a happy

one. The night nurses' quarters are at the top of the building, thoughtfully shut off by a dividing door; the kitchen and annexes light, airy, and models of their kind; the corridors and staircase tessellated, the work having been carried out by Italian workmen.

There are five general wards, each containing ten beds, for male and female medical cases, male and female surgical cases, and children respectively. They are flooded with light and sunshine, and pleasanter places in which to be ill, it would be difficult to imagine. In addition there are seven single rooms for private patients, and a complete self-contained isolation block. The X-ray department has been fitted up in the most complete manner by Dr. Hall-Edwards, the well-known expert, in consultation with Dr. Pantin.

The operating theatre is a model of its kind, with anæsthetic and sterilizing rooms annexed; and the out-patient department, most conveniently arranged, includes a dentist's room, with adjoining recovery-room.

An Electric Generating Station, which works automatically, supplies the necessary current for lighting the hospital, working the lift, and for the X-ray requirements; an alternative method of lighting by gas is provided, and a Mortuary, Post-Mortem Room, and Pathological Room complete the departments of a hospital which must take its place in the front rank of hospitals of its size, and which reflects the very highest credit on all concerned.

The Matron, Miss Bridson, who is a native of the island, was trained at the Southern Hospital, Manchester, with Miss Mary Gordon, one of the trio of notable Sisters who held the Matronships of St. Thomas' Hospital and Charing Cross Hospital, London, and the Southern Hospital respectively. It is evident that in her the hospital has a most capable and devoted, as well as charming, Superintendent.

The move from the new hospital to the old is expected to take place in about a month's time, and the fate of the old one, overlooking Douglas Bay, which is in excellent condition, seems still uncertain. Surely it should be secured as a convalescent home for one of the great Lancashire hospitals. Does someone whisper "Rather bleak for convalescents"? Let no one think it of this sun-kissed isle, where palms, yuccas, and tree fuchsias flourish and abound, and the sun's rays caress one with their warmth as if to atone for the dull and cheerless English summer. It is a lovely and fertile country rejoicing in Home Rule, and apparently prospering under it.

M. B.

REFLECTIONS.

FROM A BOARD ROOM MIRROR.

The Queen paid a surprise visit, much to the delight of the little patients, to the Royal Hospital for Sick Children, Aberdeen, last week. All the surgeons and physicians connected with the Institution, and the Lady Superintendent, Miss Tattam, were presented to Her Majesty, and before leaving the Queen distributed through the wards a large number of choice flowers specially brought from the royal gardens at Balmoral. A building scheme to cost £35,000 is in hand. Devoted and good work has been done in the old building, but the new hospital is urgently needed.

The Third Annual Conference of the British Hospitals Association is being held this week in Birmingham. Mr. J. B. Clarke, Chairman of the General Hospital, is President, and the Hon. Local Secretary is Mr. Howard J. Collins, the House Governor of that Institution. The meetings are being held at the Council House, where a civic welcome was extended to the visitors by the Lord Mayor on Thursday. During the meetings, papers on hospital administration and topics bearing on hospital work will be read, and the opportunity will be taken of visiting the local hospitals, and some of the leading manufactories. We hope the Birmingham Matrons will take the opportunity of inviting the support of the Association for State Registration of Nurses.

On Thursday, this week, the Duchess of Westminster is to lay the foundation stone of the two new wings of the General Infirmary, Chester. Munificent financial support has been given to the building fund, and the administrative work, including that in connection with the nursing department, will be greatly facilitated when the additions are in working order. Miss L. K. Blayney, the Lady Superintendent, with other officers, is looking forward to these modern improvements.

Four generous brothers, three of whom are bachelors, have donated funds to the Essex County Hospital, Colchester, with which to build a new Isolation Block. It will contain two wards, each to hold two beds, a nurses' room, kitchen, bathrooms and lavatories. The site was selected on Monday last week, and the work put in hand the following day—very commendable expedition. The Committee has of late made several improvements in connection with the staff. The Matron has been allotted a new bedroom with bathroom attached—the very greatest comfort in hospital life—and the storing chamber, begun many years ago for mattresses, has been finished and nicely arranged for the original purpose.

SOCIAL SERVICE.

ON THE PAVEMENT.

"Once a nurse, always a nurse"—so runs the saying, and true it is. Nevertheless, there comes a time when—one's first passion for hospital service over, and the early enthusiasm for "interesting cases" and "hand-to-hand grapples with death" transformed into a passion for health and an enthusiasm for avoiding all needless and avoidable misery—one realizes in a vivid glare of bright light that the whole extent of nursing progress and development is simply one part of the whole all-embracing woman movement, and that in the victorious advance of the latter movement rests all hope of a final victory over disease, dirt, poverty, misery, preventible suffering, brutal industry, brutal war, brutal degradation of the sources and springs of human life, brutal disregard of the rights of generations yet unborn. When one gets this impression, one goes out on the pavement to sell *Votes for Women*.

Piccadilly Circus—throngs passing by. I take up my "pitch," armed with an advertising board and with a green bag lettered in white and purple. Indifferent throngs—heedless—rushing by, they overlook my bag and me, though holding a copy under their eyes. They must be joggled—reminded. "*Votes for Women! Buy Votes for Women!*" I shout in loud and piercing tones. Now I get attention. Nearly everyone looks my way (perhaps the American accent surprises them) and now the men, who ignore me as long as I keep still, show their inmost feelings through their thin outward veneer of good manners. One turns an angry, contemptuous face: "No. The devil take them!" Another one snaps out: "I should think not! *Never!*" A superior male person comes along: "Ah, no. I'm on the other side, you see." A kindly gentleman half stops, looks at me sorrowfully: "Oh, no, your methods are so wrong; so wrong, you know." His tone is sad. "Five years! five years!" shouts a burly person, looking back at me with vindictive, triumphant grin. "Five thousand years!" I yell, and chase him with the paper. Many attempt to crush and wither me by a slow look of scorn and disapproval, passing slowly and inspecting me as if I am some monstrosity. I learn to abash these lordly beings completely by pretending that I think they want to buy. "Only a penny," I tell them in reassuring tones, as if their pence were few, and step toward them with a paper. They are completely routed—their countenances change and they look everywhere else, hurrying disconcerted away. Occasionally comes one in whose eye is the real, cold gleam of hatred and aversion. I recognize the type that, a few hundred years ago, burned those who did their own thinking, whether man or woman. This is the kind that readily treads woman under his heel. And yet some woman gave this despot life, and tended him in infancy. Had it not been for woman's care, he would have died before his second year. Extraordinary state

of things! As a nurse, I reflect on the debt these men owe to women, and as they pass I see them in imagination helpless babes, never left outside the mother's arm or care; I picture those faithful women washing the little limbs, feeding, warming, drying, rocking them. I see them later as little boys, running with every trouble to mother—now here they are, great, strapping, powerful animals, rocking with egotism, steeped in selfishness. By their looks to other and younger women I see that their debt is forgotten and that they regard women as convenient tools for their own base and unmanly purposes. Strange state of things! Whose is the fault?

Here passes one who seems excited to uncontrollable fury by my shrill pipe of "*Votes for Women*." He turns purple, his face distorted, words fail, he can only emit a harsh, snarling growl, as if he were some kind of wild beast, he would fain rend me, but passes on. "You'll never get it!" calls back a smug person, pleased with himself and all the world. "We'll get it this winter!" I reply. "My good woman, why don't you sell 'The Common Cause'?" inquires a patronising, mild-eyed gentleman. "Because I sell *Votes for Women*" is the reply, that leaves him still inquiring. And then once more a purple tyrant. "If I saw my wife reading that rag," he shouts "I would cut her throat." "I hope she cuts yours first" I cry after him.

But not all are hostile. Ever and anon there lopes past some pleasant-faced, clean, set-up youth—almost always a young lad, who buys a paper, or says in passing, with a smile: "I belong to the M.P.U." Sometimes, an older man stops and speaks sympathetically of the cause; one or two have been in prison for it. And even some of the enemy are quite friendly. "Here, give me a paper; I'm dead against you all, dead against you, but I like your pluck, you know; I like your pluck." So spake one genial John Bull and paid his penny.

And what about the women? Well, nine-tenths of all the papers I sell, are bought by women.

L. L. Dock.

THE NATIONAL UNION OF WOMEN WORKERS.

As already announced, the Annual Conference of the National Union of Women Workers will meet at Oxford from September 30th to October 4th, when questions of wide general interest, such as the Work of Women Inspectors, Women Workers and the Living Wage, Equipment for Personal Service, will be ably presented and discussed. The National Council Meetings take place on October 2nd and 3rd, and various Nursing Associations affiliated to the Council will be represented. Miss B. Cutler, Hon. Secretary, will represent the National Council of Nurses of Great Britain and Ireland, and Mrs. Bedford Fenwick the Society for the State Registration of Nurses.

OUR FOREIGN LETTER.

THINGS SANITARY—AND THAT KISS FOR THE BRIDE.

BY FELIX J. KOCH.

Just the other night we attended a wedding, not a wedding among the ultra-rich, where you might look for idiosyncracies, where such things as the bride's favourite lap-dog might be occupying a seat at the bridal table, or perhaps the same board of honour be decked in garish yellow, simply to have things different from what one might expect. Nor, again, was the wedding one among the poor, the lowly, the ignorant.

It was a typical Anglo-Saxon home wedding, one with a hundred odd guests or so, selected from among the friends of bride and groom, bride's parents, groom's parents, and in one case at least, a very good friend of the bride's sister, so good a friend that we are already saving to buy the next wedding present.

We go into details as to these guests a'purpose, because they are most relevant to the point we would make.

There was dear old Mrs. Black—let us call her—a charming, motherly soul, but, as she wheezed under the exertion of climbing the stairs to remove her wraps, we detected asthma. There was once jolly "Bob" Brown, to use his nickname—"Bob," who, in our school days, was liveliest of us all. But Bob had overdone his studies; he was tubercular, and he knew it. So Bob, with just a short term lease on life, had lost his buoyant spirits, and is wasting away, to the pity of all. Then, as foil to him—for weddings bring together strange groupings there was young Mrs. Green.

"Oh, Bess!" she exclaimed, on greeting the bride's sister, "I hardly dared to come. I have such an awful cold, and my eyes do look awful! Now don't tell me they don't, for I know they do. In fact," and she turned to a friend near by, "I'm considerably worried. There is so much pneumonia about."

It was just a vignette, that—out of the ideas of the crowd of a hundred. You catch the doing? Our friends may be most delightful people—socially—but (and the subject is a rather indelicate one) we really wouldn't want to kiss them, one after another, in military array, now would we?

On, though, with the wedding. Lohengrin, the minister, the exchange of rings, the solemn vows, the stepping to one side, and then—that relic of barbaric times—the kiss for the bride. Old men, young men, matrons, maids, each stepped past the bride to congratulate and to plant a kiss squarely on her mouth.

"Oh, I don't like those people who kiss on the cheek," someone remarked near us. "It's so cold, so without heart. A kiss is a kiss, and is to be lip to lip." And then we heard another smack of the lips, and another, and another, and another person still kissed our poor bride squarely on the mouth.

"A kiss for the bride!"—and what may not be the result.

Latterly, in the Middle West, some few of us, you know, have been urging abolishing the hand-shake—the naked hand, that is—for reasons which hardly make refined reading, but which will explain themselves on reminding oneself of the dozen and one things you may have touched since last you washed your hands. You hung on a strap in the street-car—who held that strap last, pray tell? You fumbled your money—who passed it to you, and from whose pocket had it come? You know and I know where sayings are kept, very often. You pressed door-knobs, handled this and that. Then you meet Smith, on his way, as you are, to lunch, and you both shake hands. Smith and you exchange microbes as you pass on to dine. No chance to wash between the café door and dinner, so you put Smith's gift of microbes on the roll you will touch, on the chicken you must finger in order to eat, on the pickle, or the olive, or anything else with which good breeding permits a hand touch.

Here at the wedding likewise. With white gloves removed, and one and all now just about to sit down to the wedding feast, you shake hands with the bride—poor little bride!—and give her your own supply of microbes—the heartier your class of good wishes the more—and then, adding insult to injury, plant that kiss on her mouth!

A few years ago, a magazine errand sent us to the little village of Plevna, about which the mightiest battle of the Russo-Turkish War had been fought. We chanced to come to town when a funeral was in progress, and as everyone in the place attends such, so we. Not to weary with details which, while interesting are not pertinent, by and by the Pope, or priest, of the orthodox faith raised a square little Icon from its place on the breast of the dead—a victim of scarlet fever the woman had been—put it to the lips of the corpse that "they might once again have the benefit of such sacrament," and then kissed it devoutly himself. Returning it to the woman's breast, he was followed by everyone else in the church then, each person putting the Icon to the lips of the dead, then to his own, then to the coffin once more. When we wrote of this not alone grisly but plague-spreading rite, medical papers far and wide commented on it as Europe's most barbarous custom, and as a relic of savagery and the like.

That, though, is in a benighted up-country hamlet in Bulgaria, a land where brigandage and rapine and murder have kept down the finer arts. But in London, Ottawa, Washington, San Francisco you will find in vogue, among all classes of people, a custom which is not one whit less foolish.

A kiss and a handclasp for the bride, and then . . . well, maybe physicians are all of them wrong when they prate of the spread of disease through contagion. But maybe, again, they're not!

OUTSIDE THE GATES.

WOMEN.

There is a lively correspondence in last week's *British Medical Journal*, aroused by the "Report on the Forcible Feeding of Suffrage Prisoners," signed by Sir Victor Horsley, Mr. Mansell Moullin, and Dr. Agnes Savill. Of course, it presents the opinions of those for and against this special form of torture, but the arguments of Dr. Barbara Tchaykovsky are worthy of note, as she claims that forcible feeding does not fulfil the two-fold purpose for which it is presumably used: (1) To prevent starvation; (2) To prevent prisoners from terminating their sentences. She considers that the time is ripe for the medical profession, through its organisation, to protest against the imposition on its members of duties that are distinctly unprofessional, for it is probably difficult, if not impossible, for any individual medical officer to refuse to carry out the instructions of his authority. She fails, however, to recall in this connexion any other branch of the medical service where the necessity for the imposition of any form of medical treatment does not lie solely with the medical officer, whose decision is final. Apparently in the case under consideration, the prison doctors take their orders for this special form of medical treatment from their lay authority, which is surely an abrogation of their privilege to prescribe or withhold treatment unbiassed by any consideration except the need of health.

Dr. Tchaykovsky asks "Are prison doctors called upon to render purely medical services, and are they in order, as members of the medical profession, in administering a form of treatment to the patients under their care which rapidly reduces these to a serious condition of invalidity? Even in Russia, during the savage flogging of prisoners, the prison doctor stands by and raises his hand when in his opinion the prisoner has had enough. Here, apparently, the prison doctor administers the torture himself, and then decides from the prisoner's physical condition when she has had enough of his treatment.

"I have before me," she writes, "a copy of the oath taken by Arabian doctors at the Kas-el-Aini Hospital at Cairo, which begins and ends:—

I swear in the name of God, the Most High, and of His Sublime Prophet Mohammed, whose Glory may God increase, to be faithful to the laws of honour, honesty, and benevolence in the practice of medicine.

* * * * *

May I be respected if I remain faithful to my vow. If not, may I be covered with shame and be despised. God is my witness to what I have said. The oath is finished.

"Surely the doctors of the West will not yield to their colleagues of the East in high aim and purity of motive!"

To object to the indignity of forcible feeding is, according to one correspondent, mere "senseless sentimental clamour"!

BOOK OF THE WEEK.

THE TURNSTILE.*

This interesting and clever book is a departure from Mr. A. E. W. Mason's ordinary style. It is the story of an explorer, who became a politician with less aptitude for the latter than for the former. While his enthusiasm for travel and adventure was perfectly genuine, his parliamentary career was embarked upon from ambition alone, and as such, failed.

Cynthia, the girl he ultimately married, foresaw that such would be the case. "I don't think," she said, "that I believe very much in any work which—I don't express what I mean very well—which hasn't a great dream at the heart of it."

Rames looked up into her face quickly and grew suddenly serious.

Cynthia's history is romantic and well conceived. She is the adopted daughter of a wealthy Argentine settler and his wife, they having no children of their own. The nostalgia for the greenery of Warwickshire caught at his throat, and he proposes to return.

"I find it lonely here, Joan," and he struck the table with his hand.

"Oh, my dear, and what of me?" The wistfulness of his wife's voice struck him to silence—a remorseful silence. After all, his days were full.

"There is our other plan," she suggested gently. "The other plan," to mitigate the loneliness, was to go to Buenos Ayres, and there to select for adoption a little child from the founding institution. At the same moment that Daventry and his wife are discussing these plans, a terrific earthquake occurs in Valparaiso. Among the terrible death roll was reckoned the long-suffering young wife of worthless James Granville, who himself escapes with the little child, who is the heroine of this story. Becoming soon wearied of his little charge, he took the train, and in a night and a day came to Buenos Ayres. In the train he tied an old bootlace round his daughter's arm. Some way up the hill, he stopped in front of one of these houses, noticeable because of a small turnstile let into the garden wall. He placed his child upon the platform, rang the bell, and turned the stile. Years after we meet her again as the idolized adopted child of the Daventrys. It is not hard to imagine that a very thrilling romance could be constructed out of this material, and Mr. Mason may be trusted to make the most of it. The turnstile always remains in Cynthia's mind in an indefinite form. And in after life she makes a sort of allegory of it in the stirring events of her experience. Always romantically inclined, she is enamoured with the accounts of the explorer Rames, and in the far Argentine we have a charming account of the young girl sending off her telegram of congratulation to her unknown hero. "She wrote it without alteration, for her thoughts

had run fastidiously on the wording of it all through breakfast time. She handed it to the operator with a certain trepidation like one who has done some daring or irrevocable deed."

After the death of her kind foster parents, who had amply provided for her, she lives in England, where she meets the hero of her dreams. Marriage and a certain disillusionment follow, but not, happily, disaster; for his failure as a politician revives in him his old enthusiasm, and with it, Cynthia's love. "I went into the House of Commons without ideas; now I have a big one, and it has mastered me." The only quarrel we can possibly have with this book, is the rather disproportionate share that politics have in it. But it must be read.

II. 11.

VERSE.

One ship drives east and another west,
While the self-same breezes blow,
It's the set of the sails and not the gales
That bids them where to go.
Like the winds of the sea are the ways of the fates
As we voyage on through life;
It's the set of the soul that decides the goal,
And not the storms and the strife.

COMING EVENTS.

September 30th to October 4th.—Conference of the National Union of Women Workers of Great Britain and Ireland. Masonic Buildings, Oxford. Meetings of the National Council of Women. October 2nd and 3rd, 10.30 to 1 and 2 to 4.

October 2nd.—Meeting at the Mansion House in support of the Nurses' Missionary League.

October 3rd.—Conference and Farewell Meetings to bid Godspeed to members of the Nurses Missionary League leaving for the foreign field, University Hall, Gordon Square, W.C.

October 11th.—Meeting Executive Committee Society for State Registration of Nurses. 431, Oxford Street. 4.30 p.m.

October 19th.—British Home and Hospital for Incurables, Streatham. Lord Strathcona will lay the foundation stone of the Alexandra wing.

October 22nd.—Central Midwives' Board Examination, London, Birmingham, Bristol, Leeds, Manchester and Newcastle-on-Tyne.

October 23rd.—Mansion House, City of London. Public Meeting in support of the memorial to Lord Lister.

October 26th.—Quarterly Meeting of the Matrons' Council. Royal Albert Edward Infirmary, Wigan.

October 29th/November 2nd.—Cookery and Food Exhibition, Royal Horticultural Hall, Westminster, S.W.

WORD FOR THE WEEK.

The man who will succeed must seek, and he must see; he must strike; and above all things, he must believe! Nature does nothing for doubters.

* By A. E. W. Mason. Hodder & 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.

"THE NURSE AS PIONEER."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Your interesting editorial, "The Nurse as a Pioneer," leads me to trespass once more upon your space.

It is possible that some of your readers do not know that there is a society of nurses which has come into existence in response to the need with which your article deals.

The Nurses' Social Union is "a Union to maintain the highest ideals of the Nursing Profession as a branch of Social Service," and the first three "Methods" mentioned in the "Constitution" are as follows:—

1. The provision of facilities for Post-Graduate Instruction and the study of Social Questions.
2. The promotion of co-operation between the different branches of the Nursing Profession.
3. The encouragement of a wide outlook by providing opportunities for meeting others interested in various forms of Social Work.

The founders of the Nurses' Social Union recognised that the ever-increasing volume of social endeavour must lose a great proportion of its power unless co-operation and sympathy between the many labourers increased along with it. They realised that the Nursing profession must always be in the forefront of Social Service, and formed the Union, not only with the object of uniting the many branches of the Profession itself, but also of bringing its members into touch with other forms of social work.

Passing from general principles to the practical point to which your article refers—namely, the need of training in Public Speaking—a Debating Class was started last winter by the London Division of the Nurses' Social Union.

The Union is spreading daily. We hope that eleven new branches will be formed in various parts of England before Christmas. I take this opportunity of asking all who have not already joined our Union to do so before the year has passed away. Then 1913 shall find us all working together for the fuller equipment of the "Pioneer."

Faithfully yours,

ANNIE E. BARNES,
Central Secretary Nurses' Social Union.

ANOTHER VICTIM.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I read a letter signed by "A Victim of Same," with sympathy. I am a village nurse, and also feel that I have been unjustly treated by the County Nursing Association. I

am a small farmer's daughter, and have some education quite enough, I think, to have gone through a good three years' training and passed exams. It seems most unfair that we ignorant country girls, as far as nursing is concerned, should be so misled by ladies of social standing who must know we are not being properly trained by their system. I intend, when my time is up, to enter a hospital for a real training; but if I had been well advised I should now be a trained nurse, instead of doing work which I have no knowledge for. All through Wales this bad system is being supported by those who ought to know better. It seems there should be some place women could get good advice before being trained as nurses.

I am,

ANOTHER VICTIM.

THE REGISTRATION OF NURSING HOMES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am all for certificated nurses Nursing Homes. I have worked with many incapable probationers, and it should not be possible for matrons of Homes to charge for skilled nursing and employ such.

Yours truly,

MEMBER LONDON CO-OP.

A DAY'S PAY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I think your suggestion for a Nurses' International Memorial of Miss Florence Nightingale as our great teacher will meet with approval, and a day's pay would be an excellent basis for the collection. Those earning little would thus give little, and no one nurse would give much. For instance, my salary is £35, so my contribution would be under two shillings; the majority of probationers would therefore only pay from sixpence to a shilling. But all the little sums would roll up and we should soon have a fine amount. I am ready to send mine. Write as soon as the Fund is organised.

Yours truly,

A HOSPITAL SISTER.

[As soon as Miss Dock (hon. sec. I.C.N.) arrives in New York she will issue a short statement and suggestions about this Fund. Each country can then organise.—ED.]

OUR PRIZE COMPETITIONS—OCTOBER.

October 5th.—Describe a case of Cerebro-Spinal Meningitis, and how you have seen it treated.

October 12th.—What is Cataract? How would you prepare for an operation for its removal?

October 19th.—What would you consider an efficient curriculum for the training of a midwife?

October 26th.—Describe the modern management of Scarlet Fever.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper.

The Midwife.

THE DIFFICULTY OF TEDIOUS LABOURS.

The patient, aged 38, had one daughter, born 18½ years ago. The pregnancy was quite normal. Three and a half weeks over the full term the patient began with feeble pains every ten minutes. She went on having these feeble pains more or less for three days and three nights, bad enough to prevent her from sleeping but not bad enough to do any good, because at the end of the third day the cervix was only dilated to the size of a five-shilling piece. The doctor decided to put the patient under chloroform, which he did, and with his hand stretched the cervix with each pain for three hours. Forceps were then put on, and the baby was born thirty minutes after. Presentation was quite normal first vertex, but there was not a drop of liquor amnii. The after-birth came away forty minutes after the second stage, and the mother made an uninterrupted recovery. As the mother suffered from chronic constipation, she expressed a wish not to be even asked to nurse her baby, as she said she made a hopeless muddle in trying to feed the last one. The great difficulty was in getting the baby to breathe or cry.

After the usual vigorous measures had been tried, the baby started a weak flutter of respiration, but made no attempt to cry. As soon as I could, I gave him a hot bath. He measured 22 inches, weighed 7½ lb., but had not a bit of flesh on his poor little body. I did not dress him, but rolled him in a warm blanket, put him in his cot, and surrounded him with hot bottles. Four hours after he was born, I trickled down his throat a teaspoonful of warm boiled water; he made no attempt to suck. I continued to give water every four hours. His finger nails and his lips were black, and I thought his circulation would never get established.

When he was twenty-four hours old, meconium was passed. I continued the warm-water feeds, with a few drops of milk and sugar of milk added. He passed urine when he was forty-eight hours old. Now when he was six hours old he came out in a thick rash of raised spots from the crown of his head to the soles of his feet. The height of this rash seemed to be reached on the third day; then it began to fade, and the skin came off in casts, just as if the

child had had scarlet fever. A skin specialist and a child specialist saw the baby, but they did not order any treatment, and the baby lost ½ lb. the first three days. He cried well on the fourth day, and when he was on his proper feeds of milk, cream, sugar of milk, and boiled water he gained at the rate of 1½ oz. each day for ten days, and had put on 2 lb. at the end of the first four weeks, and was thoroughly strong, healthy, and normal in every way.

I hope this will be an encouragement to nurses not to be depressed when a weakly new-born baby comes under their care, as I know from long years of experience how depressed a monthly nurse feels at the sight of a thin, feeble, new-born baby.

A FULLY TRAINED AND A MONTHLY NURSE.

CAN THE UNDELIVERED FŒTUS CRY?

The following interesting remarks appeared in last week's *British Medical Journal* :—

There has recently been some discussion in French and Belgian medical papers about the nature of the *vagitus uterinus*.^{*} Is it the fœtus or the uterus which causes the remarkable phenomenon occasionally heard before the fœtus is delivered? Velpeau once said that even if he had heard them he would not believe in them—that is to say, he would not ascribe them to the fœtus. Alard, on the other hand, has published an observation in the *Normandie Medicale* which leads him to believe that the *vagitus* is uttered by the fœtus. Let it be remembered, however, that the forceps were used. It was a seventh labour in this instance, and on the three previous occasions the forceps had been applied, apparently on account of inertia. After a first attempt, which proved unsuccessful, he allowed the patient to rest before introducing the instrument once more. Suddenly he heard stifled cries, just like those of a new-born infant under the bedclothes, but the child was still undelivered. At the same time the nurse who was holding the patient's leg cried out, "On voit bien qu'il s'ennuie, il pleure!" and the mother drew herself up and exclaimed, "What's making that noise?" The husband,

* Editorial article in *Journ. d'accouchements et revues m'éd. et de chir. prat.* Liège, May 26th, 1912.

apparently a doctor himself, was present, and also heard the *vagitus*, which was repeated four or five times. The child's movements were vigorous. The forceps were again applied, but the child was born asphyxiated. It weighed over 11 lb. Unfortunately, there does not appear to have been any post-mortem examination. Sippel, about eight years ago, reported a case of his own in which he undertook version. A pain occurred, and he was obliged to stop his manoeuvres without withdrawing his arm. Immediately two high-pitched notes were heard, clearly arising within the patient's abdomen. They precisely simulated the cries of an infant. But Sippel noted that at each cry air ran along his forearm engaged in turning, and he distinctly felt the vibrations of a fold of mucous membrane closely encircling his forearm. The current of air ran not from below, but from above downwards. The uterine contraction drove it out, and as it passed the slightly resistant fold the sound was produced. Possibly the *vagitus uterinus* may be explained in a similar way in most, if not all, other cases. There seems usually to be a flabby uterus on the one hand, and an obstetrical operation admitting air into its cavity on the other.

UNION OF MIDWIVES AND TRAINED MATERNITY NURSES' ASSOCIATION.

Dr. C. H. Langford, one of the Vice-Presidents of the T.M.N.A., kindly consented to give a Lecture on "Correct Breathing" at the offices, 33, Strand, W.C., on Wednesday, September 18th, at 6 p.m.

THE MATERNITY HOSPITAL, CONSTANTINOPLE.

Writing to the *Quarterly Record*—the organ of the Boston General Hospital Nurses' Association—from the Maternity Hospital, Constantinople, Matilda Dervishoglou says:—

"As once you wished to have more idea for our Maternity Hospital, I will in short try to give some information.

"Three years ago for a first time we had Maternity Hospital and Nursing School in Constantinople. The resident physician, Bessim Enmer Pasha, also the head of the Faculty, after thirty years' trial, succeeded to establish the hospital as soon as Hamid was sent away from Constantinople. Now our hospital is organised for which I am grateful to our Pasha, for when I try to introduce the superiority of ways Americans have into my hospital, and how the wise American nurses battle with disease (which I found very hard with only untrained native girls to work with) he helps me, being always kind and courteous, considerate

and full of zeal and care whenever nursing interests are involved.

"His interest for the improvement of our Midwifery and Nursing School is great. For this Turkish nation must be proud that this noble philosopher from books of his own authorship teaches Midwifery.

"We found it very difficult to change their customs, which seems sin for this nation. They say 'What I have seen from my grandma, I must follow her way.' For example: they fear of leaving a confined woman, as they think she will be changed by devils if left alone. For this reason I had great difficulty to have babies' ward separate.

"Another custom is bandaging the baby's head very tight in order to make it round shape—to persuade to have babies' bare head was quite a triumph.

"Before we had the midwifery school, midwives used to give their right hands to their daughters as a professional diploma—that means the daughters had right to become midwives, just because their mothers were midwives, without any education or study of this line, and they could not even read and write. Among those midwives there was one who was proud to show a pocket knife unwashed for twenty years, as a result of her success. She said, 'This is what made me famous.'

"We have fourteen that we try to train with new ideas and make them as much as possible near perfect nurses, though they are very slow and unused to hospital life and to unselfish labour.

"Still I recognise it to be my mission not to look for defects and attempt to correct them by criticism, but to find out and to call forth all that is good and ennobling, as Mr. Allen said. 'The latent possibilities of the spirit of the nation must be used in the cause of the race.'

"I think it will interest you, when you hear us taking the history of a patient. When asked age, she answers, 'Must I know my age?' When father's name is inquired, the answer is, 'He is dead, and I don't remember his name now.'

"When we ask the period of her pregnancy, she says, 'When trees were blossoming.' 'When cotton was gathered from the field.' 'When her neighbour's house was burned,' etc., etc."

MATERNITY ENDOWMENT IN NEW SOUTH WALES.

A maternity endowment scheme for New South Wales, providing free medical attendance and skilled nursing, has been proposed by the Government at an estimated cost of £60,000 annually. The scheme will be independent of the Federal baby bonus, and medical treatment and nursing will be compulsory. Patients will have a proper choice of doctors where the State pays the fees.

This scheme sounds like a real maternity benefit, and not as that designed through our National Insurance Act—on—'for subsidizing the father instead of the mother!

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EDITORIAL.

THE INCREASED COST OF LIVING.

We are constantly hearing of the increased cost of living, and of recent years the cost in this country has gone up by leaps and bounds. Yet, so far, the remuneration of trained nurses remains stationary. The salaries of probationers are merely a pocket money remuneration, and staff-nurses and sisters earn little more than from £25 to £35 per annum. This we know is a very tight fit. In private nursing, the £2 2s. fee, less in the country, is still the same as it was in the eighties—when everything was far less costly. Not only so, but as trained nurses have been denied State protection, after pleading for it for a quarter of a century, their field of labour has been over run and largely absorbed by the unqualified, some of whom demand the highest fees for unskilled work, whilst others are content to undersell at beggarly rates, the remuneration of skilled nurses. This competition being very keen (especially as the hospitals most ungenerously look on private nursing work as a justifiable means of revenue), there is little prospect in this country of even a small rise in salaries to meet the increased cost which will result from the National Insurance Act in every particular. The policy of the "charity" employer to keep the nursing profession unprotected and disunited, and the apathy of the nurses in condoning such a policy, must be blamed for this sorry economic condition.

At the other side of the world, where trained nurses appear to possess a keener sense of professional feeling, and where, at any rate, they are alive to the fact that the labourer is worthy of her hire, this question of increased fees for private nurses is now under discussion. The initiative was taken

by the Royal Victorian Trained Nurses Association, which after consideration passed the following resolution:—"That the Council of the Queensland Branch is of opinion that, in view of the fact that many nurses have to provide for old age out of their earnings, and that their employers are frequently wealthy, and of the greatly increased cost of living, and of wages and salaries in general, the fees of private nurses might be raised without injustice or detriment to the public, and with a further advantage to the nurses; and that this rise should be on the basis of a sliding scale, allowing for a smaller fee for long cases, or when two nurses are employed, or other special circumstances."

This resolution was forwarded to Sydney to the Australasian Trained Nurses Association, the Council of which decided that it should be submitted to the members themselves at the Annual Meeting, and that meanwhile the views of the State Councils of the Association should be ascertained.

The Australasian Nurses Journal is not sure that to raise their fees might not after all be injurious to the average private nurse. It argues, not without reason, that as at present almost all nurses engaged in private nursing find more than sufficient work the whole year round, they may be in less request by the public if more has to be paid for their services. Many families will be forced to do without nurses during sickness; and if trained nursing is imperative, either the services of the nurse will be dispensed with at the earliest possible date, or an untrained woman who has some experience in nursing will be called into requisition and thus another class of workers in the nursing world will arise. Again many people will prefer to send their sick to the private hospitals, which would prove less expensive now that food and domestic help is so hard to obtain. So that the private hospitals

would gain at the expense of the private nurse.

The Journal suggests an increased allowance for washing—as the present charge of 2/6 only covers half the cost—also a comprehensive fee to embrace suburban tram, train and cab fares.

When all is said and done, we are faced with the fact that in the United States of America only, are private nurses fees calculated on a schedule which not only provides a *living* but a *saving* wage. In this country there is still a prejudice against nursing as a livelihood—as against nursing as charity. A few more Acts of Parliament such as the National Insurance Act, and private nursing will be taxed out of existence.



WHAT NURSES SHOULD KNOW, ABOUT TREATMENT WITH SERUMS, VACCINES, TOXINS, AND PHYLACOGENS.*

By MISS EMMA NIXON

(San Francisco County Association).

(Concluded from page 226.)

PHYLACOGEN.

I will now take up the consideration of the phylacogen, in the clinical application of which I have had the most experience, and because these should be of greater interest, inasmuch as it is in the clinical application of these remedies that the services of the professional nurse are more often required than with any other bacterial preparation.

These preparations were originated by Dr. A. F. Schafer, of Bakersfield, California.

Definition.—The term phylacogen means a guard creator, and may be, as in the case of these phylacogens, inert in themselves, but which, on injection into animals, cause defensive products, probably proteids, to develop.

The principle upon which the use of these phylacogens is founded is the theory of multiple infections. This principle is supported by an extraordinary practical experience, supplemented by exhaustive and long-continued laboratory and clinical experimental work by Dr. Schafer.

Three facts are set forth by Dr. Schafer as the basis of this new therapy :

First. Practically all acute and many of the chronic diseases are caused by the metabolic products of bacteria.

Second. The human subject is the host of micro-organisms that are pathologically latent, but capable of setting up a disease process under certain conditions.

Third. The growth of the infecting micro-organisms can be arrested and their effects neutralized by products derived from their development in artificial culture media.

Safety. The degree of toxicity of the phylacogens has been carefully ascertained by means of experiments on animals. The results of these tests indicate that the minimum lethal dose for a 150 pound man is 645 c.c., an amount many times greater than the maximum prescribed dose of these preparations.

As these results apply to healthy animals they cannot serve as a guide when using the phylacogens specifically, as in the treatment of typhoid fever or tuberculosis, when the size of the initial dose must be carefully considered and always be comparatively minute.

Deterioration. These products deteriorate very slowly, and in so doing simply become inactive, they do not develop any poisonous properties.

Indications. The phylacogens are indicated in the following conditions, in all of which there is clinical evidence supporting the curative value of the remedies :

Rheumatism, surgical infections, erysipelas, sequelae of gonorrhoeal infections, pneumonia, typhoid fever, localized tubercular disease.

Others could be included in this list, but I wish to be conservative. This gives some idea of the wide range of use for these agents and the great possibility of nurses having to meet with them in the field of their professional endeavour.

Administration. Phylacogens are given subcutaneously for the most part, but may be given intravenously by those experienced in intravenous work. If subcutaneous method is used, the injection should be given under the skin and not beneath the superficial fascia, or muscle, the point of injection is preferably one where there is considerable loose skin, as at the insertion of the deltoid muscle, or in the back between the scapulae.

The interval of doses is from eight to forty-eight hours, depending upon the judgment of physician.

The average dose is from 5 to 20 c.c. subcutaneously. One-half to 5 c.c. intravenously. More, if the judgment of the physician decides it necessary.

* Address to the Californian State Nurses Association Convention. Reprinted from the *Pacific Coast Journal of Nursing*.

Reaction. This is the feature that is important from the standpoint of the professional nurse; it is during the reaction that your services are required, and here is where previous knowledge, knowing what to expect, and preparedness make your efforts many times more effective, both in serving your patients and co-operating with the doctor. The proper recognition, interpretation and recording of reaction symptoms has largely to do with the result which can be achieved in any given case, and as this work devolves upon the nurse, you will no doubt agree with me that thorough acquaintance with the reaction symptoms is very desirable.

SUBCUTANEOUS INJECTION.

Local Reaction. First, a sensation of fullness and burning followed in 6 to 24 hours by swelling, redness, pain, stiffness and numbness—these vary in intensity from slight to severe; if very severe the L & O compresses will effectually relieve. In a small percentage of cases there is no reaction.

General Reaction. In 30 minutes to 6 hours there comes on a chilly sensation, which may merge into a distinct chill; patients may have headache, nausea, pain in the affected parts, general muscular pain and free sweating; temperature may rise 1 to 5 degrees, pulse may rise 10 to 50 beats per minute. In rare cases vomiting and diarrhoea occur, occasionally stomatitis, and in about 2 per cent. of the cases herpes appears around the mouth; the lips crack and bleed. This may occur after the first dose, though usually it does not appear until after two or three doses have been given. Abdominal pain, severe nausea, repeated vomiting, purging, feeling of great depression, bodily weakness, severe prolonged chills are symptoms indicating too large and too frequent dosage, or accidental injection into a vein.

None of these symptoms are dangerous and all are transitory. They can easily be controlled by regulating the size and interval of dose.

INTRAVENOUS INJECTION.

Local Reaction. There is no local reaction, unless faulty technique permits injection into the tissues around a vein or into the wall of the vein; this usually gives a very painful local reaction requiring local treatment with hot compresses to control it.

Rapid Injection. Where phylacogen is injected into the vein too rapidly, it results, immediately, in pronounced circulatory disturbances, evidenced by a pinched expression, blueness of the lips, a slaty blue colour rapidly

spreading over the face, and attended with disturbed heart action and a rapid, feeble, and at times intermittent pulse, and rapid shallow respiration. These symptoms will never appear if the injection into the vein be made very slowly, allowing from half to three minutes for doses varying from $\frac{1}{2}$ to 10 c.c.

Reaction Symptoms. Usually, within 30 minutes after intravenous injection, the patient feels chilly, a sensation which rapidly becomes more pronounced. He will slip down into the bed, drawing the clothing close around the neck, turn over on his side, flex the thighs on the abdomen, and by this time he will be in a decided chill, which will become more and more pronounced until it assumes the proportions of a severe rigor.

The chill will be so violent at times that the movements of the patient will vigorously shake the bed. The chill usually lasts about 30 minutes, occasionally 60 minutes, and gradually passes off. Headache, nausea, vomiting, pain in the affected part, general pain in the muscles and joints, bowel movement may occur at this time, and more often than with the subcutaneous method. Later the patient becomes drowsy, breaks into a profuse perspiration and falls asleep. When symptoms described under too rapid injections come on at this time and show a tendency to persist, careful record should be made of them, the usual supportive measures instituted, external heat, internal and hypodermic stimulation, absolute quiet, and the attending physician notified.

CONTRA-INDICATIONS.

Subcutaneous Method. There are no contra-indications to the subcutaneous method.

Intravenous Method. Terminal cases, those of patients already dying; hopeless cases; cases with severe and dangerous cardiac involvement; cases with pronounced arteriosclerosis; chronic alcoholics, or those suffering from an acute attack of alcoholic tremens should not be injected intravenously.

Here is where the nurse again has hard work cut out for her, as it is but natural that the physician will use new and wonderful curative agents to treat hopeless and terminal cases and dying patients in the effort to give them every chance, and with the idea of perhaps getting a wonderful cure. It is in these cases where every bit of strength, heat and heart action count for the patient, that the nurse needs to keep doing all the time and watching very closely. I have seen terminal cases, especially of acute infectious conditions, where for some hours after an injection, the careful use of the

stethoscope was required to determine if the patient was actually alive; I have seen such cases get well. Physicians hear of these instances and try to duplicate them. Naturally the majority of such cases die; but those that do get well require very painstaking, skilful nursing, which means that the nurse must have confidence in the treatment, and this she cannot have unless she knows something about it.

Age. Age alone does not contra-indicate the use of phylacogens; infants and the very old stand properly adjusted doses very well. Dr. N. N. Brown, of Bakersfield, has given a man, 92 years of age, with lobar pneumonia, the pneumonia phylacogen intravenously, with a rapid cure. The patient went through his reaction, chill, &c., without any alarming symptoms developing.

PERMANENCE OF CURE.

The question of permanence of cure comes up with regard to chronic infectious conditions, and experience warrants the statement that it depends on the precise diagnosis of the actual cause of the condition, the patient's power of resistance and sufficient treatment.

I have given you some practical points all based on the results of actual experience, which I trust have appealed to you as worthy of serious consideration and given you a measure of confidence in the present great value and the prospective greater value of the biologics and especially the phylacogens. In closing, I again urge you all to begin now acquiring definite, precise information on these remedies, that we may be prepared to adjust ourselves and our profession to the rapidly changing methods of therapeutics, and so keep abreast of the progress in a field in which the prospects for honour and gain to our profession are very alluring.

MEDICAL AID FOR INDIAN WOMEN.

The Standard reports that to commemorate the visit of the Queen to Kotah, the Maharaja of that State has given Lady Hardinge, wife of the Viceroy, a lakh of rupees for the benefit of the women of India. It has been determined to devote the sum to the provision of medical aid and to found a woman's medical college and hospital at Delhi, where Indian women of the higher classes may be trained for the medical profession. The women of these classes have hitherto been excluded from becoming doctors owing to the fact that the necessary instruction is available only in mixed classes of men and women. Her Majesty's consent will be sought for the naming of the institution the "Queen Mary Medical College and Hospital."

OUR PRIZE COMPETITION.

WHAT RECORDS WOULD YOU KEEP, AND WHAT POINTS WOULD YOU OBSERVE AND REPORT UPON, AS A ROUTINE PRACTICE, WHEN NURSING A CASE, EITHER IN A HOSPITAL WARD OR IN A PRIVATE HOUSE?

We have pleasure in awarding the prize this week to Mrs. Dickson, The Grange, Buxton, Derbyshire, for her paper on the above subject.

PRIZE PAPER.

The records kept of a patient's illness would depend to a great extent upon the nature of the disease.

The chart would contain the daily, or, if necessary, the more frequent record of—

(a) Temperature.

(b) Pulse.

(c) Respiration.

(d) When bowels have acted.

(e) Date of menstrual period in women.

(f) Should the case be one in which it is necessary to save and measure urine, the quantity of urine passed will also be entered on the chart.

Further points to observe would come under various headings, as follows:—

Sleep.—Amount and nature. Whether light, heavy, restless, easily aroused, talkative. Expression of patient during sleep, and if the patient is refreshed or lethargic afterwards.

Breathing.—Note if this be regular, rapid, shallow, painful, stertorous. In some illnesses the "Cheynes-Stokes" breathing will be observed. This must be reported.

Food.—The amount taken by the patient, and not merely the amount offered. Note if food causes pain, and, if so, how long after the food has been taken and the exact position of the pain. Note if nausea is felt or vomiting is caused. Note if the patient shows a generally poor appetite, or if he only be indifferent to certain invalid foods.

Vomit.—Should there be any doubt as to its nature, a specimen should be retained for the doctor's inspection. Note if the vomiting be merely rejected food, or if it contain blood or bile, or if it be faecal vomit. Note if the quantity of vomit is more than the food which has been taken.

Urine.—It is a safe rule with a new patient to always put up a specimen. If the patient is not "S. and M. U." (in which case the doctor will make his own observations), note the (a) quantity, (b) colour, (c) deposit, (d) odour, (e) frequency with which it is passed, (f) if it is painful to pass.

Stools.—Note anything abnormal in quantity, colour, form, frequency, odour, or the

presence of undigested food, blood, pus, worms, or any foreign body. Note if there is painful straining or if hæmorrhoids are present.

Skin.—Note if this is hot, dry, cold, clammy, or if the patient perspires more at one time than another. Note any rash, eruption, redness, discolouration, swelling, cuts, or scratches.

Position.—Note if the patient is prone to lying in any particular position—with knees drawn up, for instance. Note the face: if the eyelids are fully closed during sleep, if the mouth is open, and if the hands are clenched. Note any twitching or grinding of the teeth. Note if the patient is particularly sensitive to light or sound, and winces at strong light or sudden sound.

Drugs.—Note the action of any drugs taken. Always be prepared for any idiosyncrasy on the part of the patient towards certain drugs.

Pain.—Notice if this comes on at stated intervals or is irregular. If it is affected by food or position or action. Notice the patient's position during the pain. Note if the pain be sharp, stabbing, dull. Note the effect of any drugs or other means used to alleviate the pain. Note if the patient is flushed or pallid during pain, or if collapse follows. Note expression of the patient's face during pain. Note the exact site of pain. If the patient is a child, note the cry—if a persistent wail, or a short, sharp cry, or paroxysms of crying.

Discharge.—Note if there be any discharge from uterus, ears, eyes, nose. The nature of the discharge, and if blood-streaked or offensive.

Sputum.—This must be noticed and its appearance reported on—whether thick, frothy, rusty-looking.

Bedsore. must be looked for daily, and should the patient suffer from bedsore, this must be immediately reported.

Wounds.—The nurse must look out for hæmorrhage. She should keep a record of the date of operation; also of drainage tubes removed or stitches removed.

Instruments and Appliances.—It must be noted that these are kept in their correct position. Should an extension be used it must be noted that the weight is properly slung, and is not allowed to rest upon the bed.

Weight.—Where it is possible the patient should be weighed weekly, and a record kept.

In *nervous diseases* the after-effects of any mental excitement must be observed and reported on.

Incontinence of urine or fæces must always be reported.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss K. Parry, Miss F. L. Pearce, Miss C. Ryder, Miss G. Campling, Miss A. Fryer, Miss S. Trew, Miss Emily Marshall, and Miss F. C. Carter.

Miss K. Parry mentions several important points: Any variation of temperature when taken at different times and in different places. Careful observation of the eyes: whether pupils are dilated, unequal, or contracted; and any movement of the nostrils (*alae nasi*) or epistaxis. The condition of the mouth: if foul, teeth decayed, tongue furred, dry, cracked, or tremulous, and if straight when protruded. Also if breath is offensive, and condition of throat—if free from redness, swelling, ulceration, and patches. Observe if there is any muscle wasting, paralysis, or pain on the movement of any limb. Any deformity, any defect of speech or want of comprehension, any deafness or discharge from ears.

Miss G. Campling writes:—Phthisical and nerve patients must have their weight regularly recorded, sputum disinfected, and special note of temperature before and after exercise. In the nursing of any case, besides the routine observations a nurse should always be ready for possible complications, and according to diagnosis keep a sharp look-out for all points connected therewith, reporting *effects* of treatment, carefully administering medicines, and noting *results*.

Miss C. Ryder observes that in nursing in a private house the routine may be different than in a hospital ward, but observation must be as keen. Everything for the use of the sick must be kept separate for the patient's use, and the nurse must carefully observe economy, and guard against extravagance in the use of expensive surgical stores and medical appliances. Patients take note of these things.

Miss Emily Marshall writes "that in a private house the points to observe are cleanliness, antiseptic precautions, thorough and careful ventilation, special care as to the keeping and administration of medicines, and special care as regards poisons, which latter should always be under lock and key. . . . The care of the patient's diet tray and food makes a great difference to the patient's comfort and well-being. . . . In a private house it is also advisable to write down in a report book the doctor's name, address and telephone number, and telegraphic address."

QUESTION FOR NEXT WEEK.

Describe a case of Cerebro-Spinal Meningitis, and how you have seen it treated.

THE INTERNATIONAL CONGRESS OF NURSES.

WEDNESDAY, AUGUST 7th.

AFTERNOON SESSION.

THE SOCIAL WORK OF NURSES.

The last Session of the Cologne Congress was held on the afternoon of August 7th, Sister Agnes Karll presiding. The first paper read was that by Miss Lina L. Regers, R.N., Superintendent of School Nurses at Toronto, Canada. As we propose shortly to print this paper in full, we give here only a brief abstract.

SCHOOL NURSING IN TORONTO.

Miss Regers said that when the Board of Education of Toronto began medical inspection of its public schools in 1910, she was invited to organise a School Nursing Service. The first step taken was to locate the schools, beginning with those in the poorer localities, to visit all the hospitals, dispensaries, and relief societies, to find out where assistance could be obtained, and at the same time to explain the object of the work. This interested many groups of people, and when the nurses started work they were cheerfully welcomed.

Miss Regers then described in detail the methods employed by the nurses when visiting the schools. Their duties also included visits to the homes of the children, and it was during these visits that the nurse had such splendid opportunities for constructive work. Many a whole family had been saved by the friendly advice and assistance of a nurse, and the nurses felt that their opportunities and privileges were great.

The campaign for clean teeth also formed a big part of inspection work. The whole aim of this was prevention, and the nurses were proceeding along the lines of prophylaxis rather than waiting for disease to appear. Adequate provision for feeble-minded children had still to be made, special attention was being given at present to the anæmic, poorly developed children, for whom an open-air school had been opened.

Toronto had the distinction of being the first city to give a post-graduate course to nurses wishing to supplement their general training by a course of school nursing.

SOCIAL WORK IN HOLLAND.

Miss Tilanus, who presented the paper compiled on behalf of the Dutch Nurses' Association, said that they had collected reports from those nurses who participated in social work, and were able to make the following statement.

1. *Day and Night Nurseries.* Such an establishment had been opened at Delft. At first children were only taken by day; at present they were accepted for both day and night from a few

weeks up to four years old. It was specially intended for children both of whose parents were absent from home for some time. In favourable weather most of the time was passed out of doors. The food was very plain, costing about 2d. per day per child, or even less when several children were taken from one household, but unexpectedly good results were obtained. Hygienic conditions were carefully observed. Every child had his own wash-rag and towel, and handkerchiefs were not used, but small pieces of paper, which were thrown away after use. The great need of such an establishment was demonstrated by the fact that the house was always crowded.

2. *A Red Cross Ambulance.* An Association of Nurses who had agreed to assist in time of war or disaster.

3. *The Association for the Prevention and Suppression of Tuberculosis.* This was a large Association, occupying several nurses, who visited the homes of tuberculous patients and gave them advice.

4. *The Orange Cross.* For first aid in emergency and shipwreck. Founded by the Prince Consort. Several members of the Dutch Nurses' Association were always ready to assist this League.

5. *Milk Kitchens.* Dispensaries where mothers came with their babies to obtain advice concerning food and care, and where the milk for the infants' bottles was prepared according to the doctors' prescriptions.

6. *District Nursing.* From its character this afforded the greatest opportunity for social work. All cities had several district nurses, and most villages had at least one.

7. *Workhouse Nursing.* Where the nurses took care of the old people who lived there.

8. *Infirmiry Nursing.* The care of the sick.

9. *Homes for Neglected Children and Adults.* A private undertaking in Amsterdam, which received pecuniary aid from the city of Amsterdam. About 400 patients were cared for by several trained nurses.

10. *Homes for Feeble-minded Children.* Where the little patients were cared for by nurses.

11. *Clinics.* Consultation offices for infants, where nurses assisted the doctors during office hours when mothers were coming for advice.

12. *Maternity Nursing.* Undertaken by visiting nurses.

13. *Convalescent Homes.* Some hospitals had their own convalescent homes in the country, where nurses were employed. Several private enterprises also existed.

14. *Dispensary Work.* In connection with out-patient departments. This afforded a great opportunity for social work, as it consisted in caring for patients some time after they had left the hospitals.

15. *Orphan Asylums.* These also afforded an opportunity for the work of trained nurses.

16. *Clinic for Treating Contagious Head Disease.*

Such a clinic had been founded in Utrecht, where children could be treated every day by a trained nurse and her assistant. In addition to her professional work, the nurse had here great opportunity for social service. When the disease was diagnosed by the school physicians as contagious the child's head was treated and bandaged to prevent contagion to his school-mates. If the child failed to return for treatment the parents were informed by letter. Failing a response, the nurse called at the house and endeavoured to discover the reason for the child not being sent. If the parents objected, and the nurse could not overcome their objection, she asked the Principal of the school to use his influence, which he did in combination with the school physician. These favus cases were improving immensely, and their number diminishing rapidly during the last three years. Mothers even now cleansed their children before sending them for treatment, which at first used to be the work of the trained nurse, and they were almost too dirty to touch. When a child was cured it had to remain under observation for six months, and no patient was considered cured so long as any other members of the household were suffering from the same disease. It was when visiting the household that the nurse found opportunities of advising the mother concerning prevention.

18. *Homes for Crippled Children.* A private undertaking in Arnheim.

19. "*Veldhuizen.*" A home for men punished by law, who were compelled to work there.

20. *A House of Correction for Boys.* In which male nurses are employed in the care of the boys.

In addition, a trained nurse was employed in Holland to visit the different employees of the railroad companies, and help by her advice in the prevention of consumption amongst them. She was appointed by the companies.

Up to the present time these were the principal branches of social service in which nurses were employed in Holland. As circumstances were improving, it was hoped at the next International Congress of Nursing to report a great extension of the influence of trained nurses in the social work of the country.

SOCIAL WORK IN SWEDEN.

Sister Emmy Lindhagen, President of the Swedish Nurses' Association, reported that of late years nurses were devoting themselves in increasing numbers to social lines of service. The manifold varieties of such specialties might conveniently be grouped under the following headings:—

1. Dispensary Work (Out-door Patient Depts.)
2. Child Saving—Care of Children's Health.
3. Care of the Poor under many forms of service.
4. Providing Work for Nurses.
5. Various and unclassified.

1. *Dispensary Service* was far the most prominent, both because of the numbers of nurses engaged in it, and of the special education for nurses provided in the courses which had been instituted annually since 1910, by the Swedish National Anti-Tuberculosis Society. The instruction given in these courses covered every topic necessary to deal with, in fitting the nurse for her responsible duties as a public health guardian (*Fürsorge-Schwester*). The work was many-sided. The nurse first assisted at the examination and questioning of patients in the Dispensary; she then visited the patients' homes, not always for the sake of the sick one alone, but also in the interests of the rest of the family. She then saw whether hygienic conditions prevailed, taught principles of health by word and also by practical deed and demonstration, and in repeated visits kept oversight of the general conditions. She had also to make detailed and thorough inquiry—according to a regular form of housing and labour conditions and the family history of her people. These she brought to the dispensary physician, who was guided by them in his management of the cases.

The excellent results already evident in the campaign against tuberculosis were to be largely credited to this dispensary system, and it was to be hoped that the numbers of nurses engaged in it would increase yet further.

2. *Protection of Children's Health.*—Work in this field had been steadily growing in importance for the last ten years, and nurses were conspicuously useful as Superintendents in educational establishments, orphanages, Day Nurseries, Milk Dispensaries (*Gouttes de Lait*) and as inspectors or visitors of dependent children who were placed in private families.

3. *Work Among the Poor.* This was most closely related to nursing pure and simple, and in district nursing, both in town and country, nurses as well as deaconesses were actively at work. Some nurses have believed they could be most useful on such lines by allying themselves with the Salvation Army and devoting themselves to "Slim" work. Nurses also succeeded, if they possessed fine tact and delicate feeling, as visitors for private benevolent societies. Nurses were also at work in rescue work of various kinds and in that of caring for the aged. The Prison Nurse was one of the most important who could be mentioned.

4. *Providing Work for Nurses.* For some years nurses had been in charge of offices of this kind. In 1889 the Frederika-Bremer Association extended its activities to include this field. Its offices continued unchanged until 1902, when a reorganisation took place, as needed by the increased demands for thorough professional training and personal culture for the nurse, on one hand, and on the other for efficient supervision and control of the women sent forth from the bureau. The Frederika-Bremer offices were now taken over by a special department, affiliated to the older society, and called: "The Nursing Department of the Frederika-

Bremer Society in Stockholm," and with it was united, in 1909, a similar bureau which had been founded, in 1903, in Gothenburg, by the Medical Society as a Nursing Directory. Both were now managed by trained nurses, and in consequence a more expert assignment of nurses to suitable positions was made, and the educational qualifications demanded of women registering with the bureau were raised.

The number of nurses so registered was over 400; about half this number were engaged in private duty, while the others sought permanent positions. These two Bureaus, in Stockholm and Gothenburg, were the first, the largest, and in their way the only groups which, possessing no hospital facilities for training, nevertheless exerted a profound influence in elevating educational standards and promoting the well-being of nurses.

5. *Various and Unclassified.* Among the various lines coming under this heading were the following:

Within the last four years women police assistants had been appointed in Stockholm and Gothenburg, and several nurses had entered this career.

For twelve years nurses have been successfully engaged in giving simple popular talks on hygiene, nursing and the care of children, to circles of private pupils, young girls and older women of the educated classes.

As inspectors of housing conditions and managers of working-class dwellings they had also made their way.

Midwifery was taken up as a speciality by numbers of nurses.

Mission work called some, and required special study and preparation.

Four years ago the Swedish Nursing paper *Svensk Sjukskötersketidning* was called into existence by nurses, and from its inception had been edited and managed by nurses.

Nurses occupied positions as officers of the "General Pension Fund for Swedish Nurses" and of the "Nurses Sick Benefit Fund."

A nurse has also been recently made member of the "Stadtbefovollmäktigten Stockholms."

(To be continued.)

GREETINGS FROM INDIA.

AN OPEN LETTER.

DEAR MADAM,—At last it is an accomplished fact, and India is "Affiliated"! A new, young, but steady, sincere, true and growing member of the body of the International Council of Nurses. For two years we have been working for, aiming at this consummation, and now at the Conference to be held at Bangalore on November 13th, 14th, 15th, we shall have the pleasure of announcing the fact, and experience the energising sensation of no longer standing alone, but of now having a

strong vital mother, who has fought her battles for her own existence, and therefore will know how to sympathise and help the youngest daughter, who has tackled a task bristling with Oriental difficulties, and—worse than any open enemy—lethargy.

The only sorrowful thought is that the hopes and earnest desire of last year, the planning to be present at Cologne on the great day, came to nought, and the combined pleasure and duty had to be delegated to others. For several weeks before August 5th I had determined to cable greetings from the members of the Associations in India to tell our comrades that, although absent in the body, we were with them in spirit, and wondering during the days of the "Great Meeting" just what was going on. But alas! the cable seems to have miscarried. It was addressed "President, Nursing Conference, Cologne," and said, "India's greetings.—Tindall, Tippetts, Presidents." I sent it off between 12 and 1 o'clock midday, hoping thereby to secure its delivery before or actually at the morning session on Monday, 5th.

I know it would have added an extra cheer to our friends and delegates to have had the assurance of our thoughts and wishes throughout the inspiring hours of communion with kindred spirits, for I think, of all lands, India is the one where one feels loneliness more than anywhere else; its distances are so vast, its British community so infinitesimal compared with the native millions; the nursing profession so young, the true nursing spirit almost non-existent; and we have fought so many battles side by side; we know how each one's daily work—the constant fight to maintain its ideals, to get the work properly done, to instil the, as yet (but to be remedied, I hope, at the coming Conference) unwritten ethics of our profession—taxes our strength and every nerve; and, therefore, in the midst of joyful reunion "At Home," surrounded by the atmosphere of all that is best in the world's nursing, we should have loved to add the final pleasure of their being remembered by their fellow-workers in India.

Forgive, Dear Founder, the shortcomings of this hasty line, sent to tell you and our thousands of colleagues of the joy it is to be able to sign ourselves,

United to the International Council of Nurses.

S. G. TINDALL,
President.

Cama Hospital,
Bombay.

NURSING IN NEW ZEALAND.

When Miss J. M. Orr arrives in New Zealand she is quite prepared to find the profession in a more organized condition than it is at home. The Nurses' Registration Act has been in force since 1901, and although there is ample scope for fine individual work upon the part of each Matron, her pupils must attain a certain minimum of efficiency and give proof, by State Examination, that they have attained this standard. Wholesome rivalry is thus encouraged in the training schools, and every matron naturally desires that her pupils should attain not only the minimum, but the maximum of skill; and those who are keen educationalists work to attain it—a laudable ambition consistently fostered by Miss Helen Maclean, Deputy-Registrar of Nurses and Midwives throughout the Dominion, whose welcome to Miss Orr will, we feel sure, be of the kindest nature.



MISS J. M. ORR,
MATRON, AUCKLAND HOSPITAL, NEW ZEALAND.

NURSES OF NOTE.

MISS HESTER MACLEAN, R.N.

Miss Hester Maclean, the President of the New Zealand Trained Nurses' Association, which has recently been affiliated with the International Council of Nurses, holds the position of Deputy-Registrar of Nurses and Midwives in New Zealand.

Miss Maclean was trained for three years at the Prince Alfred Hospital, Sydney, afterwards

obtaining experience in private nursing. She returned to hospital work as Matron of St. George's Hospital, Sydney, and later took the position of Sister-in-Charge of the Gynaecological Department of the Women's Hospital, Melbourne, afterwards acting as Superintendent of District Nursing in the same city. She was then appointed to the Matronship of a new hospital—the Queen Victoria Hospital for

Women and Children, Melbourne—and having organized the staff there, accepted the position of Matron of the Women's Hospital, and after holding office there for four years came to England and gained the certificate of the London Obstetrical Society.

On returning to Sydney, Miss Maclean took charge of a large private Mental Hospital, and was then invited by the Committee of the District Nursing Association in Sydney to take charge of the first Home established for the nurses, and to organize the work which, previously, had been carried on by each nurse independently in her own district, with no

responsible Sister-in-Charge. In 1906 Miss Maclean was appointed Deputy-Registrar of Nurses and Midwives and Assistant Inspector of Hospitals in New Zealand, in which influential position her varied experience has proved most valuable.

Miss Maclean has been connected with various professional Associations of Nurses, including the Australian Trained Nurses' Association, and she was a member of the first Council of the Victorian Trained Nurses' Association. She has special knowledge, there-

fore, to qualify her for the honourable position which she has been called upon to fill of President of the New Zealand Trained Nurses' Association, consisting of four branches, at Wellington, Auckland, Canterbury, and Otago. Associated with her as Hon. Secretary is Miss Bicknell, of the Hospital Department, Wellington.

In addition to her other numerous duties, Miss Maclean is editor of *Kai-Tiaki*, the professional journal of the nurses of New Zealand.

THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.

Will members of the Matrons' Council please note that the date of meeting at Wigan has been changed from October 26th to November, 2nd? This latter date will be more convenient to our kind hostess, Miss Macintyre, who is anxious to give the Council the most hospitable welcome possible. Any resolutions or suggestions for the Business Agenda should reach Miss Mollett, hon. secretary, at an early date. Mrs. Fenwick will propose that "The Matrons' Council adopt a Banner." As the Council fostered in this country so many progressive nursing movements, all now happily united in the National Council of Nurses, we think its Banner should be somewhat resplendent, and take precedence on great occasions when in International Meeting assembled.

SNAPSHOTS.

Charming little Congress snapshots keep arriving. This week we have to thank Miss Agnes L. Ross, of the Irish contingent, for several, best amongst them a group of the Irish party on the steamer crossing to Calais; Miss Snyeley is specially good. Then Miss Alice Lee-Smith has a group she names "Three Countries"—Miss Mollett in the centre; to right Miss Sutherland, New Zealand, to left Miss Creighton, India—each holding the lovely bouquet of Mary lilies presented to them at the affiliation ceremony by the President, Sister Agnes Karl.

A DESIRABLE APPOINTMENT.

Our readers will observe that the Matron's post at the Taunton and Somerset Hospital is now vacant, as notified in our advertising supplement. We hear on the best authority that the hospital is thoroughly up-to-date in every way, and the position a most desirable one.

APPOINTMENTS.

MATRON.

Homœopathic Hospital, Southport.—Miss Susie Clapham has been appointed Matron. She was trained at the Royal Hospital, Portsmouth, and the Royal National Hospital, Ventnor. She has held the positions of Night Sister and Ward Sister at the Wakefield Infirmary, and also been Sister at the Homœopathic Hospital, Birmingham. Miss Clapham has experience in private nursing, and holds the C.M.B. certificate.

ASSISTANT MATRON.

Rotunda Hospital, Dublin.—Miss M. E. Carre has been appointed Assistant Matron. She was trained at Sir Patrick Dun's Hospital, Dublin, and at the East End Mothers' Home, London. She has been Theatre Sister and had experience in housekeeping at Sir Patrick Dun's Hospital, and Sister at Ivanhoe Nursing Home, Dublin.

SISTER.

Accident Hospital, Mansfield.—Miss Dorothy Graham has been appointed Sister. She was trained at the Derbyshire Royal Infirmary, has been on the private staff of the Royal Hospital, Portsmouth, and Night Sister at the Infirmary for Sick Children, Lower Sydenham.

Highfield Infirmary, Knotty Ash, near Liverpool.—Miss Edith Alice Draper has been appointed Sister. She was trained at Bolton Workhouse Infirmary, where she has been Staff Nurse.

Walsall Hospital.—Miss F. E. Burke has been appointed Massage Sister. She was trained at the North Derbyshire Hospital, Chesterfield, and received training in massage and X-ray work at the National Hospital, Queen Square, London.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Staff-Nurse Miss M. A. W. Green resigns her appointment (September 20th).

QUEEN VICTORIA'S JUBILEE INSTITUTE.

Transfers and Appointments.—Miss Elizabeth Ransom is appointed to Hertfordshire, as Assistant Superintendent and School Nurse; Miss Gwendoline Denison, to Woolton; Miss Agnes Park, to Ycovil; Miss Alice Rigby, to Langwith; Miss Elizabeth van Dam, to Sick Room Helps.

Examination for the Roll of Queen's Nurses, September 19th, 1912.

1. Mention the more important diseases that may be spread by contaminated drinking water, and describe some of the means by which drinking water can be purified.
2. What would be your work at a paralysed case (very poor patient), with bedsores, at your first visit?
3. What is Ophthalmia Neonatorum? How caused? How would you attend to such a case?

What precautions are to be used with regard to the patient, the family, and yourself?

4. What symptoms appear before the appearance of the rash in measles? Name the principal complications.

5. How would you prepare in a working man's home for an abdominal section, (1) at short notice, (2) knowing a few days beforehand?

6. (a) What is meant by "Domestic" overcrowding? What are the evils, physical and moral? What could you do if such a case came under your observation? or, (b) How may a town be benefited by the work of a Tubercular Dispensary? Describe the work of a Tubercular Dispensary. Question 6 is alternative; only (a) or (b) is to be answered. Three hours is allowed for the examination.

A TOUCHING APPEAL.

The Hon. Albinia Brodrick, of Ballincoona, Cahir Daniel, County Kerry, has written to the Lord Mayor in support of her little hospital. She says:—

"We have built it here in this poor and rugged district of Kerry in one of the spots recommended by the Viceregal Commission for the poorest of our people—and very poor they are. For their sakes I have trained and become certificated as medical and surgical nurse, midwife, and sanitary inspector, and settled down here to help our people in every way I can. Their tiny homes are overcrowded and lack the first necessities in sickness, so that nursing in them, in any adequate sense, is impossible. They suffer most unnecessarily in sickness, and constantly die from preventable causes. We are 24 miles from town and stations, and 80 from the nearest general hospital. It is heartbreaking to see the suffering which results. Our hospital is built and roofed, but we have not the funds to finish and open it. I have done my utmost, living the simplest of simple lives in my tiny farm cottage upon about 5s. a week. I have sold my beautiful old furniture, my china, knick-knacks and jewellery, but still we cannot get sufficient money, and I am obliged to beg. We hope to be a centre of education and domestic economy, hygiene, small industries, and agriculture. Already we have brought down the exorbitant prices of provisions and supplied tested seeds and guaranteed manures for our farmers. This is a time of much possible improvement; owing to being the owners of their little holdings, our farmers are awakening, and we are anxious to take advantage of the opportunity. But the lack of money fetters us continually."

We do hope those who have the means to help Miss Brodrick in her really national bit of work, will be moved to do so by this touching appeal.

NURSING ECHOES.

Sir Thomas Burnett, Chairman of the Directors of the Royal Hospital for Sick Children, Aberdeen, has received a letter sent to him by command of the Queen, in which the following passages occur:—

I am desired to express Her Majesty's appreciation of the excellent arrangements made for her visit to the Sick Children's Hospital.

The Queen was much interested in all that she saw, and she hopes that the directors may soon be in a position to proceed with the erection of a more suitable building on a better site.

Her Majesty will always retain a pleasant recollection of her visit to Aberdeen yesterday.

As the natural result of the Queen's visit, interest has been aroused in the hospital. Someone proposes all "Marys" in the neighbourhood shall make a personal effort in support of the Building Fund, and Miss Margaret Grant Smith reminds the community of the great debt of gratitude owed to those remarkable sisters, Miss Rachel and Miss Katherine M. Lumsden, for their devotion to the sick children in the district, through years of honorary superintendence of the Children's Hospital. Miss Smith writes: "Might not all, with other names than 'Mary,' who bear a kindly feeling towards the sick young folks, unite in contributing their sovereigns or their shillings towards the Building Fund of the Sick Children's Hospital, in recognition of the labours of its two first honorary, superintendents—Miss Rachel Frances and Miss Katherine M. Lumsden." She considers that their pioneer work has never been sufficiently recognised by the citizens of Aberdeen.

A correspondent writes:—

"On Tuesday, September 17th, about 7.30 p.m., news came to Liverpool that there had been a railway accident at Ditton Junction, and probably some of the injured would be sent to the Royal Infirmary.

"Members of our medical staff hurried to the scene of the disaster, and others remained in readiness for the arrival of the victims.

"Directions were at once given and all preparations made by the nurses, so that when the sufferers were brought in about 9 o'clock a band of willing workers, composed of doctors and nurses, were ready to give every possible care and attention to alleviate their pain. Oh!

what a sorrowful procession it was, as one after another was carried in. The scene was one never to be blotted out from the memory of all who witnessed it.

"The policemen, with their kindly sympathetic faces, moving the injured with the greatest tenderness and care; the rapid medical examination to ascertain the extent of injury, and prompt treatment, and the sad and pitiable condition of the patients.

"Very noticeable was the fact that, with scarcely an exception, they were all mute; so great had been the shock they appeared unable to speak or think. The more critical cases were first dealt with and removed to the wards, but as several were so collapsed, no examination was able to be made until they had somewhat recovered.

"It was surprising how soon all were in bed getting warmed, and their pains in most cases relieved by sedatives. Sixteen patients were admitted to different wards, and others were able to go to their homes or to the care of friends. A dear little baby, tenderly wrapped in a gentleman's overcoat, was among the latter. It had a wonderful escape, being covered with bruises. One girl was burnt, in addition to other injuries, and died soon after admission, and both her father and mother remain in a serious condition. A man who had sustained a compound fracture was operated upon immediately.

"Soon the relatives and friends were anxiously seeking and inquiring, and the press men soliciting all information possible. None of the day nurses helping seemed to want to go to bed, each being eager to have a share in the relief of the sufferers. Since early on Wednesday morning there have been countless inquiries by wire and telephone and numerous callers, and, as most of the patients are doing very well, one is very glad indeed to think the anxious ones gain such comfort in the replies."

No doubt the result of the Insurance tax will be the raising of probationers' salaries. They now have only a pocket-money wage in cash, as training, board, lodging, uniform, and washing is regarded as remuneration for skilled work. The North Brierly Board of Guardians have already raised the salaries of their probationers from £10 to £11 annually. No doubt other Boards will follow, and thus counteract the intention of the Act that it should maintain the contributory principle and inculcate thrift. But where a living wage is not paid there is nothing to be done but to raise wages. "Thirteen shillings a year means

my pair of winter boots, or my warm winter underclothes, or something else as indispensable," a probationer said to us lately. It is not realised by many well-to-do people that there are probationers who have not a penny but what they earn!

Mrs. Paston Brown, the Chairman of the Kingston-on-Thames Guardians, had the pleasure of presenting to her colleagues an extract from the report of Miss Todd, one of the Local Government Board lady inspectors, in which she said, after making a detailed inspection of the infirmary, that she found the administration excellent, and the Sisters and Nurses a superior body of women. Mrs. Paston Brown said it was most gratifying to have such high testimony to the efficiency of the infirmary, remarks which were evidently approved by the members present.

A question which has agitated the Camberwell Guardians' minds and tempers for more than six months has now reached an ultimatum upon their part to the head nurses at the Camberwell Workhouse. The nurses have been ordered to carry a patrol watchman's "tell tale" clock on their night rounds. This they very rightly consider beneath the dignity of professional women, and on this ground they have refused to obey the instruction.

At a recent meeting some of the Guardians realised they had made themselves ridiculous, but instead of acting upon the suggestion that a false step had been made, and wisely retracing it, a resolution was carried that, failing obedience to the Board's requirements, the nurses should be asked to resign. This, no doubt, they will do.

If only there was a Matron in Chief at the Local Government Board, Boards of Guardians might be wise enough to seek expert advice where nursing etiquette and ethics were concerned, and thus many tactless suggestions might be nipped in the bud. Anyway, we are entirely in sympathy with the nurses in their objection to pedometers on duty. Without confidence in their sense of duty, the Guardians will find that no amount of sneaky dodges will result in honest service upon the part of their officials.

Invited to give her reasons for resignation by the Falmouth Guardians, Nurse Blower remarked that there were a great many senile cases in the infirmary, and that meant working 15 or 16 hours a day. To have to nurse the poor old women, who must not be left alone, called for great attention, especially in the case

of more feeble patients. The nurses had been really working by night as well as by day. It was absolute nigger-driving. She had not had an hour off since she had been there. She had 40 patients. There was a peculiar tone amongst the inmates—a want of respect for the nurses. They seemed to think that the nurses were their general servants, and would like to order them out. She had no complaint whatever against the officers.

Let us hope the Guardians will prevent such "nigger-driving" in future.

The bazaar at Jedburgh for extending the Cottage Hospital and making additional provision for the Queen's nurse has, with contributions from other sources, produced a fund of £808.

A large number of the members of the Catholic Nurses' Association were present at Lourdes House at a recent meeting, when it was decided that a badge should be worn by the members in the form of a cross, with the arms of Ulster, Leinster, Munster, and Connaught, corresponding to the flag which represented the Association at the recent Nurses' Congress at Cologne, with the inscription, "Catholic Nurses' Association," on it. The annual meeting will be held on October 15th, at which the election of a new Executive Committee will take place.

The nurses in California seem as delighted that the International Council of Nurses has accepted their kind invitation for 1915 as the Council was to receive it, to judge from the editorial remarks in this month's *Pacific Coast Journal of Nursing*. It says:—

"According to press dispatches of August 6th from Cologne, the representatives of the nursing profession there in international session voted to hold the next Congress in San Francisco in 1915. This is indeed glad tidings, and will rejoice the hearts of nurses in the Coast States, and will be received with equal pleasure by nurses through the United States.

"Only those who have had the good fortune to attend one of these great and inspiring sessions can appreciate what this will mean—that it can be made to mean—for nursing education in California and the other States of the Coast. It now devolves upon the 1915 Committee, of which Theresa Earles McCarthy is Chairman, to bend to the work and map out plans that will give the greatest returns in education and enthusiasm to Coast workers as well as to the national and foreign visitors.

"The women who have the cause of nursing education close at heart are the women who from every country attend these sessions. What joy it will be to greet again on our own shores some

of the splendid workers whom we met in Paris in 1907!

"Dear, quiet, modest Mme. Gillet, and faithful Dr. Anna Hamilton, of France; Sister Agnes Karl, one of the most esteemed workers in Germany; Mlle. Van Lauschot-Hubrecht, leader among the nurses of Holland; Miss Wortabet, from Syria; Baroness Mannerheim, from Finland, and the skilled general who founded the great International organisation, Mrs. Bedford Fenwick, of London. These are just a few of the foreign leaders whom we trust may be with us, to say nothing of the many splendid leaders and teachers in our own country. As the time for the Congress approaches we shall aim to give a short sketch of the life and work of some of the distinguished members of the profession who will visit San Francisco.

"When we look ahead there seems no legitimate idle moment for the nurses of California if we are to accomplish all the improvements we should accomplish before we open our doors in welcome to the nurses of the world! The bugle call must sound assembly, and every nurse in this great State should fall into line for the three years' hard service before her."

THE HOUSE OF WATCHING.

Late on a November night I was passing homewards, buffeted by violent gusts of rain and wind. I was alone, and there was about me no sign of life save the few remaining lights in the upper windows of houses.

A great building loomed up, wrapped in complete darkness. As I continued on my way a part of the building, hitherto concealed by projecting wings, came into view.

Two windows threw from thence yellow shafts of light. On the inner side of one a blind had been partly drawn. The other was without blind and curtain.

I stopped in my walk and looked up, but, being so far beneath, I could see little of what lay within.

Yet I saw enough. Against a white background, which I took to be the ceiling of a room, there stood out in strong relief a woman's graceful figure. She was looking downwards and inwards, and engaged in some active work, to judge by the movement of her arms.

The strong light shone upon her white cap and pink gown, burnishing her hair to vivid gold.

She was a nurse, and this great building a hospital. These two bright spots in the surrounding gloom seemed to me like the yellow eyes of some monster, which, though to all appearance asleep, yet kept a keen watch through the night.

Within also watch was kept.

As I gazed, the woman's figure vanished from view, and in spirit I went with her into the silent, darkened ward.

Could it have been imagination or did I really hear a fluttering of wings as she entered? Did death and disease, like foul bats, leave their evil work and flee at this woman's approach?

Silently I followed her from cot to cot, and watched her as with gentle hands she tended the suffering ones, smoothing a ruffled pillow here and reversing it under a burning cheek, or placing a cool palm upon some fevered brow.

Here, too, I found the same silent watching as I followed my soft-footed guide. Sleep had come to some few, but in the main they lay awake, gazing into vacancy.

Had they also heard the flutter of wings, and seen those dark spirits at their fell work? The dim light was reflected in many a watching eye.

I was reminded of a great silent camp. The nurse, a solitary sentry, kept guard over comrades lying around. Many of these lay awake, the light of the camp fire glinting in their eyes.

Was it a presage of coming death that banished sleep from the weary lids?

Each great ward was silent, save for a murmur or weary sigh from those who battled with invisible foes. Each had its sentinel, alert to guard against surprise or sudden attack.

Again I seemed to hear the whirl of wings. My guide passed to a bed upon which lay one very nigh the end. The evil things, sure of their prey, did not fear her coming then, but finished their work.

Weary and saddened at last by such scenes I turned, and, for the first time, studied my guide.

Brave soul, so young and fair, to pass long hours in such dread company, alert and unafraid. I wonder can you hear, above that sinister fluttering, the sounds of angel wings, banishing your fears?

Prostrate, suffering forms, sickness, disease, and death—all that men most dread—about you, do you not fear their dreadful presence?

While men sleep in their beds, forgetful of the terrors you are witnessing, you keep your heroic watch and guard, alone in the quiet and darkness of the night.

A squall of wind and rain, more violent than most, struck me, and, remembering my position, I too went home, but not to sleep. Memories of what I had seen, and thoughts of the many brave women who kept guard against such unseen foes, banished slumber from me.

ALLAN JAMES ELPHINSTONE.

REFLECTIONS.

FROM A BOARD ROOM MIRROR.

The cot in the children's ward of the West London Hospital, endowed by a fund raised by the Mayor of Hammersmith, Councillor F. Mayle, will, by permission of the King, be known as the "King Edward VII. Memorial Cot." His Majesty has also granted permission for the surmounting with the Royal Arms of the tablet which will be placed over the cot.

The treasurers of the Middlesex Hospital have received from Lord Howard de Walden his annual subscription of £300.

The Duchess of Westminster at Chester on the 10th inst., laid the memorial-stone of two new wings which form an important part of the great scheme for the renovation and extension of Chester General Infirmary as a memorial of King Edward. Mr. Albert Wood, of Bodlondeb, Conway, North Wales, an old friend of the Infirmary, gave a donation of £12,000 for the two wings. The complete scheme will, it is estimated, involve an outlay of about £40,500. Towards this about £28,000 already has been subscribed.

The Duchess, with Countess Grosvenor, was received by the Chairman (Mr. J. R. Thomson), members of the Board of Management, the Lady Superintendent (Miss E. K. Blayney), and some of the nursing staff.

After the ceremony and tea, which was served in the old Hall, the Duchess went round the different wards, and spoke to each patient. She was particularly interested in the Children's Ward, when one small boy was heard to call out, "Hey, Missus, give us your feather!"

Dr. Elliott (the Senior Physician), in his speech, gave an interesting account of two of the nurses of 120 years ago, who nursed typhus fever in the top ward of the present building, in the year 1783. One nurse, named Lowry Thomas, had typhus fever five times; and in the fifth attack, she died in the ward, in the year 1795. The other nurse, named Jane Bird, had typhus fever twice.

Dr. Elliott hoped that when those wards were restored, they should be called after those two brave women, who freely gave their lives in order to relieve human suffering.

The State Sickness Insurance Committee of the British Medical Association have resolved that the resignations of contract practice appointments, in so far as they extend to insured persons, shall be sent in on or before September 29th.

Dr. D. G. Macintosh, Medical Superintendent of the Western Infirmary, Glasgow, was elected at Birmingham, Chairman for the ensuing year, of the British Hospitals' Association. Mr. Conrad W. Thies succeeded Dr. Macintosh, as hon. secretary. The recent meeting in the midlands was a great success.

SOCIAL SERVICE.

TRAINED NURSING IN PRISONS.

Criminality and trained nurses—there any connection? I fancy I hear an indignant negative from a chorus of professional voices! Let me put it another way: "Prisons and Trained Nursing." Should there not be some relation? A chorus of international voices answers—yes! One reform leads to another; this is the law of progress.

The Philanthropist—Elizabeth Fry—in her work of prison reform, soon discovered that insanitary conditions of home life, the lack of all comforts, and many necessities, were some of the obvious causes of crime. This led her to establish the pioneer Nursing Institution for District Nursing in Devonshire Square, Bishopsgate. Here we trace the connection between prisons and the Nursing Profession. Her practical mind grasped the truth that prevention is better than cure. That great truth is the gospel of the modern nurse, who enjoys so many greater facilities for the practical demonstration of it in her social work.

THE WOMEN'S PRISON IN COLOGNE.

It can scarcely be doubted by thoughtful people that the nurse as a Health Missioner—otherwise a District Nurse—is a factor in the prevention of crime in some degree, but we must go further. The place for the trained nurse is inside the Infirmary Wards of our prisons. As a proof that nurses are interested in prison conditions, some two or three hundred of the Congress visitors went to inspect the Women's Prison in Cologne. Our numbers being large, and the passages small, made it extremely difficult to approach, and question the harassed Matron who kindly conducted us through the building. I endeavoured, however, to keep my eyes and ears as wide open as possible, and I should like to recall and record the results of my observations.

The prison is for women undergoing short sentences only, usually not exceeding three months. Being my first visit to a prison of any sort, I am unable to make any comparisons from personal knowledge. It would appear, however, that this one is built on the structural principle of other prisons. Several long galleries of cells, with a narrow passage running along outside, just wide enough for the wardress to pass on her tour of inspection. A small aperture in the door, which can be closed from the outside, enables the wardress to watch the prisoner without being seen by her. The bolts and bars on the door were of sufficient size and strength for the cage of a wild beast. Inside, the prisoner walked up and down restlessly. No work appeared to be given to her to relieve the torture of *solitary confinement*. I was amazed to hear that this was the punishment for all who entered here—a prison for short sentences!—therefore, obviously for small offences! They were never allowed out except for a little exercise each day. Associated labour for the relief of the

mind was not permitted here. These poor creatures were not even allowed the undoubted human right of going to the lavatory. Very objectionable arrangements were made to obviate this necessity. The cells were of a fair size, and the window appeared to be low enough to enable the prisoner to look out. Three meals in the day are provided, and the food, consisting of wholesome rye bread, soup, coffee and occasionally meat and fish, seemed to be plentiful and nourishing. I tasted the bread and found it quite palatable. The domestic work of the prison is done by the prisoners who are serving the end of their sentences. With this exception—and this number would constitute only a small proportion of the whole—none are released, as I have explained, from solitary confinement.

There did not appear to be any Infirmary Wards for the sick prisoners, but merely *solitary* cells, somewhat larger and better than the rest; others contained cots for confinement cases. Upon enquiry I learnt that there were no trained nurses for the sick, who were tended by women who had some knowledge of sickness. What this precisely meant I cannot say, but it would probably be some course of instruction corresponding with our St. John's Ambulance lectures.

My visit to this prison at once interested and depressed me.

In the midst of all the splendid philanthropy of the civilized world we still have barbarism! A strange paradox! Prison reform is urgently needed, and with it must come the entrance of the trained nurse into the sick room of prisoners, who are humanly entitled to her ministrations. Mrs. Bedford Fenwick, in her beautiful "Watch-word," reminded us that "*high aspirations are the best incentives to high endeavours.*" May this inspire us with tender pity "for all prisoners and captives" and lead us to associate ourselves with the Prison Reform Movement, so that when the International Nursing Council next holds its Congress at San Francisco we shall be able to report upon the work of our respective Leagues of Prison Nurses, with Elizabeth Fry as the Patron Saint.

BETRICI KENT.

THE PROGRESS OF STATE REGISTRATION.

The Council of the Queensland Branch of the Australasian Trained Nurses' Association have unanimously approved of Miss E. L. Hunter and Miss Florence Chatfield (joint hon. secretaries), as desirable representatives of the nursing profession on the Nurses' Registration Board, called into existence by the Act providing for State Registration of Nurses; and the members are urged to vote for these two ladies.

Now that Queensland has granted legal status to its nurses, there is little doubt that if there is to be reciprocity between the nurses in the Commonwealth—other States must do likewise.

OUTSIDE THE GATES.

WOMEN.

The Duchess of Portland has been pleading in the Press for a less cruel method of trapping rabbits. We do not wonder—the law as it exists is very cruel. Have you ever slept near a wood where traps are set o' nights? If not, don't. The piteous cries of these poor little creatures often left to struggle in pain all night, makes sleep impossible. We once knew a little girl who, at the sound of such suffering, slipped out of the night nursery into *sach* a lonesome, tearful, gruesome wood. Not only did she let loose all the little captives, but she gathered up the traps and pitched them down a well! When her crime was discovered she was thoroughly well skelped (she was a Scottish lassie), but she felt all the better for it; as she realised a price has to be paid for all inflicted wrongs.

The moon was up.

Two lovers sat together under an acacia tree, their feet half hidden in the white carpet of fallen blossoms. The moment of avowal and petition had passed, he awaited her answer. From a copse near by came a sound of agony. The girl sprang to her feet.

"Oh!" she cried, "what was it? Something is in pain?"

"Only a bunny in a trap," he answered, smiling. Something in the girl's white face froze that smile.

"Never, never!" she flashed back at him, as she ran to the rescue.

The release of Mrs. Mary Leigh from Mountjoy Prison, Dublin, after having been forcibly fed for forty-two days, came as an immense relief to all those who realise that, whatever her methods, never did human body contain a more unconquerable spirit—or one more conscientiously inspired with a sense of human justice. Before her release from torture Mrs. Leigh was reduced to the last degree of physical weakness and emaciation. She is now being restored, let us hope, to health in a Dublin nursing home.

At the recent Nursing Congress at Cologne an enfranchised Scandinavian woman, speaking incidentally of civilisation, remarked: "We consider Russia the most barbarous country in Europe, but England now runs it very close." And this opinion was expressed before the Welsh horrors at Wrexham and Llanystydwy, where single women were most bestially and obscenely mauled and insulted by male mobs, where they were struck on the head, their hair torn out by the roots in handfuls (later to be exhibited as a trophy of prowess by gallant Tories), where they were thrown to the ground, trampled on, and then pitched over the hedge!

Welsh mobs may be relied upon to crash, smash, and mash where cash is concerned (and the

enfranchisement of women is a financial question—it means that their cash cannot be taken and used by men without their consent), but the most significant lesson in barbarism is to be deduced from the silence of our "ennobled" Press; more, in its covert approval of, and incitement to, these murderous attacks on women, when using perfectly constitutional methods of revolt against their degradation in the body politic. The women of the world will not forget the infamies of this hideous exhibition of Welsh barbarism for many a day.

"After Wrexham," one turns to the report of the meeting held recently at Johannesburg to consider the case prepared for presentation to the commission now sitting to inquire into the causes, and means of preventing, the growing evil of criminal assaults by natives upon white women and children. The reports considered by representatives of the coloured people were unanimous in condemning the illicit liquor traffic, the system of employing full-grown natives as house-boys, and in favour of rendering assaults by white men upon native women not less criminal than similar assaults by native men upon white women. The recommendations of the native and coloured delegates were in the main accepted, but it is noteworthy that the meeting decided that the abolition of the house-boy was impracticable under present conditions.

The truth is, the coloured men are well aware that white women have no political status under the South African Constitution, and that they have been left in the position of slaves by white men. White women will be treated as such by coloured men until this criminal Constitution is amended, and they are recognised as amongst those who govern, not merely amongst those who serve. "Wrexham and Llanystydwy" must be pretty reading for the native house-boy!

If you want to read a really interesting and bracing book, order "Thirteen Years of a Busy Woman's Life," by Mrs. Alec Tweedie. In it you can peep at Ibsen, Nansen, Bismarck, Roosevelt, Lord Li Ching Fong, General Diez, Whistler, and Cecil Rhodes, and many women famous for one thing or another. Mrs. Alec Tweedie is the daughter of the late celebrated Dr. Harley, of Harley Street, and her versatile pen is wielded by the loveliest little hand in the world.

SANTA THERESA'S BOOKMARK.

Let nothing disturb thee,
Nothing affright thee;
All things are passing;
God never changeth;
Patient endurance
Attaineth to all things;
Who God possesseth
In nothing is wanting;
Alone God sufficeth.

BOOK OF THE WEEK.

THE RAKE'S PROGRESS.*

We have no doubt that this book will become widely popular. It is written with all the charm with which its gifted authoress knows so well how to surround her description of persons and places. A romance in which many persons are involved, inexpressibly sad, and clothed in the glamour of a hundred and fifty years ago.

It is well, as the title shows, that Rose Lyndwood was reared for what he really was, otherwise his exceedingly attractive personality might have blinded the reader to his true character. In spite of it all, every one was in love with him—save his wife—and it is difficult to lay down the book with an adequate resentment towards such a really worthless person.

His cousin Susannah, writing to her friend Selina Boyle, says to her: "If youth, beauty, a fine name, the lightest spirits, are to be ruined by the common lures of the world; if ordinary vices are to tarnish a character so bright—But no! I will not think it, nor must you. Remember Rose as all nobility, virtue and discretion—the sweetest gentleman in England."

Both these women broke their hearts for him. "He leant against the wall by the fireplace. His light brown hair was unpowdered, and tied with a turquoise ribbon. At the corner of his full lower lip a patch of velvet, cunningly cut into the shape of a bat, showed in contrast with it. His delicate fair brows were slightly frowning, and his languid lids almost concealed his eyes.

"I have been looking into my affairs," he said. This remark meant nothing to Marius, and his brother saw it. "It's a damned unpleasant thing to say," he added, with a half-insolent smile, "but—its ruin."

Ostensibly to save his ancient house, and his brother's prospects, but in reality to please himself, he offers himself and his title to the daughter of a wealthy parvenu, Lavinia Hilton. His callous treatment of her hardly accords with a nature in which traces of sweetness are still left.

"He crossed to Miss Hilton and took her hand. She trembled a curtsy. 'I come as a suitor, madam,' he said, as he kissed her finger tips. 'Would it mightily displease you to become Countess of Lyndwood?' Then he looked at the girl; he found her pale, fair, very young; to him, at least, without charm or savour. Her large eyes seemed to widen with fright; her lips quivered.

"I am honoured," she said, and glanced at her father."

She repays his unstudied contempt with a hatred that knew no abatement during their unhappy union. She herself was of an unlovable, vindictive disposition, and her ultimate aim was to

humble his pride, by sacrificing her own good name. The closing scenes of their lives is told with much dramatic force and realistic colouring. Rose Lyndwood loses his life in a street brawl, and his beautiful person, along with his beautiful house, is in death displayed for money to pay his creditors. "There were two servants inside the door, standing quietly, the blinds were drawn and the room close with the perfume of flowers. The thing was decorously done, Susannah told herself, with passionate bitterness."

"Did anyone tell you" asked Miss Chressham 'what he said?' "I always believed in the immortality of the soul." A strange thing for him to believe; but I am glad, are you not? "

H. H.

READ.

"Valserine," by Marguerite Ardoux (Marie Claire).

"General Mallock's Shadow," by W. B. Maxwell.

"London Lavender," by E. V. Lucas.

COMING EVENTS.

September 30th to October 4th.—Conference of the National Union of Women Workers of Great Britain and Ireland. Masonic Buildings, Oxford. Meetings of the National Council of Women. October 2nd and 3rd, 10.30 to 1 and 2 to 4.

October 2nd.—Meeting at the Mansion House in support of the Nurses' Missionary League.

October 3rd.—Conference and Farewell Meetings to bid Godspeed to members of the Nurses' Missionary League leaving for the foreign field, University Hall, Gordon Square, W.C.

October 11th.—Meeting Executive Committee Society for State Registration of Nurses, 431, Oxford Street, 4.30 p.m.

October 15th.—Catholic Nurses' Association (Ireland), Annual Meeting. Lourdes House, Dublin.

October 19th.—British Home and Hospital for Incurables, Streatham. Lord Strathcona will lay the foundation stone of the Alexandra wing.

October 22nd.—Central Midwives Board Examination, London, Birmingham, Bristol, Leeds, Manchester and Newcastle-on-Tyne.

October 23rd.—Mansion House, City of London. Public Meeting in support of the memorial to Lord Lister.

October 29th—November 2nd.—Cookery and Food Exhibition, Royal Horticultural Hall, Westminster, S.W.

November 2nd.—Quarterly Meeting of the Matrons' Council. Royal Albert Edward Infirmary, Wigan.

WORD FOR THE WEEK.

Be not simply good, but good for something. —Thoreau.

*By Marjorie Bowen. (Kider & Son), 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.

ONE DAY'S PAY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—What a splendid suggestion for Nurses' International Memorial to Miss Nightingale, that each nurse should give one day's pay.

As soon as the scheme is published in our real Nursing, educational BRITISH JOURNAL OF NURSING, where we look for, and find, all the nursing news we care to know, I will send my one day's pay.

H. C. SADLER
(A Private Nurse.)

Dahby-on-Yore.

(At the meeting of the National Council of Nurses, to be held in London in November, it is probable that a sub-committee will be formed to carry out the scheme in this country, and we hope the "one day's pay" will commend itself to nurses generally. Ed.)

NURSES AND PUBLIC HEALTH WORK.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I ask your readers' opinion on the subject of "Nurses and Public Health Work." Is "a little knowledge a dangerous thing" still, or is it considered by some Public Health Authorities a most desirable thing, as evidenced by their almost systematic rejection of women trained as nurses and possessing the very necessary knowledge of the conditions under which working people live and the best way to approach them?

Both as a district nurse and health visitor I have repeatedly come across decent working people who strongly object to "ladies" having no knowledge of nursing, or practical experience with infants, coming to their houses and criticising the upbringing of their children. Also another frequent objection is that "bits of girls" are so often sent to "advise."

I could only inwardly sympathise, and wonder how such people dare take on their shoulders the responsibility of the nation's future health. In these days most people are agreed that the proper care of infants and young children is one of the most important assets of the nation. Therefore, why is it that most often a woman who can cycle, or a woman who admits she has learned all her knowledge of infants from books, or has attended a course of lectures on the subject, is chosen instead of those whose lives have been spent in gaining practical knowledge and experience, and who have entered on this special work, realising the necessity and importance of such work being well done.

I hope by opening a discussion on the subject we may help and enlighten others who intend to become Health Visitors.

SANITARY INSPECTOR.

ICHIABOD.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—(1) In the centre of the town is a wine shop, where is sold a malted wine. A "nurse" in indoor uniform (except cap) is in charge of that department.

(2) A little Surrey church, famous for its number of cyclists attending the evening service; constant annoyance caused by misbehaviour of some girls; Vicar's wife at last leaves her seat and reprimands a girl in brown nurse's dress—veil, strings (dirty white) and all complete, uncovered hands, dirty nails, and behaviour to match.

(3) Cab arrives at Infirmary; received at the "House" by officials in nurses' indoor uniform (complete) bringing a woman in labour, in full nurse's uniform in (and outdoor), addressed as nurse by cabman and matron.

Surely something should be possible to prevent the degradation of our uniform. Nurses do not go for much in Surrey, which is over-run with Cottage Nurses; and really, when such things are done as above, it is no wonder. But the last scene stirred us all to wrath and indignation.

QUEEN'S NURSE.

REPLIES TO CORRESPONDENTS.

A. M. W., Leamington (*Queen Alexandra's Imperial Military Nursing Service*).—The minimum training which qualifies a nurse for service in Queen Alexandra's Imperial Military Nursing Service is:—"A certificate of three years' training and service in medical and surgical nursing in a civil hospital having not less than 100 beds." The unfortunate inclusion of the words "and service" makes it possible to admit nurses with certificates of two years' training only, but who may have "served" a hospital, presumably as a private nurse for profit, as at the London Hospital. It is high time the term of three years' training, and the value of a certificate for such was protected by making it compulsory for those admitted to this Government service to possess it.

Queen Alexandra's Royal Naval Nursing Service.—Minimum qualification is a certificate for at least three years' training in a civil hospital in the United Kingdom.

The Territorial Nursing Service.—The qualification is a certificate of three years' training in a general hospital or Poor Law infirmary.

OUR PRIZE COMPETITIONS—OCTOBER.

October 5th.—Describe a case of Cerebro-Spinal Meningitis, and how you have seen it treated.

October 12th.—What is Cataract? How would you prepare for an operation for its removal?

October 19th.—What would you consider an efficient curriculum for the training of a midwife?

October 26th.—Describe the modern management of Scarlat Fever.

The Midwife.

SURGICAL TREATMENT OF UTERINE HÆMORRHAGE DURING PREGNANCY, DELIVERY, AND CHILDBED.

The International Congress of Obstetrics and Gynecology, which has just held its sixth meeting in Berlin, under the patronage of the Emperor, seems to have experienced the same delightful hospitality in the German capital as the nurses did at Cologne. The *Lancet* reports the Congress as a brilliant success, and in his opening address, Professor Bumm pointed out the importance of international congresses, where the work of the individual can be discussed and criticised. In medicine as well as in any other science one has to come forward with one's ideas, and this is done best in international congresses. Men like McDowell, who performed the first ovariectomy, and Semmelweis, who discovered the origin of puerperal fever, were not appreciated by their contemporaries, and had to fight hard battles for their ideas. Nowadays those men would not have to go through such ordeals; they need only appear before a congress, where their work would at least be received by open-minded hearers. A further advantage of the congresses is the fact that one hears a man talk about his work, and can form a much better opinion than any reading of his articles can give. It may be true that every congress cannot show any epoch-marking discovery, but the stimulus to new and better work remains.

The most interesting subjects discussed were the Treatment of Peritoneal Wounds, and the Surgical Treatment of Uterine Hæmorrhage during Pregnancy, Delivery, and Childbed.

Dr. Couvelaire (Paris) summarised the present state of the principles and practice of French accoucheurs respecting the surgical treatment of hæmorrhages due to insertion of the placenta on the inferior segment and of retro-placental hæmorrhages. Under the general term "surgical treatment" he included direct surgical hæmostasis by hysterectomy and hæmostasis produced automatically by the uterine muscle after evacuation of its contents by hysterotomy. In hæmorrhages arising from detachment of the placenta inserted on the inferior segment, most French obstetricians have up to the present remained faithful to the purely obstetric methods: (1) wide rupture of the membranes; (2) eventually, introduction of

an incompressible or Champetier de Ribes ball, or simple turning without immediate extraction (Braxton Hicks). The complete statistics published at Paris, Lyons, and Toulouse in the last few years render it possible to form an exact idea of the results obtained by the execution of this therapeutic method:—

Pinard	162	10	women died.
Champetier de Ribes	67	6	" "
Bas	153	14	" "
Maternity Hospitals			
of Lyons	107	13	" "
Ferré	35	4	" "
	584	47	

Or a gross mortality of 8.2 per cent. Infection and violence during the evacuation of the uterus are responsible for three-fifths of the cases of death. The extremely small risk of death by hæmorrhage (1.2 per cent.) does not justify either the prophylactic practice of Cæsarean premature delivery or the systematic practice of the evacuation of the uterus by hysterectomy during labour. The total foetal mortality oscillates with the obstetric methods between 44 and 60 per cent. It is generally due to debility caused by prematuration. French accoucheurs have in general preserved, with regard to obstetrical hæmorrhages, the pre-eminence given to the non-surgical methods of hæmostasis. They have endeavoured to define the real indications of the surgical methods, which must be reserved for the relatively rare cases in which obstetrical methods are powerless or dangerous. The surgical solutions are certainly often more rapidly and easily realised. But the price paid for their success, which, moreover, cannot be constant, is the definitive mutilation or the decrease of the obstetrical value of the woman operated on. Except for the rare cases in which surgical action must be preferred, it must be recognised that the improvement of the therapeutic results will be the consequence not of an unjustified extension of the indications of surgical methods, but of the perfecting of the obstetrical education of physicians and accoucheurs.

Dr. Ph. Jung (Göttingen) laid down rules for the treatment of hæmorrhage during pregnancy, labour, and the puerperium. With regard to compression of the aorta, he considered that in cases of acute hæmorrhages caused by lacerations of the uterus, placenta prævia, uterine inertia, when the usual methods

fail, temporary compression of the aorta may save some lives. Compression by finger is generally not sufficient. Momburg's constriction is at present the best method of compressing the aorta; it is far superior to the other complicated apparatus.

Dr. A. Mayer (Tübingen) regarded compression of the aorta with the Momburg bag as serious to a diseased cardiac and vascular system. It highly strains even the healthy heart and vascular system, and it may become dangerous to it. If by an incorrect application of the bag the venous reflux should be entirely barred—the arterial afflux being, however, only partially interrupted—a sort of deadly hæmorrhage into the veins may take place. In case of considerable nephroptosis the disconnection of the kidney from the circulation caused by compression of the renal artery is to be feared, which may injure the kidney in its structure and its functions.

LECTURES TO MIDWIVES.

The Kensington Board of Guardians have received the following letter, which they have received from the Central Midwives' Board, to the Infirmary Committee for consideration:—"The Central Midwives' Board has under consideration the question of centralising the instruction of pupil midwives, so far as possible. In the Board's opinion, while large classes are not suitable for teaching practical work, they are suitable for lecturing, and it ought to be possible, by collecting pupils into a few centres, to secure first-rate teaching for them, the collective fees probably making it worth the while of highly skilled persons to undertake the duty of lecturing. With this object the Board would be glad to know whether the Guardians of the Kensington Parish would be prepared to facilitate this arrangement by admitting outside pupils to the lectures given to their candidates for the C.M.B. Examination. If so, I shall be obliged if you will kindly state how many such pupils it would be possible to accommodate at the lectures, and what fees would be charged."

THE REGISTRATION AND SUPERVISION OF MIDWIVES IN BELFAST.

The *Lancet* reports that:—"On September 12th a large and representative deputation of Belfast medical men waited upon the public health committee of the city of Belfast in reference to the enforcement of the provisions of the Belfast Corporation Act, 1911, dealing with the certification, registration, and supervision of midwives practising in Belfast, and asked, as this was a matter of great importance not only to the public, but also to the members of the medical profession

—who had never been consulted as a body in the matter—that in the framing of rules and regulations under the Act dealing with women who had already received certificates from recognised examining bodies as to their proper practical training, as well as with those who did not possess such certificates, the medical profession should be given an opportunity of stating their views, and also should have official representation on the committee appointed to deal with the matter. Sir John Byers and Dr. H. J. Ritchie having, on behalf of the deputation, addressed the committee, a long discussion followed, after which the chairman said the matters brought before them would be fully and carefully considered. The discussion brought out the fact that originally there were clauses in the Bill to appoint a Belfast Midwives' Board on which the profession would have been fully represented; this was, however (in committee), deleted and other clauses substituted, under which the most varied authorities are given powers. Under these curious and apparently unforeseen conditions the profession in Belfast suggested to the corporation (through their local health committee) that some of their representatives should be associated with whatever sub-committee may be appointed to draw up regulations for the certification, registration, and supervision of midwives in Belfast."

How about the midwives themselves? The most important point in question is that they should be directly represented on any committee suggesting legislation for their professional control.

GLASGOW MATERNITY HOSPITAL.

Satisfactory progress is being made with the arrangements for the fancy dress ball which will be held in St. Andrew's Hall, on November 27th, in aid of the Glasgow Maternity and Women's Hospital. The ball will be under the patronage of Her Royal Highness Princess Louise, and of many well-known ladies in the West of Scotland. An influential committee has charge of the arrangements, and in view of the urgent need of funds and of the claims of the Hospital, it is hoped that the public will give their support so as to ensure the success of the function.

A STRANGE FATALITY.

The Infanta Maria Teresa, only surviving sister of the King of Spain, died suddenly, from embolism, on Monday. Her fourth child was born on the 15th inst.; and she was about to rise for the first time since her confinement, when she fainted, and at once passed away. It is a strange coincidence that her elder sister, the Infanta Maria de las Mercedes, died in 1904, the day after she had given birth to the Infanta Isabella. The Queen Dowager Christina—a most devoted mother—is overpowered with grief.

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EDITORIAL.

TRAINING AND SERVICE.

In our reply to a correspondent last week who desired to know the minimum term of *training* required by a candidate in the Army, Navy, and Territorial Nursing Services, and referring to the standard demanded for Queen Alexandra's Imperial Military Nursing Service, we expressed the opinion that "it is high time that the term of three years' training, and the value of a certificate for such, was protected by making it compulsory for those admitted to this Government Service, to possess it."

At present a candidate is required to have "a certificate of not less than three years' training and service in medical and surgical nursing in a civil hospital recognised by the Advisory Board."

This cuts at the root of the three years' standard of *training*.

We added "that the unfortunate inclusion of the words 'and service' makes it possible to admit nurses with certificates of two years' training only, but who may have served a hospital, presumably as a private nurse for profit, as at the London Hospital."

Miss Keer, a former Matron-in-Chief, in a letter to be found in another column argues that such a contingency is not "possible," "as although the certificate of the London Hospital is *nominally* a two years' one, yet, all candidates from that Hospital for the Q.A.I.M.N.S., must be certified to have a third year (out of four years) training in the wards of the Hospital."

Our contention is that the term of training for which a certificate is awarded at the London Hospital is two years, as stated in the regulations, and that the third and fourth years exacted by contract are years of service only, and as the term "service" is not

defined in the regulations of Q.A.I.M.N.S., it is possible, even if not probable, to include private nursing, clerical and domestic work, in all of which certificated nurses at the London Hospital are employed, at the discretion of the Advisory and Nursing Committees.

So important is this question to the status and quality of military nursing—that we may well consider it at some length.

When the re-organization of the Army Nursing Service took place after the South African War—a reform we had publicly advocated for many years—justifiable disappointment was felt by the Matrons' Council, that an important recommendation embodied in the Memorandum it had been permitted to present personally to the then Secretary of State for War—viz., that the qualification for the Army Nursing Service should be a certificate of Three Years' Training in the wards after examination, was not adopted; and, in its stead, the present ambiguous standard was substituted. Further, that there was absolutely no definition in the regulations of the term "service."

The London Hospital, the only large hospital in the Kingdom which certifies its nurses as "trained" after a two years' course, had, it was found, undue representation and power on the Nursing Committee of the reorganized Army Nursing Service, in comparison with other hospitals of like standing. Mr. Sidney Holland, Chairman, and Sir Frederick Treves were both members, whilst St. Bartholomew's Hospital was excluded from representation; and it became well understood throughout the nursing profession that the wording of the qualification for military nurses opened the door to women trained at the London Hospital, who did not, and do not,

possess a certificate of three years' training. The regulations of this institution state definitely—(1) "Probationers are received free of charge for a full term of two years' training. Two years of service are required after two years of training."

(4) "Probationers who enter for the full term of two years' continuous training. . . will at the end of that period receive a Certificate."

So that it is quite clear that the term of two years' training is not "nominal" but actual, and that further experience obtainable is "service," and cannot therefore be classed as systematic nursing education.

That is our point.

Moreover, as the regulations of the Q.A.I.M.N.S. do not define service, it would be possible at any time for the Advisory and Nursing Committees which governs it, to accept as service private nursing, clerical work, and domestic work, in all of which activities certificated London Hospital nurses must engage at the discretion of the matron, during the further two years they have contracted to serve the hospital.

A few weeks ago in the *Standard*, Mr. Holland in opposing Registration, and in support of his short term training, boasted that the three senior and most lucrative posts in Queen Alexandra's Imperial Military Nursing Service—viz., the Matron-in-Chief, and the two Principal Matrons, at Home, and in South Africa are at present held by London Hospital nurses! That is by ladies with certificates of Two and not of Three Years' Training.

It is this depreciation of the three years' standard, which we, and many others consider unfair to the profession at large, and most injurious to the status of military nursing in particular.

We commend this matter to the very serious consideration of the Secretary of State for War, if the services of the most efficiently trained nurses are to be secured for our sick soldiers. By the adoption of the three years' standard of training and certificate, it would be made evident to such nurses that the highest professional efficiency and personal merit—as apart from subterfuge and social influence, would in the future command promotion in Queen Alexandra's Imperial Military Nursing Service.

CLINICAL NOTES ON SOME COMMON AILMENTS.

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

SMALL POX.

Most of the readers of this Journal, on seeing the title of this paper, will probably wonder why small pox is described as a common ailment. Fortunately, many nurses go through their whole career without coming across a single case of the disease, but my reason for including a short description of small pox in this series is that, owing to the steady increase that has been taking place of late years in the number of unvaccinated persons, on account of the introduction of the so-called "conscientious objection" clause in the Vaccination Acts, it is practically certain that when an epidemic of small pox does arise in this country, it will attack a considerable number of people. I shall, however, have occasion to return to the question of vaccination later.

Small pox is a disease of great antiquity; it was prevalent in China many centuries before Christ, and a very clear description of the eruption and course of the disease is given in the book of Leviticus, where rules are laid down for the guidance of the priest in distinguishing it from leprosy.

It attacks persons of all ages, from the unborn child of an infected mother to people of advanced age. Practically complete protection is, however, afforded by adequate vaccination, or by a previous attack of small pox itself. The average death-rate amongst white races is about 30 per cent., but is much higher—from 40 to 80 per cent.—in aboriginal races, such as Red Indians and some of the Mexican tribes. In this country its incidence and fatality depend, practically, entirely on the number of insufficiently vaccinated people in the locality of the originating case.

I do not intend to give a detailed description of the eruption, such as can be found in any text-book of medicine, but I shall endeavour to point out what commonly happens when small pox is introduced into a community.

It is generally started by an unrecognized case, which may, in a town, have found its way into a common lodging-house, or similar place where the tramp population most does congregate; frequently the original patient is a sailor from a foreign port where the disease is prevalent.

The incubation period is most commonly ten or twelve days, and at the end of that time the

patient feels very ill, *but has no symptom whatever to make us suspect small pox unless we have it in our minds.* He is attacked, quite suddenly as a rule, with headache, and a severe pain across the loins, with a feeling of chilliness, or perhaps a shivering fit. His temperature is high, perhaps 103° or more, and he generally thinks that he has lumbago or influenza, if he thinks at all. He remains in this state for another day, and then—on the third day of illness, that is to say—he feels much better. Now it does not follow that he or anyone else will look at his face at this time, and so the rash of small pox may escape notice. It is there, however, in the form of hard, shotty, raised spots on the forehead and on the back of the wrists. With the appearance of the rash, the temperature usually falls to normal, and the patient not infrequently gets up and walks about. Two days later, on the fifth or sixth day of the disease, the spots soften and become filled with a clear fluid, which on the eighth or ninth day of illness has become converted into pus. With this supuration, the fever and general symptoms return for one or two days, but quickly pass off as the pocks dry up and are covered with scabs, which fall off about the end of the third or fourth week, when the patient is practically well.

Such is the history of an ordinary attack of small pox, and it will be at once apparent that, unless the disease is prevalent at the time, the illness may be very easily diagnosed as influenza, or, if the temperature be not taken, as lumbago, and others may be infected from the lack of the necessary precautions. I remember an example of this in one of the recent epidemics. A man of the tramp class came to a common lodging-house late one night, and the next morning did not get up because his back was painful; he vomited, and was rather confused in his mind, which latter symptoms were, of course, attributed to drink, which, as a matter of fact, he had not recently taken. On the third day, feeling much better, he got up, and made up for his previous abstinence by going the round of his favourite hosteleries. At the third beerhouse, the proprietor called his attention to some spots on his face, which, as it was not yet time for his weekly ablutions, had previously escaped the notice of the patient. After visiting two more public-houses, he returned to his lodging until the pocks began to suppurate, when he went to a general hospital, where the real nature of his illness was diagnosed, and he was removed to a place of safety in the small pox

hospital for the city. Now this man literally left a track of fresh cases wherever he went, for people not only in the lodging-house, but in every public-house that he visited, were infected, and ultimately about fifty cases were traced, directly or indirectly, to infection from him.

In addition to the ordinary kind of small pox, there are certain modifications of the disease which deserve notice: the first of these is the

Confluent type.—Here the symptoms of the onset are generally, though not invariably, more severe, and the eruption is rather more profuse, but no very definite difference is seen until the pustular stage sets in, when, instead of the pocks remaining separate, they run together, and the skin between them swells greatly, so that the face, and often the hands and feet also, are practically superficial abscesses; the fever is high, and the patient is delirious and semi-conscious. In fatal cases the patient dies of exhaustion usually on the eleventh or twelfth day of disease. If, however, he recovers, he is marked for the rest of his life by the scarring and pitting that results from the healing of the suppurating pocks; the skin of the hands and feet may be shed entire.

Another variety is hemorrhagic small pox—the so-called black pox—which is invariably fatal. Here, after very intense symptoms of onset, a purplish rash, consisting of fine hemorrhages in the skin, appears, at first in the groins, but soon spreads to the trunk and face. Bleeding takes place from mucous membranes, and the urine is full of blood, and there are effusions of blood into the eyes. The patient soon becomes plum-coloured all over, and death occurs from the third to the sixth day. There is another type of hemorrhagic small pox from which a few recover (the mortality being about 85 per cent.), where the patient progresses as an ordinary case of ordinary small pox until the spots are just about to become pustular: blood is then poured out into the spots themselves, and from the mucous membranes, and death usually results on the ninth or tenth day from exhaustion.

The third type is known as modified small pox, or varioloid, and occurs only in those who have been vaccinated, but not efficiently. The onset may be severe, but only a few spots develop, and these only on the face, hands, or feet. They pass rapidly through their various stages without any fever or constitutional disturbance, and the patient is very soon well.

(To be concluded.)

OUR PRIZE COMPETITION.

The prize will not be awarded this week, as of the papers sent in none are sufficiently good for publication. As Cerebro-Spinal Meningitis and its treatment is of unusual interest—as it is an infectious disease—for the sake of the public, trained nurses should learn all they possibly can concerning it.

In a recent number of the *American Journal of Nursing*, a little paper by Miss Anna Patt and Miss Miltz is instructive from the nurse's point of view:—

CEREBRO-SPINAL MENINGITIS.

"Cerebro-spinal meningitis is an acute infectious disease characterized by inflammation of the membranes covering the brain and spinal cord. The epidemic form is caused by the *Diplococcus cellularis* of Weichselbaum. The disease is most common in thickly-settled districts.

"The period of incubation is uncertain—probably short, but one patient became ill two weeks after having been exposed. The onset is very sudden, usually with a chill, intense pain in head, neck, back, and joints, and uncontrollable vomiting. This, however, lasts only a short time. The muscles become rigid, and those of the face may be contracted. The opisthotonus may or may not be marked. (In one case, the patient was compelled to lie on his abdomen.) Eye conditions, such as inequality, strabismus, photophobia, or conjunctivitis, and ear conditions may also be present. Occasionally herpes occur on the lips and eruptions on the skin. These eruptions give the name of 'spotted fever.' The bowels are very constipated, the stools are usually a greenish brown mucus. Retention or incontinence of urine is not uncommon. The temperature and pulse vary. The pulse may be either very slow, normal, or rapid. The temperature may be subnormal and there is usually an extreme rise shortly before death. Kernig's sign is practically a positive symptom.

"*Treatment.*—As soon as possible a lumbar puncture is done. If the fluid withdrawn is purulent or other symptoms are positive, 40 c.c. of Flexner's antimeningitis serum are injected into the spinal canal. The serum is injected very slowly, as it at first stimulates respiration and later depresses both the respiratory and circulatory systems. After the injections, the patient usually complains of severe pain in the head, which lasts several hours. Spinal fluid is measured and a laboratory examination is made. Although the diplococci

may not be present in the early stages, the treatment is continued if other symptoms are positive. The typical fluid is very purulent and comes under unusual pressure, but in the first stages it may be as clear as the normal.

"Three injections of 40 c.c. each of antimeningitis serum are given the first twenty-four hours. Usually the same amount of serum is injected as fluid withdrawn, but this may be varied. If the fluid drops slowly and without pressure, an aspirating syringe is used, or if none is withdrawn the spinal canal may be flushed with sterile normal saline solution before the serum is injected. In the early stages of the disease patients are usually delirious, but the delirium should cease after the first three injections or after the second day. According to the severity of the attack and the age of the patient, 40 c.c. are given daily; about 200 c.c. is the usual amount. A general anesthetic of chloroform or ethyl chloride is given to children or delirious patients. A daily cleansing bath and temperature baths are given, but the latter have no apparent effect on the temperature. Irrigations of warm boric acid solutions are given for the various conditions of the eyes, ears, nose, and throat. Hypnotics are also given.

"The diet consists of plenty of light nourishing food unless the fever is unusually high, when fluids are given. Convalescence may be rapid or slow. The patient should be watched closely for any untoward symptoms, as a relapse may occur.

"The patient should be strictly isolated, in a dark, well-ventilated room. Absolute quiet is imperative. All excreta and linen used about the patient should be disinfected and all utensils sterilized. All persons coming in contact with the patient should wear hoods and gowns to protect the hair and clothing. The nurse should spray her nose and throat about every four hours with an antiseptic solution, and use small gauze squares for handkerchiefs. These are to be burned or disinfected immediately and should not be used twice, as infection is chiefly through the mucous membrane of the nose and throat. After touching the patient the hands should be disinfected and a daily carbolic or bichloride bath taken. Sufficient rest and a daily walk in the fresh air are also necessary."

From more than one paper received, it would appear that district nurses are not always instructed how important it is to disinfect when attending a case of cerebro-spinal meningitis.

QUESTION FOR NEXT WEEK.

What is Cataract? How would you prepare for an operation for its removal?

THE INTERNATIONAL CONGRESS OF NURSES.

WEDNESDAY, AUGUST 7th.

AFTERNOON SESSION.

Continued.

THE SOCIAL WORK OF NURSES.

Sister Agnes Karll presiding.

SOI TH WORK BY COLOURED NURSES.

Mrs. Rosa L. Williams, whose most interesting paper we hope shortly to print fully, said that she brought greetings from the National Association of Coloured Graduate Nurses of North America, and presented a report of the social work done by the nurses of the Association. She said that the phrase social work now so much employed, did not represent a new thing. The Christian negro woman had always been much concerned with the condition of her neighbour. History recorded but few of the sacrifices made by women of her race, these had neither education, money nor influence, but, with their unlimited faith in the power of prayer they gave unreservedly all they possessed to help to make things possible for the uplift of the younger members of their race.

But the coloured races realized that trained negro women were now needed to cope with existing conditions among their people, and with this realization in mind the body of coloured graduate nurses met in New York in 1908 to adopt some plan by which they might, with united strength, help to alleviate the ignorance and suffering among their people. They had high ideals for they could see the needs of their people as no one else could. The expression of interest in the work of the National Association of Coloured Graduate Nurses, which was still in its infancy, on the part of the International Council of Nurses was an inspiration to them, and they looked forward with great hope to that which in the beginning seemed impossible.

Mrs. Williams then outlined the social work being done by the Association in the Southern towns including visiting nursing, preventive work,

work for the reduction of infant mortality and the prevention of blindness, deafness, and the relief of destitution, the teaching of hygiene, the institution of a day camp for tubercular patients, and work in schools and orphan asylums.

THE CARE OF SYPHILITIC CHILDREN.

Sister Emma Köberlin said that she would like to describe a most important and recent branch of social work—that of the care of children with hereditary disease. An institution with this object was opened three years ago at Friedrichshagen, near Berlin, by noble-minded doctors and philanthropic friends, on the lines of one inaugurated in 1900 by Professor Welandar in Stockholm. The Home, pleasantly situated in a large garden by the Murzel lake was so far the only one of its kind in Germany. For the three years of its existence it was possible to present a most hopeful report of this young institution.

Children sypilitically affected were especially to be pitied as the Biblical saying that the sins of the fathers were visited upon the children proved to be true. Sister Köberlin said that she was always filled with great joy and satisfaction when, looking on the little group which played happily about in the garden, she realized that these were all saved human lives, for, without suitable treatment and careful nursing, these children, if they survived, would grow up into

bodily and spiritual cripples, and become a burden to the State and its citizens, adding greatly to the number of the spiritually incompetent and the criminal classes. Also there was constant danger of the infection of healthy children by these diseased children if they associated with them. She therefore appealed for help in this great social work to the representatives of the various countries present. Sin was, said Sister Köberlin, powerful, and these deplorable children everywhere. Parishes and the State would, she thought, soon be convinced that it was to their own interest to take up this branch of social work.

Thank God that medical science was so advanced that it was possible to rear, out of these miserable helpless creatures, perfectly healthy and useful citizens. Up to the present such children had been taken to hospital when their condition was noticed,



MISS J. C. CHILD, DELEGATE FROM SOUTH AFRICA.

A Souvenir of the Cologne Badges.

but between times they received neither treatment nor care. Thus the greater number perished either from the effects of their condition or from other current complaints to which, owing to their weakness, they were specially prone.

In the Home for the first four years of life they received constant care and kindness. Up to the present twenty-six children had been received, and already one-third who were subjected to the well-known blood examination of Wasserman, gave a negative result. The others were on the road to convalescence. The condition of the children was excellent, they thrive splendidly. A new building, equipped with all the newest hygienic appliances, had now been erected to hold forty children. This was, of course, only "a drop on a hot stone" in relation to the terrifying number of such children. Their treatment in the Home was in the hands of Dr. O. Rosenthal, of Berlin, a dermatologist well known in scientific circles.

The children, as above stated, remained in the Home until they reached the age of five. The sooner they came in, the better were the prospects for their complete cure. The mothers of the children were also received so long as they were able to nurse their infants, for their natural nourishment proved the most satisfactory for these children with hereditary disease. Great success had however, also been achieved with cow's milk, affording a proof that children afflicted with hereditary syphilis could thrive on artificial treatment when carefully carried out.

RESOLUTION.

Sister Maria Koellner then offered a resolution which, after some discussion, was seconded by Miss Dock, in the following form and unanimously adopted: "This Congress requests the International Council of Nurses to use its influence to stimulate enquiries into the Social Condition of Nurses in the affiliated countries."

This concluded the business of the last session of the Cologne Congress, a most memorable one in the annals of the International Council of Nurses.

Our report will conclude next week with the Official Votes of Thanks to Sister Agnes Karll, the President, and to all those eminent people who entertained the Nurses' International Congress, with such gracious hospitality.

TUBERCULOSIS NURSING AND COOKERY EXHIBITION.

Arrangements have been made for holding a Tuberculosis Nursing and Cookery Exhibition at the Shire Hall, Gloucester, which will be opened by the Duchess of Beaufort on Monday, October 7th, at 2 p.m., at which ceremony the Chairman of the County Council (Mr. M. W. Colchester-Wemyss) will preside. The public will be able to view the very instructive exhibits by the National Association for the Prevention of Consumption, also to attend the cookery demonstration by the Gloucester School of Domestic Science. It is hoped the practical lessons in hygiene may have lasting results on the health of the county.

THE INTERNATIONAL COUNCIL OF NURSES.

REPORT FROM ITALY.

At the London International Congress we were able to announce the approaching opening of a Training School for Italian Nurses at the Policlinico Hospital, Rome.

Thanks to unwearied and undaunted efforts on the part of Princess Doria and Mmc. Maraini the hospital authorities had arranged for the immediate building of a *Covitto*—nurses' home—the first in Italy. The Queen Elena was interesting herself actively in the scheme, and the great surgeon, Prof. Bastianelli, wished that the school should commence in his wards.

In March of the following year (1910) this Training School was opened. Miss Dorothy A. Snell accepted the post of matron, and with a staff of twelve English certificated nurses and fourteen Italian probationers took over the entire nursing of some seventy-six to eighty patients, the *Suora* of each ward retaining the economic departments (charge of linen and food).

In the following December (1910) Miss Snell increased her staff to twenty-one English certificated nurses and twenty-seven Italian probationers, and the nursing of a medical block containing seventy-six to eighty male and female patients was entrusted to her.

We were thus able to offer pupils from the beginning a training according to fundamental principles; in wards both surgical and medical, in the operating theatre and dressing room (*medicheria*), all under the direction of trained nurses. We were also able to exact—though few in Italy understood the necessity—that the duration of training should be not less than two years, whilst a third year was impressed as really essential for the acquisition of experience.

That pioneer work is inevitably difficult *va sans dire*, and had Providence granted Italy any less "ordained instruments" than our President, Vice-President and Matron, this work of reform would have been *de facto* impossible.

In the first place, the idea that "signorine" could work at all in hospitals was not easily accepted. "In other countries, yes, but in Italy we are not ready for it," was repeated *ad nauseam*. It entailed "too much liberty" for girls who had been educated on more or less conventional or harem lines—accustomed to constant chaperonage and surveillance. Few were the parents—of the well-to-do middle classes—who *in the beginning* had the faith and courage to consent to their daughters embarking on so venturesome a career.

And then the idea of working really hard—"like servants"—was hard of acceptance. A training school to perhaps the majority of the "profane" means *lectures and demonstration classes*. "We have learnt how to give bed-ba-hs, how to carbolize, &c., &c., and therefore need not continue doing them," was the real point of view of, at any rate, a good minority. Others—good

Catholics—feared that lay nurses' intervention in hospitals would, directly or indirectly, injure the position of the religious nursing orders.

But after two and a-half years we can claim to have successfully combated these and many other difficulties, for the original thirteen probationers (collected with such effort by the committee) have now grown into thirty-eight, whilst many others are accepted and await vacancies, and still other applications are coming from every part of the peninsula.

Seventeen of the senior probationers passed examinations conducted by six professors last June, several of them doing quite brilliantly. As these nurses complete their two years' practical training (seven have done so), Matron promotes them to staff nurses' posts in the wards and to the white 'uniform' of the staff nurse.

In the autumn their diploma certificates will be given them by S.M. Queen Elena, also a medal which she herself designed.

As the first year probationers pass their exams, and finish a year's work in the wards they are promoted to "green belts" (their print gown is a pretty small green and white stripe), and will attend the second year's course of lectures in November.

Regarding the *capacity* for nursing of the Italian woman, experience has proved the correctness of Miss Nightingale's high appreciation of their aptitude, though the *majority* do not possess the resistance to fatigue and the determined thoroughness of the Saxon races.

But they are realising already, now that responsibility is beginning to be given them, that a "nursing school" is not a studio or an academy of fine arts, but that system and organised ward work, the acquiring of hospital manners and observing of hospital etiquette, and, above all, of hospital discipline, make up the real training of

the ideal nurse, completing the knowledge of technique and theory which at first was deemed the only requisite.

The Home is already enlarged, and further improvements are to be carried out this summer, especially the building of a large dining-hall, which the increasing numbers render necessary, and an increase of twenty bedrooms. So soon as these improvements are completed Matron will take over new wards—possibly in November.

When I look back on what the wards were here before, and in the early days of our advent, and see what they have now become under the direction of Matron and Sisters, I realise what ground we have gained in these three years.

At what cost the order and comfort and smartness have been obtained, only those who have laboured and endured and fought can quite know. Many who started to put their hands to the plough removed them, in some period of discouragement or especial difficulty. But the sick of Italy and her daughters who have the nurse vocation owe (and many already express it) an unpayable debt of gratitude to those who have held high the standard through storm and stress, and have succeeded in laying firmly the founda-

tion stone of "trained nursing," foremost amongst whom must ever remain the names of President, Vice-President and Matron.

NAPLES.

From Naples Miss Baxter sends the list of her graduates. It comprises two *Direttrici* in the Hospitals of Chieti and Teramo, two *idem* in Nursing Homes in Naples, eleven head nurses in hospitals and Government *cliniques*. Others have adopted massage and obtained posts, others again have become certificated obstetric nurses and devote themselves to these branches of nursing.



ENGLISH STAFF NURSE WITH TWO ITALIAN PROBATIONERS.
SCULO CONVITTO REGINA ELENA. ROME.

One nurse is in a sanatorium in Switzerland; another training at King's College, London; three have died, eight have married; the rest are doing private nursing.

Before the war broke out the Neapolitan Red Cross ladies (amongst whom was the Duchessa d'Aosta) obtained a course of practical training at the Gesù e Maria Hospital, and many of the sick and wounded soldiers must have echoed the ladies who expressed sincerest gratitude to "the *Donatrice* who had taught them so much that enabled them to relieve suffering."

M. A. TURTON
(Hon. Vice-President).

THE TERRITORIAL NURSING FORCE.

The Lady Mayoress will give a reception at the Mansion House on Thursday, October 31st, from 8 to 10.30 p.m., to meet the members of the Territorial Force Nursing Service of the City and County of London.

This reception has now become an annual function at the Mansion House, and is greatly enjoyed by the members of the Service able to be present.

THE TRAINED WOMEN NURSES' FRIENDLY SOCIETY.

A meeting of the Committee of Management will be held at 431, Oxford Street, London, W., on Wednesday, October 9th, at 4.30 p.m. A good attendance is hoped for, as important business will be transacted. The sub-committee will present a report.

MISS ORR SAILS ON "ATHENIC."

Miss J. M. Orr will leave England on November 15th, on the "Athenic," which is booked to arrive in New Zealand on December 31st. Owing to the keen advance booking on all lines going to Australia and New Zealand, she could not obtain a berth before this date. Miss Orr will therefore spend Christmas Day at sea—which is always kept in a very cheery fashion on board ship—and will enter upon her new duties with the New Year.

COMMON SENSE COOKERY.

Dr. F. S. Toogood, medical superintendent of the Lewisham Infirmary, will begin a course of lectures on Common Sense Cookery in Health and Disease in the lecture hall of the Society of Medical Officers of Health, 1, Upper Montague Street, Russell Square, London, on Wednesday, October 16th, at 2 p.m. The chair will be taken by Sir William Collins. The lectures are intended primarily for health visitors, nurses, and health workers. Admission will be by ticket only.

THE NURSES' MISSIONARY LEAGUE.

As we go to press a meeting is being held at the Mansion House, the Lord Mayor presiding, in support of the good work of the Nurses' Missionary League. It has been arranged that nurses in uniform will take the collection, and we hope there may be a generous response from the public. On Thursday, Farewell Meetings will be held at University Hall, Gordon Square. The afternoon conversation will be a good opportunity for introducing nurses who are not members of the League.

The following is a list of members who have already sailed for the mission field since April 1st or who go forth during the autumn:

Miss Allinson (trained at Brownlow Hill Infirmary), proceeding to Benares under the Z.B.M.M.

Miss H. Anthony (trained at the Royal Infirmary, Derby), under the C.M.S. (detained for lack of funds).

Miss Bertha Brownrigg (trained at the Royal Infirmary, Edinburgh), to Ispahan, Persia, under the C.M.S.

Miss J. A. Clouting (trained at the London Hospital), to Mienchuh, W. China, under the C.M.S.

Miss Mary Godfrey (trained at Bolton Infirmary), to Toro, Uganda, under the C.M.S.

Miss E. V. Krauss (trained at Guy's Hospital), to Hing Hwa, China, under the C.M.S.

Miss Margaret Laurie (trained at the Eastern District Hospital, Glasgow), to Brazil, under the M.C.M.

Miss McMurtrie (trained at the Royal Infirmary, Edinburgh), to Kikuyu, E. Africa, under the Church of Scotland.

Miss Mabel Martin (trained at the Royal Free Hospital), to Siao Kan, China, under the L.M.S.

Miss L. K. Rayner (trained at the Middlesex Hospital), to Hong Kong, under the L.M.S.

Miss Ida Thomas (trained at the London Hospital), to Delhi, under the S.P.G.

Miss C. L. Thompson (trained at the Taunton and Somerset Hospital), to Borneo, under the S.P.G.

A course of Five Lectures on Hinduism and Islam will be given by the Rev. Canon Wertbrecht, D.D., at University Hall, W.C., on October 9th, 16th, and 23rd, and on November 6th and 13th. All members of the nursing profession and their friends will be welcome. The Syllabus can be obtained from Miss Richardson, 52, Lower Sloane Street, S.W.

PRESENTATION TO MISS G. A. ROGERS.

With some ceremony, and many expressions of appreciation and kind feeling, Miss G. A. Rogers, late Lady Superintendent of the Leicester Royal Infirmary, was, on Wednesday the 25th ult., presented with an annuity and an illuminated address by the members of the Board and medical and surgical staff in recognition of the great services she rendered the institution during a period of thirty-three years. Sir Edward Wood, chairman of the Board, presided, supported by a large number of governors and the medical staff. Miss Vincent, Lady Superintendent, and Miss Jessie W. Davies, the Home Sister, were also present.

The presentation was made in the Board Room, and Sir Edward Wood said he was sure they were all delighted to have Miss Rogers with them to give her an expression of their high appreciation of the very valuable work she had done in connection with that institution. It was impossible to review the history of the Leicestershire Infirmary without feeling how much they owed to the work Miss Rogers had done for a period of thirty-three years. All who had been associated with the institution in any capacity during that long period were the better, and their work had been made easier, by the help and guidance of Miss Rogers. His own experience, and that of his predecessor, Mr. Fielding Johnson, as well as the medical and surgical staff, had been that whatever difficulties might arise in managing the affairs of the Infirmary, whenever they had sought the help or advice of Miss Rogers, she had by her calm, sound judgment, been able to render them the greatest assistance. To the patients he knew she had always been a source of great comfort, her words of kindness and encouragement during hours of great trial and weakness having done much to further their restoration to health. Then the young medical men who were resident in the institution had always found in Miss Rogers a very staunch and true friend, and she had often been their adviser and counsellor. With the nursing staff she had always been held in the highest esteem. It must be a source of gratification to her to bear in mind that those who had been trained by her were scattered abroad in many of the important places of the earth, and were rendering useful service to humanity. Many of her old students had since been appointed to high positions in connection with large institutions throughout the country. The Board had on several occasions endeavoured to show their appreciation of Miss Rogers' work. When the Nurses' Home was built she was asked to lay the memorial stone, upon which her name would be inscribed for all time. Subsequently the Board were anxious still further to associate her name with the institution, and at their urgent request she very reluctantly consented to allow one of the wards of the new wing to be called the "Gertrude Rogers" Ward. They were deeply grateful to her for her interest in the Infirmary and for the influence

she had undoubtedly exercised upon the nursing world. The Board and staff felt they could not allow Miss Rogers to leave them without some expression of their heartfelt affection and regard, and as the result of a private subscription a sum had been raised for the purpose of purchasing an annuity for her. In addition to this the resolution passed by the Board had been expressed upon vellum, and of this he now asked her acceptance.

ILLUMINATED ADDRESS

The following was the resolution, unanimously passed by the Board of Governors at their meeting held on May 15th, 1912:—

That this Board receives with regret the letter from Miss Gertrude A. Rogers, the lady superintendent, announcing her wish to resign her office after 33 years' service, 29 of which have been passed as lady superintendent of the institution.

The Board accept the resignation with reluctance, as it was their wish to make such arrangements as would enable Miss Rogers to continue her devoted service for a few more years. As, however, Miss Rogers feels that the duties become more onerous with the advance of time, the Board have agreed to accede to her request, and in so doing desire to place on record their sincere appreciation of the sound judgment, great ability, and unflinching courtesy which have always characterised her work; also their indebtedness for the fidelity and zeal with which she has administered the affairs of the institution during this long period. Especially the Board acknowledge Miss Rogers' great work in the development of the training school for nurses in connection with the Infirmary. They realise that it is in a large measure due to her ability and personality that Leicester has become a prominent training school, and has built up for itself a high reputation in the hospital world. The Board hope that in the rest and retirement which come to Miss Rogers after a life so unselfishly devoted to her profession, she will have many years of health and happiness, and that memories of her life's work, and the numerous friendships which have been formed in the training of her students, many of whom hold responsible positions in the nursing world, may be sources of constant joy and gratification to her.

EDWARD WOOD, *Chairman*,
ARTHUR GREY HAZLIGG,
Vice-Chairman,
S. F. STONE, Hon. Treasurer,
HARRY JOHNSON, *Hon. Governor*

Speaking with some emotion, Sir Edward added that they desired Miss Rogers' acceptance of the bond for the life annuity which had been obtained for her. In addition, there was a cheque for £72, the balance of the fund raised for the purchase of the annuity, and thus he also asked her to accept.

Others having borne testimony to the devotion to duty which had been the marked characteristic

of Miss Rogers' work at Leicester, she was greeted with much applause when she expressed thanks to those who had given practical expression to their kind feeling towards her, and to all with whom she had been associated during the twenty-nine years in which she had been Matron of the Infirmary, years which she would remember as some of the best and happiest of her life.

The proceedings then concluded.

Let us hope that there are yet many happy and busy years to come in which Miss Rogers may enjoy comparative rest and yet keep in touch with her colleagues, who can ill afford to lose women of her strength of purpose and power for good from active participation in the moulding of modern nursing.

♦ ♦ ♦ PRACTICAL POINTS.

In a most interesting article **The Ice Bag** by Mr. A. M. Fauntleroy, surgeon of the United States Navy, says the *International Hospital Record*, the fact is brought out, basing the same upon a large number of cases of appendicitis operated, that the ice bag is positively harmful in this condition. In fifty per cent. of the cases operated, where the ice bag was used, the condition seemed to indicate that there was a noticeable lack of effort on the part of nature to wall off, from the rest of the abdominal cavity, the appendix, which was frequently very much congested, gangrenous or perforated. He also observed that in the ice bag cases there was a surprisingly low white cell count when one took into consideration the condition found in the abdomen at the time of the operation. From 8,000 to 11,000 white cells was the rule in these ice bag cases when one would be justified in saying that the pathological condition warranted a constitutional reaction of from 20,000 to 30,000 leucocytes, or even higher.

On the other hand, in those cases in which the hot water bag or morphine had been used prior to operation (the ice bag not being used at all), the white count corresponded to what one would expect. Dr. Fauntleroy advances from his findings the logic that while the ice bag causes numbness, practically the same as in the condition of frost-bitten ear or toe, it also decreases hypermia, leucocytosis and stasis in the part to which it is applied. That heat is the direct antithesis of cold in encouraging favourable physiological action in inflammatory processes, whether superficial or peritoneal, seems to be from his report most logically and conclusively proven.

Medical Appliances.

At the London Medical Exhibition now open at the Royal Horticultural Hall, one of the novelties shown is an obesity

reducing apparatus invented by Professor Bergey, of Paris, and exhibited by the Medical Supply Association. The invention consists in the application of electricity.

APPOINTMENTS.

MATRON.

Isolation Hospital, Hinckley.—Miss Ellen Holdon has been appointed Matron. She was trained at the Royal County Hospital, Winchester, and has held the following positions: Night Sister and Home Sister, Warrington; Night Sister, Baguley Sanatorium; Sister-in-Charge, Pateley Cottage Hospital; Sister of Diphtheria and Tubercle Wards, also Home Sister at the Isolation Hospital, East Ham.

Central London Throat and Ear Hospital, Gray's Inn Road, London.—Miss E. A. Lee has been appointed Matron. She was trained at the London Hospital. She is a member of the Army Nursing Service Reserve, and has worked in South Africa.

Crewkerne Hospital, Somerset.—Miss Julia Swallow has been appointed Matron. She was trained at the General Hospital, Northampton, and has been Matron at Cokermonth Cottage Hospital and Nursing Home.

SISTER.

Newport and Monmouth Hospital, Newport.—Miss Edith Hatcher has been appointed Sister. She was trained at University College Hospital, London, and hopes to take the C.M.B. certificate this month.

Royal Victoria and West Hants Hospital, Bournemouth.—Miss S. Bayliss has been appointed Night Sister. She was trained at the General Infirmary, Worcester.

CHARGE NURSE.

Catherham Cottage Hospital.—Miss T. Wood has been appointed Charge Nurse. She was trained at Bethnal Green Infirmary, and has had experience of private nursing. Miss M. D. Seager has also been appointed Charge Nurse at the same hospital. She was trained at the Kent and Canterbury Hospital.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

Transfers and Appointments.—Miss Katharine Child is appointed to Boxgrove; Miss Louisa Clarke, to Malvern Link; Miss Elizabeth A. Morris, to Clatham; Miss Effie Preston, to Marlborough; Miss Lizzie Varley, to Horwich.

♦ ♦ ♦ WEDDING BELLS.

A number of presentations were made to Miss Hodges on Tuesday on the occasion of her retirement from the position of matron of the Royal Infirmary, Bradford, on her approaching marriage. The gifts comprised a mahogany writing-table, a fitted dressing-case, a gold watch-bracelet, and an opal and diamond ring, all presented by the Infirmary Board and Ladies' Committee. A number of silver table requisites were given by members of the Infirmary staff. The ceremony of presentation was performed by the Lord Mayor of Bradford (Alderman J. B. Moorhouse), who was accompanied by the Lady Mayoress (Miss Moorhouse).

THE PASSING BELL.

NURSING ECHOES.

LOUISA TWINING.

By the death of Miss Louisa Twining, which took place on September 20th, in London, one of the great social reformers of the nineteenth century has passed away. Her name was a household word throughout the Poor Law world, and to her keen foresight, enormous energy, and practical mind, much of the reform in the conduct of institutions governed by it, must be granted, especially in alleviating the terrible suffering inflicted through ignorance, of the sick in workhouses and infirmaries. When first she began, half a century ago, to visit such institutions—lady guardians and trained nursing were unknown. How terrible was the condition of the inmates few of us can now realise, and to Miss Twining's devotion to bettering their condition, much of the marvellous improvement now apparent throughout the country must for ever be gratefully ascribed.

It would require many columns to describe in detail the wonderful life's work of Louisa Twining; suffice it to say that she published in 1855 a pamphlet "A Few Words about the Inmates of our Union Workhouses," and in 1857 contributed a paper to the Social Science Congress in Birmingham on "The Condition of our Workhouses," the majority of which she had visited up and down the land. In 1858 she attacked the Nursing question in a letter to the *Times*, and in 1859 organised the Workhouse Visiting Society. Later came the Workhouse Infirmary Nursing Society, with a view (1) to raising the standard of public opinion on the whole question of workhouse nursing, (2) to securing the appointment of trained ladies as matrons in all separate infirmaries, and (3) to training and supplying nurses to workhouse infirmaries in London and the provinces. Miss Twining accepted the post of hon. Secretary, subsequently becoming one of the Vice-Presidents. The training of nurses was carried on by the Association until 1900, the number which it had so trained and supplied up to that date being 844. In cholera nursing and district nursing she also took an active interest, and until the day of her death never ceased to work for the happiness of her kind.

The funeral of this truly great woman took place on Saturday last at Kensal Green Cemetery, and amongst those who attended were the President of the Local Government Board, and representatives of the Central Poor Law Committee, the Women's Local Government Society, and the Midwives Institute.

£1,500 FOR A NURSE.

Mr. Francis Albert Reddie, of Brockenhurst, Hants, and Great St. Helens, E.C., East India merchant, has bequeathed £1,500 to Miss Rose Boakes, in recognition of her successful nursing of him during a dangerous illness at Bombay in 1907.

Although the subscription list for the Nurses' International Memorial to Miss Nightingale is not yet opened, we have to thank Miss Beatrice Kent for sending, with her usual generosity, £1 towards it. The charming illustration on page 276 is reproduced from a photograph taken by Miss Downing, secretary of the School Nurses' League, at Kaiserswerth. The window draped with ribbons of British colours denotes the room used by Miss Nightingale during her visits there, and is in the block now used as the Seminary for teachers, over which Sister Julie Borges presides. For many years Sister Julie occupied Miss Nightingale's room.

Miss Christina Forrest most kindly sends £2 to the funds of the Society for State Registration, for which we intend to make a special appeal, so that in the near future this question may be publicly and persistently agitated. Experience proves that absolutely nothing is to be gained by waiting for the Government to take the initiative on questions which affect the well-being of women. Our Bill has now been before Parliament for ten years. We have pleaded constitutionally and with "perfect propriety" quite long enough. We must now make ourselves heard. When all is said and done, the Registration of Nurses is not merely a woman's question, it is a question of national health, and must be fought for as such.

There has been a movement amongst Poor Law officials in London for the institution of a central examination for nurses trained in Poor Law institutions, and at the meeting at Southport, last Saturday, of the North-Western Poor Law District Conference, Mr. R. A. Leach, clerk to the Rochdale Union, read a paper on "Co-operation between Boards of Guardians." Mr. Leach urged that a standard curriculum for workhouse nurses should be established. In Lancashire alone, he said, there were 600 probationers in training as nurses, and the number was on the increase. There was no standard curriculum or examination or certificate for these probationers.

We are all in favour of standardising nursing education and examinations, but we are not at all sure—neither are the Poor Law infirmary matrons we have consulted—that the definition of a standard and special examination for Poor Law nurses is a wise step to take. The Bill

for the Registration of Trained Nurses now before Parliament provides uniform consideration for all nurses trained in voluntary hospitals and Local Government Board hospitals, and any line of demarcation between the two will, in our opinion, still further emphasise the present distinctions, which are injurious to the status of the Poor Law nurse. Let Clerks and Boards of Guardians bring pressure to bear on the President of the Local Government Board to give active support to the Nurses' Registration Bill. Such an Act would soon solve the present difficulties.

Upon the request of the East Preston Guardians, the Local Government Board have sanctioned the provision of recreation for the nursing staff. They may have a piano, a bagatelle board, and a croquet lawn. Quite nice! But the L.G.B. are unable to sanction the proposal to subscribe to a circulating library. The Clerk, however, acting upon the suggestion of the Committee, has already paid the subscription, and the L.G.B. are to be asked to sanction the payment for one year.

Miss Louisa Innes Lumsden, LL.D., Dalbeattie, Murrie, having expressed a desire to present to the Infirmary a portrait of her late sister, Miss Rachel Frances Lumsden, who was for nearly twelve years honorary superintendent of the institution, the board of directors, at their last meeting, accepted the portrait, and instructed the clerk to convey their cordial thanks to Miss Louisa Lumsden for her appro-

priate gift. The portrait is characterised as a striking likeness. It has been hung in the board room at the Infirmary, where the superintendent, Dr. Sinclair, will have pleasure in showing it to anyone interested.

A nurse sends us the following little story:—
A missionary friend working in East Africa started from Endeji on an itinerating tour, purposing to visit various stations in the

remote districts, when she came across a dispensary where she learned the following simple method for the treatment of patients was adopted:—
Lotions were prescribed for any ailment from the toes to the thigh, mixtures for troubles from that neighbourhood to the throat, and pills over that! The treatment is certainly simple, although somewhat monotonous, and one wonders if the patients were cured. It proves how invaluable are our medical missions amongst the sick of these primitive people.



KAISERSWERTH.
Window of Miss Nightingale's room draped with British colours.

We are glad to note that the *South African Medical Record* is quite of our opinion that, so long as the nurses do not object to nurse the native races, the agitation enunciated in the Provincial Council that "black or coloured patients should be nursed only by coloured nurses" is absurd. We know nurses who have worked for years amongst all sorts of outlandish natives, and have received in return nothing but respect and gratitude. That such work upon the part of our nurses encourages "black peril" is a baseless fear.

Discussing the Enema in the Eighteenth Century, the *British Medical Journal* gives the following amusing information:—

As we know, the enema syringe of the seventeenth and eighteenth centuries was the symbol of medicine in France. The august body of Louis XIV was washed out by means of it some thousands of times, and it is recorded of a royal duchess that she had the *remède*, as it was politely called, furtively administered to her even in the presence of the Court. It was used by everybody who could afford it, and it was a considerable source of income to the apothecaries. Naturally it did not escape the keen eye of Moliere, who introduces it several times. He represents M. de Pourceaugnac being pursued with the instrument by a number of apothecaries, assuring him that it is benign, and in the ballet which concludes the *Malade Imaginaire* the apothecaries carrying the emblem play a conspicuous part. There is a curious record of an action brought in 1746 against a canon of Troyes, François Bourgeois, by what may be called a nurse specialist in the administration of enemas. This lady, who had the very appropriate name of Etienneette Boyeau, brought an action for recovery of moneys due to her for the innumerable enemas she had given the patient. As he would not pay, she put her case into the hands of an advocate named Grosley. His pleading, which is given in French memoirs in all seriousness but which reads like an elaborate jest, set forth that the canon had for some time been "vexed by a heated state of the viscera of that enormous acrimony which causes the generative parts to be extravasated." (Doubtless the writer meant piles.) Having consulted his physician, the canon was ordered the frequent use of "a kind of lenitive commonly known under the name of clyster." Etienneette Boyeau, who was in high repute for her skill in the administration of that remedy, was called in, and she attended on the canon two whole years, officiating at least once, sometimes as often as six times, a day. But, though she served him well and her fee was small, she could get no money out of the canon. "Three hundred times, at the most interesting moments and in the most supplicating position, she begged him to relieve her needs, without his allowing himself to be softened." At length, in 1746, she brought an action against him. In the pleading it is stated that "the Sieur Bourgeois took at least one enema a day and often six, thus, taking the whole together on an average, three enemas a day gives a total of 2,100 enemas, which at 2 sols 6 deniers make up the big figure of 273 livres 15 sols. Etienneette consents to reduce the total number of enemas to 2,000, and to reduce her bill to 150 livres instead of 273 livres 15 sols." The canon resisted, but ultimately paid up.

PRESERVATIVES IN MILK AND CREAM.

The new regulations prohibiting the use of preservatives in milk and regulating their use in cream came into force on Tuesday.

REFLECTIONS

FROM A BOARD ROOM MICROSCOPE

The Duke of Norfolk (Lord Lieutenant of Sussex) will inaugurate the Brighton and Hove Memorial to King Edward, and has fixed October 12th for the purpose. After unveiling, on the Esplanade at the borough boundary, the beautiful monument entitled "Peace," executed by Mr. Newbury Trent, the Duke will open the new Central Home for the Brighton and Hove Queen's Nurses at Wellington Road, which forms part of the memorial of the two boroughs. Money is greatly needed in support of the Queen's Nurses Home.

The new wing which has been attached to the Wolverhampton and Staffordshire General Hospital as a memorial to the late King Edward VII. is nearing completion, and the official opening has been fixed for Wednesday, November 13th, and the ceremony will be conducted in Masonic form by the Provincial Grand Lodge of Staffordshire, the Right Hon. Earl of Dartmouth, Provincial Grand Master, officiating. A public luncheon will take place in honour of the occasion, and the opportunity will be seized to give publicity to the general reconstruction scheme of the hospital. The two wards composing the new wing are thoroughly modern in every respect, and embody practically every improvement and requisite that surgical and architectural science can suggest. They will be used exclusively for women's surgical and accident cases. They are lofty, airy, and splendidly lighted. The walls are treated with white enamel, with a dado of light green tiles, and the heating will be by hot water radiators and centrally situated fireplaces with down draughts. The floors are constructed of teak blocks, and the doors are made of the same kind of wood. At the end of both wards are balconies approached by swing-doors for the special benefit of patients needing open-air treatment. It should be mentioned that about £2,300 is still required to complete the building and equipment of the wing. The object is a deserving one. It is surprising the amount of work which the hospital does in the treatment of women's cases. Something between 900 and 1,000 patients are dealt with in the course of a year, and in the new wards thirty-six more beds will be available (eighteen in each ward), making a total in the whole institution of about seventy-one for women.

The National Insurance Commissioners have issued a draft of the Regulations relating to medical benefit under the Insurance Act.

The question of remuneration for medical attendance is left to the local health committees, who have the option of arranging payment on any of the four following bases:—

- (1) Capitation only.

(2) A small capitation fee with some payment for special services.

(3) Payment for special services with a small capitation fee.

(4) Payment by attendance only.

The difference between (2) and (3), it is explained, is that in the former the capitation fee, though small, is the main basis of the proposal; in the other the main basis is the payment for special services.

In the meantime, the medical profession are standing firm for just conditions of work and pay.

THE GRESHAM LECTURES, 1912.

The four lectures to be delivered by Dr. F. M. Sandwith, Gresham Professor of Physic, on the Relief of the Sick and Wounded in Time of War, should be of unusual interest to nurses—and as they are given free in the City of London School, Victoria Embankment, E.C., at 6 p.m., many will no doubt attend.

SYLLABUS OF LECTURES.

LECTURE I.—Tuesday, October 15th.

EARLY HISTORY, B.C. 450—A.D. 1854.

Early records of standing armies and of military surgeons. The field hospitals of Queen Isabella I. in 1487. Surgeons, like Ambroise Paré, voluntarily attached to the French army. Little care for the wounded in Napoleonic wars. General Marbot's account of his own gun-shot wound. Inefficiency in London and at her front at the outbreak of the Crimean war. Russell's fearless letters to the *Times*.

LECTURE II.—Wednesday, October 16th.

MODERN HISTORY, A.D. 1855—1871.

Introduction of women into military hospitals by Mr. Sidney Herbert. The crusade of Miss Florence Nightingale and other ladies. Red-tapeism yielding to permanent reforms. Reduction of army mortality. Mr. Dunant's visit to Solferino in 1859. His organization after the battle and his book. Valuable aid rendered to wounded by volunteers during the American Civil War. The International Congress at Geneva in 1864. The Schleswig-Holstein campaign and the war between Prussia and Austria. British Red Cross assistance in the Franco-Prussian war.

LECTURE III.—Thursday, October 17th.

RECENT HISTORY, A.D. 1876—1912.

National Aid Society's surgeons in the Turko-Servian war, 1876. Stafford House Surgeons in the Russo-Turkish war, 1877-8; Zulu war, 1879-1881. The Egyptian campaigns. The war between Greece and Turkey, 1897. Sudan Expedition, 1898. The South African war, 1899-1902. The Italo-Turkish war. St. John Ambulance Association. The British Red Cross Society. Foreign Red Cross Societies.

LECTURE IV.—Friday, October 18th,

will be devoted to showing lantern slides which illustrate the previous lectures.

TWENTY-ONE YEARS' GOOD WORK.

PRESENTATION TO MISS RICHARDSON.

There have been many delightful gatherings at the London Temperance Hospital, Hampstead Road, but Saturday, September 29th, was indeed a unique occasion, for a goodly number of past and present Nurses gathered together in the Out-patient Hall to do honour to their Matron, Miss Richardson, on the completion of her twenty-first year's work among them.

For many weeks Sister Dora, the Senior Sister, whose own record of work in this hospital is an unbroken one of over twenty years, had been working to bring as many nurses as possible into touch with the suggestion of commemorating the event by a Party, and a Presentation to Miss Richardson. The result was a wonderful gathering at which Miss Orme, the first Matron, and Miss Lucas, her successor, were present, and a large number of past Sisters and Nurses, including several Matrons of important hospitals. Many of the guests wore indoor uniform, which greatly added to the interest. The hall was most delightfully decorated with autumn leaves and berries, and lovely chrysanthemums, and over the little stage on which the two former Matrons were supported by Miss Richardson and the Sisters, hung a beautiful device: "Long live our Matron, 1891-1912." After the singing of a specially adapted glee by a choir of nurses trained by Sister Rose, called "Follow on, our Matrons Lead," two beautiful bouquets made by Sister Mildred were presented to Miss Orme, and Miss Lucas by Sister Dora, who in a few words emphasized the unusual character of the proceedings, and the wonderful response to her letters from the old nurses. Letters and telegrams from many others unavoidably detained were read, and Sister Dora then presented Miss Richardson with a book, illuminated by Sister Helen, containing the names of all who had contributed to the gifts. An address, specially written by a former Sister, now a Matron, was then read, thanking Miss Richardson for all she had been and done, reminding her that to live in the hearts and lives of those she had trained was to live for ever, and that her work would go on long after her own hands were folded in stillness, and asking her acceptance of some gifts which were to speak of love and gratitude which were eternal.

Sister Helen then stepped forward and presented a beautiful gold watch suitably inscribed, a silver cream jug and sugar basin, a cruet and butter dish, and a travelling trunk were in turn presented by Sisters Mildred, Adeline, Florence and Iris. This was followed by the presentation of a beautiful tea tray by the cook in the name of the household staff, "in recognition of your justness and kindness to us at all times."

Miss Richardson, who seemed quite overcome, said a few words of thanks, and Miss Orme spoke of the pride she felt in seeing one of her own

Nurses in so honoured a position, and urged those present to strive after the ideal so unceasingly put before them at the Temperance Hospital.

Tea, and a delightful renewal of old friendships and much happy talk of bygone days followed. The Nurses sang "Comrades in Arms" with much feeling, and after many good-byes and the singing of "Auld Lang Syne," we scattered to our various works and duties, with a memory and an inspiration the fragrance of which will outlive many dark and dreary days, and serve as an additional bond of union with our beloved hospital.

MARY STEWART DONALDSON.

OUR FOREIGN LETTER.

THE AMERICAN MISSION, ASSIOUT, EGYPT.

About the end of May our schools closed for the summer, and, after seeing our 600 boarders off to their various homes, we packed our own boxes and sought a cooler place, for Assiout was then almost unbearably hot. Some, who were in need of a complete change, went to Switzerland; some to Syria, while others of us unable to afford so much, were glad enough to get as far as Ramleh, a little place by the sea, seven miles from Alexandria. Here some few years ago Miss A. Van Sommer, of England, after interesting friends at home, had a charming home of rest built for missionaries, with accommodation for about 28, and though during the winter months friends from England are gladly welcomed and made at home, Fairhaven during the summer is kept for missionaries from Egypt and the Soudan. Needless to say, it is much appreciated and taken full advantage of. To a tired nurse, and especially a missionary nurse, after the rush and anxiety of a year's work, be it in the villages, the mission hospitals, or the schools, Fairhaven, with its air of restfulness, its large bright sitting-rooms and very dainty bedrooms, looking away out over the Mediterranean, its long verandahs, its gardens and tennis court, and, above all, the kindly care and interest shown to each and every visitor, is a haven of rest indeed.

Unfortunately Miss Van Sommer had to return to England this year, but left the house in charge of Miss Miller and Miss Wood.

Miss Wood has been there since it was first opened, and right glad we were to see her again, for well we remembered how in former years she won our hearts by her never-tiring kindness and love.

Of Miss Miller, who had just come out from home during Miss Van Sommer's absence, it is almost enough to say she is the sister of the late Miss Kathleen Miller, who, as practically the founder and the first secretary of the Nurses' Missionary League, was so well-known and so dearly loved by hundreds of nurses now scattered the wide world over.

As all know, this League has as one of its chief objects the raising of the standard of nursing throughout the mission field by supplying *fully-trained* nurses to all missionary societies, nor did she only send others forth, but gladly—when the call came to her—she sailed, just four short years ago, for India, from where only last November she was again "called," this time to higher service in the presence of Him who was far more precious to her than life itself. To meet a sister of hers was a great privilege, though right soon we learned to love Miss W. Miller for her own sake also. Indeed, we doubt if any could stay long at Fairhaven and not love both Miss Miller and Miss Wood very truly. There was plenty of sea bathing for those who cared for it.

Some played tennis daily, and those from Upper Egypt rejoiced in the electric tram and the French shops at Alexandria, to say nothing of the ice-cream rooms! while all enjoyed the picnics which Miss Miller so constantly and untiringly planned for us, always accompanying us, and looking well after our comfort herself. Sometimes it was to "Spouting Rock" we went—quite a little distance off—where, sitting on the rocks, we could watch the glorious Mediterranean or see the waters spouting up from a huge cavity in the centre of the rocks; or, again, to the Housa Gardens, well worth a visit; and sometimes—several times indeed during the summer—to Abukir Bay, a place of great historical interest, for was it not here that Nelson, in 1798, fought his great fight and won his great victory over the French fleet, destroying thirteen of their seventeen vessels? Also, in 1799, Napoleon defeated the Turkish army at Abukir, though, but two years later, his own was defeated in the same place by Sir Ralph Abercromby. And while some loved to gaze on the great fort, standing grim and bold and strong, with its huge cannons still lying strewn around, and its quiet suggestion of the awful scenes once witnessed there, or to stroll a little farther along and visit the remains of Canopus, once—in Ptolemaic times—one of the greatest and richest and wickedest cities of the world, even the ruins of which are to this day awe inspiring; others lay on the sands and gathered the dearest tiny green shells which, when strung together, make a charming necklet.

Doubtless, as this summer's visitors in the years to come look back on those days at Abukir, they will again remember how deeply they were stirred by thoughts of an age gone by, and a glory long since departed, and how their very beings were thrilled as they lived over, in imagination, the great battles which troubled those mighty waters, making the rocks resound, and sending brave men to their doom. Yet somehow, we fear—though low be it spoken—that some, just some of their number whose souls can't, perhaps, soar quite so high, will always think of Abukir first of all as the place where they had the most delightful picnics and gathered "little green shells."

FRANCIS L. J. BENNETT.

OUTSIDE THE GATES.

WOMEN.

The event of the week amongst women's organisations is the Conference at Oxford of the National Union of Women Workers, and of the National Council of Women of Great Britain and Ireland. Hundreds of women have flocked to this ancient seat of learning and are busy discussing innumerable questions of importance to the community in general, mostly on social reform lines.

The delegates of the National Council have before them several resolutions of which the following are the most important:—Proposed on behalf of the Executive Committee: "That the National Council of Nurses of Great Britain and Ireland be accorded two representatives instead of, as at present, one, upon the National Council of Women."

To be proposed on behalf of the Industrial Sectional Committee: "That, in view of the low wages and falling prices in many women's trades, the National Council of Women of Great Britain and Ireland urges upon His Majesty's Government the desirability of extending the Trade Boards Act to other trades than those already scheduled."

On behalf of the Public Service Sectional Committee: "That the National Council of Women of Great Britain and Ireland desires to express its gratitude to the Government for introducing the Bill dealing with Mental Deficiency, although they are of opinion that the Bill as it now stands requires considerable amendment."

On behalf of the Public Service Sectional Committee: "That on any committee which may be formed to deal with women and children under the Mental Deficiency Bill, at least one woman shall be appointed to serve."

The members of the Conference are being most hospitably entertained throughout the week, and are enjoying a delightful social time between the sessions.

A letter has been widely signed by humane persons who love animals, in connection with the National Canine Defence League, urging that the dog should be exempted from "all vivisectional, inoculative, and other experiments." The letter proceeds: "The friendship which has existed throughout the ages between man and the dog places their relations on a footing without parallel in the history of the world, and there is a perfectly natural desire on the part of a great number of men and women in this country to give effect to this feeling of regard for these faithful and intelligent creatures, so far as the vivisection question is concerned."

Please do all you can to help this movement, it is terrible that these dear creatures should still be used for experimental purposes. Are any of us worth it? We doubt it.

THE BOOK OF THE WEEK.

THE DAUGHTER OF BRAHMA*

David Hurst was born in India on the night of his father's assassination. At the age of twelve he overheard his adored mother's real opinion of him. "You say he is a dreamer, he is merely stupid; you say he is delicate, he is a weakling; you say he is nervous, he is a coward; he is ugly into the bargain and a cripple. I hate my son!" One need not be hyper-sensitive to be crushed by such cruel words, and they embitter the boy's whole youth, but he lived to refute it all.

During his lonely wanderings he stumbled by chance upon a heathen temple, and at great peril to his life, he witnessed the rite in which the lovely child Sarasvati, the daughter of Brahma, is given as bride to the idol Sivra.

Twelve years later he rescues her from the funeral pyre, and the same night is married to her by the rites of the Roman Church. Almost immediately he learns of the death of his cousin and his accession to his title and property. His homecoming with his Eastern bride, for which his tenantry are quite unprepared, raises a storm of indignation.

"Here in this commonplace English drawing-room, haunted with the shades of honourable but stiff unromantic Englishwomen, this child of Eastern splendour had no place. The firelight and the coming night shades alone brought her understanding. They bore her like a jewel in a natural and perfect setting. To-morrow the daylight would destroy it, and all the loveliness be lost in glaring piteous disharmony."

Against his better judgment, David leaves the seclusion of his home, into which at first he defiantly withdraws, and is persuaded to stand for the constituency. As may be imagined, publicity brought him through his wife many bitter humiliations. "Who the devil was that?" David heard. "What, Lady Hurst! Great heaven, you don't say so! I didn't know it was as bad as that. What, man alive, one doesn't marry that sort of thing."

"There was a laugh. David Hurst came out of the alcove. Through an unsteady, shifting mist he saw Lord Salby standing in the doorway against a background of frock-coated followers, and he went up to him and struck the red, smiling face with a calculated, swift precision." By rapid degrees David realises his fatal mistake, and the tender romance dies in the awakening.

Those who know anything of the Eastern character will understand that the disappearance of the bride of Sivra from the temple was not allowed to go unavenged. Rama Pal follows them to England, and in the closing scene of the book we find Sarasvati enthroned once more in the heathen temple, whither David follows her. She is stabbed in her attempt to shield him.

"The Daughter of Brahma slept. Peacefully, her dark head pillowed on a white heap of fresh

*By T. A. R. Wylie. (Mills & Boon, London.)

lotus blossoms she lay beneath the shadow of the great idol, and no trace of the darker shadow clouded the serene loveliness which in that hour had been given back to her. In her own beauty alone the Daughter of Brahma had gone forth in the search of God.

"Gently David Hurst lifted one frail hand and slipped the ring of their short union back on the empty finger. The turmoil of life into which he had drawn her had hidden her from him; now he saw her as she was, as she would remain to him to the end of time—as the mirror of his soul.

"He bent and kissed her. Her lips were faintly parted no longer in breathless longing, but very peacefully, and the same peace was in his own heart."

This vivid and romantic story should find many admirers. H. H.



AUTUMN IN THE ISLANDS.

After the wind in the wood,
Peace and the night;
After the bond and the brood,
Flight.

After the height and the hush
Where the wild hawk swings,
Heart of the earth-loving thrush
Shaken with wings.

After the bloom and the leaf,
Rain on the nest;
After the splendour and grief,
Rest.

After the hills, and the far
Glories and gleams,
Cloud, and the dawn of a star,
And dreams.

—*Marjorie L. C. Pichthall, in the
"Atlantic Monthly."*



COMING EVENTS.

October 9th.—The Trained Women Nurses Friendly Society, 131, Oxford Street, London, W. 1.30 p.m.

October 9th, 16th, 23rd; November 6th and 13th.—Nurses' Missionary League. The Autumn programme. Lectures on Hinduism and Islam, University Hall, W.C., by Canon Weibrecht.

October 11th.—Meeting Executive Committee Society for State Registration of Nurses. 131, Oxford Street. 4.30 p.m.

October 15th.—Catholic Nurses' Association (Ireland), Annual Meeting. Lourdes House, Dublin.

October 19th.—British Home and Hospital for Incurables, Streatham. Lord Strathcona will lay the foundation stone of the Alexandra wing.

October 22nd.—Central Midwives Board Examination, London, Birmingham, Bristol, Leeds, Manchester and Newcastle-on-Tyne.

October 23rd.—Mansion House, City of London. Public Meeting in support of the memorial to Lord Lister.

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.

TRAINING AND SERVICE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—I take in THE BRITISH JOURNAL OF NURSING and have read with some surprise your statement that "the unfortunate inclusion of the words 'and service'" makes it possible to admit nurses with certificates of (two) years' training only, but who may have served a hospital presumably as a private nurse for profit, as at the London Hospital."

The word service does not render it possible for a candidate to be admitted into the Queen Alexandra Imperial Military Nursing Service with less than three years' training in the wards of a hospital.

Although the certificate of the London Hospital is nominally a two years' one, yet, all candidates from that hospital for the Q.A.I.M.N.S. must be certified to have a third year (out of four years') training in the wards of that hospital.

I know of no exception to this regulation.

I am, dear Madam,

Yours faithfully,

C. H. KEER

(late Matron-in-Chief Q.A.I.M.N.S.).

Glonside,
17, Albany Road,
Stroud Green, N.

(We thank our correspondent for her letter—knowing that it was always her earnest endeavour during her term of office as Matron-in-Chief of Q.A.I.M.N.S. to maintain the highest nursing standards possible under the regulations. And as this question of educational and professional standards for military nurses is one which is agitating many trained nurses, holding certificates for Three Years' Training in the wards of the leading hospitals, and who will not join the Service under existing regulations and conditions, we have given due consideration to Miss Keer's letter in our editorial article. Ed.)

THE ROSARY OF INTERNATIONALISM.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—To those who have never attended one of the International Nursing Congresses, and who from want of knowledge speak of such meetings as a pleasant picnic, a fleeting excitement, a nice week's holiday, I want to address one word—"Durability." It is the touchstone of all successful work. It is the very essence of the International Nursing Congress.

I have attended three Congresses in Paris, London, and Cologne, with a three years' interval

between each. As I count the beads in the Rosary of my years, the larger beads on the chain seem to represent those *Congress years*, knitting up, consolidating, and making epochs in the chain of daily, yearly toil and work.

That bright and stimulating meeting in Paris six years ago under a sunnier sky than ours! The eagerness of the French to learn from us! The courtesy and hospitality proffered to us! Six years have come and gone since then, and in Cologne I met and renewed acquaintance with a young French nurse who told me with pride and reverence "Moi j'ai connu votre Mlle. Isla Stewart." And French and English clasp hands in her memory and pass on again.

Cela dure! Cela dure!

Yes, the impressions formed, the resolutions made, the friendships cemented during Congress week are like the snapshots taken by the Congress members. Taken and put on one side for the moment, brought out and developed later on, and finally printed in our hearts.

"And, when at eventide we are alone,
We bring them out and live with them again.
The years all pass away which since have flown."

And thus we tell our beads of working days, gladdened by the memory of good seed sown, good work accomplished, quickened and strengthened by sympathy and good-fellowship, looking forward to the rivetting in the near future at San Francisco, fresh links in the international chain.

Yes, dear readers, the International Nursing Congresses have been tested on the touchstone of durability, and they have *not* been found wanting.

ANNIE E. HULME.

Colosseum Terrace, N.W.

A GOOD SUGGESTION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I second a suggestion thrown out by "Another Victim" in last week's issue? She writes, "It seems there should be some place women could get good advice before being trained as nurses." From personal experience I can speak most feelingly of the loss I have sustained from being trained in the wrong way. I am now too old to begin afresh, and shall never be able to hold any position of responsibility in the profession, which I might have done if I had been properly trained. I have read THE BRITISH JOURNAL OF NURSING for many years, and think far from its policy being hard on village nurses, it is the best friend of women, who for the sake of cheap labour are enticed by County Nursing Societies of society people, to sell their birthright (efficient training and reasonable remuneration) for a mess of pottage (cottage nursing). If there was a Central Nursing Board, training would be defined for all, and we ignorant ones would be put in the right way from the first, as medical students are, but as this Government means to keep women's labour cheap, and as there is no hope for working women so long as it is in power,

could not the Matrons' Council or some such body consider the question of drawing up a course of action concerning training, &c., for women willing to become efficient nurses. Every day more incompetents are encouraged by County and Cottage Nursing Associations to undertake responsible work for which they are not trained, and many of them with systematic training would become valuable nurses, so greatly needed for rich and poor.

I am, yours truly,

A FORTY POUND NURSE.

A STRANGE FATALITY.

DEAR MADAM,—Under the above heading, I notice a paragraph in the JOURNAL, referring to the sad death of the Infanta Maria Terésa. But is it so strange, if we remember that her baby was born on September 15th, and that, according to the accounts published in the press, the mother was getting up on the 23rd; that is to say, the eighth day after (and including) that of the confinement. We teach all our working women patients that it is essential for their safety that they should remain at rest in bed until the tenth day after the confinement, if it has been normal; and for those who can afford it counsel the wisdom of a longer rest. We know, of course, that the rule is broken in some instances in our absence; but, so strongly do we believe in its necessity, for the welfare of our patients, that we warn them that if we find them out of bed we shall repudiate further responsibility for them, and cease attendance. The rule is, no doubt, a rough and ready one, as the time for getting up really depends upon the involution of the uterus; but it is safe to say that involution is not complete *before* the tenth day.

If then, this is the case with women accustomed to a hard life, surely more rather than less time in bed should be the rule for a patient accustomed to every luxury, and for whom the necessity for hastening convalescence, in order that bread may be earned for the family, is not of paramount importance.

Yours faithfully,

CERTIFIED MIDWIFE.

REPLIES TO CORRESPONDENTS.

F. M. T., Clifton.—Write to the matron of the Kasr-el-Aini Hospital, Cairo, and ask her to advise you. It is by no means easy to work on your own account and be sure of constant employment, as so many nurses go to Egypt, especially to Cairo, for the winter months.

OUR PRIZE COMPETITIONS—OCTOBER.

October 12th.—What is Cataract? How would you prepare for an operation for its removal?

October 19th.—What would you consider an efficient curriculum for the training of a midwife?

October 26th.—Describe the modern management of Scarlet Fever.

The Midwife.

THE ADMINISTRATION OF MATERNITY BENEFITS.

Miss M. Llewelyn Davies has a very admirable article on "The Administration of Maternity Benefit" in a recent issue of the *Westminster Gazette*. She writes:—

In recent years we have begun to see the results of neglecting, both in Economics and Politics, to recognise the married woman's position in the home. The Insurance Act, with its omission of sick benefit for married non-wage-earning women, and with its inclusion of maternity benefit, is an example of the present transitional state of the public mind.

The central recurring fact of family life—the birth of children—has been invariably overlooked when such questions as the cost of living, budgets, and minimum wages are considered. Even in a book like Mr. Seebohm Rowntree's "Poverty," in estimating the wages necessary for bare economic efficiency, no account is taken of the additional £3 to £5 periodically needed, if anything like adequate provision for the mother and child is to be made. Where enough money is set aside, it means there is less to spend over many long weeks; but the fact is that very little, and in many cases nothing, can be saved by the two million families whose wages is about 10s. 6d. a week or out of the 30s. wages of 7,300,000 workers.

It is remarkable that so new a departure as State assistance for maternity should have been brought about with so little public hostility. A few persons seem really to believe that the Maternity Benefit is an encouragement to immorality, and that the prospect of receiving 30s. would be a determining factor in the number of illegitimate births. But, on the whole, no part of the Insurance Act has met with less opposition than that which deals with Maternity Benefit.

Now that a beginning, however small, has been made to replace organised or unorganised charity by corporate responsibility and action, it is important that the administration of Maternity Benefit should not be contrary to the workers' sense of independence. It will be generally admitted that the Maternity Benefit is quite different in character from charity, and that its administration should be entirely free from anything that could stamp it with any semblance of philanthropy. The Maternity Benefit will belong by right to the people; they will have contributed to it directly and indirectly; it will be universal as far as the Act is so; and it will be certain.

The Act says that the benefit may be given "in cash or otherwise," and it is under "other-

wise" that the opportunity might arise for the introduction of views and actions which would be out of place in connexion with a State benefit.

Probably most people would agree as regards the need for building up further schemes, and it is very desirable that future developments should be kept in view from the first. To some of us it has seemed that it would have been much better to have placed maternity benefit under the Health Authorities, so that by means of national grants municipalities might gradually construct schemes which would include maternity homes, such as those existing in New Zealand; baby clinics, similar to the "Mothers' Welcomes" now spreading so fast over England; milk depots, by means of which good cheap milk could take the place of tinned milk; and other plans, covering periods both before and after childbirth. Even now, co-operation as far as possible should be attempted between Insurance and Health Committees, as, for example, by Insurance visitors giving information about the institutions in existence.

But as yet no suggestion has been made for State-aided municipal schemes, and the feeling of the great majority of co-operative and trade-unionist women is strongly in favour of the present small benefit being given in cash. They know that the mother is herself, in the overwhelming number of cases, the person able to use the benefit to the greatest advantage in her special circumstances. The ordinary working-woman is an expert in the art of making a little go as far as possible, all inquiries showing this with pathetic clearness. When larger schemes are forthcoming women will undoubtedly welcome them, but they would rightly consider a certain amount of money for home needs always desirable, just as it is seen to be in the case of consumptives who are receiving other forms of benefit.

There is, however, no serious reason against an allocation of part of the benefit being made to doctor or midwife's fee. Such an allocation would be applicable to all alike who come under the Act, and the skill of doctor or midwife is a necessity to all. But the amount allocated should never be above the present minimum medical fees of doctors, which vary in different districts from 10s. 6d. to 30s., and it would be desirable to fix a maximum, say, of 10s. 6d. or 15s., the remainder of the fee being paid by arrangement between mother and doctor. It would greatly lessen the value of the benefit if higher fees are charged in consequence of it.

An allocation to doctor or midwife would have the advantage of preventing the idea that any enlargement of the benefit in the future must necessarily be in cash. It would also meet the fear (though I cannot help feeling the apprehension will

prove groundless) that the Act will cause valuable organisations like the Rural Midwives' Association (for the supply of midwives) and District Nursing Associations to decline, owing to subscriptions falling off. Whether an amount were allocated or not, an association would now be able to charge full fees, instead of the small subscriptions often asked.

The stipulations as regards allocation which co-operative women desire to make are (1) that any allocation made by Insurance Committees or Approved Societies shall be universal where adopted; with the converse of this, that there shall be no allocation which should entail inquiry or differentiation of classes or persons; (2) that any allocation (other than to doctor or midwife) should be only at the request of the mother or father.

If it were thought desirable to give women and men the chance of protection from one another, it would be possible to supply a form, whenever asked for, on which could be specified the kind of help desired—e.g., maternity homes, nursing, help in the home, milk, &c. The form might be taken to cases by a member of a visiting committee or sick visitors.

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CERTIFIED MIDWIVES AND THE INSURANCE ACT.

In reply to several correspondents as to the position of midwives under the Insurance Act, the Insurance Commissioners have decided that: "A certified midwife engaged by various patients, who performs her duties without the supervision of a qualified medical practitioner, is not employed under a contract of service, and is not required to be insured."

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MIDWIFERY IN THE MISSION FIELD.

It is announced in *Nurses Near and Far*, the organ of the Nurses' Missionary League, that money kindly given to the League to help members to gain additional training in midwifery, with a view to work in the Mission field, has now been returned by those to whom it was lent and it is available for use by any member desiring it. Anyone wishing to borrow it should write to Miss Richardson, on the subject, at 52, Lower Sloane Street, London, W.

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THE AUSTRALIAN MATERNITY BILL.

The Federal House of Representatives, on the 26th inst., passed without a division the second reading of the Bill providing a maternity allowance in respect of any child born in Australia. Mothers will receive a maximum benefit of £5, which must be claimed within three months from the birth of a child.

The measure excludes aborigines and Asiatics

MATERNITY HOSPITALS.

Dr. Thomas W. Huntington, writing in the *International Hospital Record*, says that in recent years the public has learned to place a correct estimate on the maternity hospital, and there is already a keen appreciation of its appropriateness. Slowly but surely the institution is supplanting the residential lying-in room, and for manifold reasons this tendency should be warmly encouraged by the medical profession.

Well-regulated maternity hospitals offer a maximum of comfort and safety at a minimum outlay. In point of efficiency, the affluent and the poverty-stricken are on parity. Such hospitals constitute the best possible schools for the attendant and the nurse, and in them is being reared a type of men and women who are willing to work efficiently and exclusively in this specialty.

At every stage of delivery the attendant is in full command of an adequate equipment. Emergencies may be met promptly and without embarrassment, and not infrequently a calamity is averted. Serious complications in this department of medicine possess a peculiar significance.

The maternity hospital which is worthy of the name is intolerant of loose methods, of shabby subterfuge or ill-masked pretence, and is insistent on strict observance of scientific law. With rare though conspicuous exceptions this phase of our hospital system seems not to have elicited the interest and support which it merits.

The lying-in wards of county and municipal hospitals have been much neglected, and the service rendered therein is too often indifferent, if not unsafe. Some of the so-called private hospitals which invite this character of work are of low standard and without reason or justification for their existence.

Society needs to be reminded that the highest obligation of man to woman lies in his safeguarding and protecting her during that trying period of approaching motherhood.

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MATERNITY INSURANCE IN AUSTRIA.

The Austrian Protection of Motherhood Society, reports *The Standard*, is petitioning the Austrian Reichsrat through one of its members, Dr. Julius Ofter, to include a maternity insurance in the Insurance Reform Bill, which is to be brought before the House this coming session. The Reform Bill embodies a scheme for the broadening of the present invalidity, sickness, and old age insurance, but makes no mention of a maternity insurance which the society were given to understand would be embodied in this Bill. The Austrian Society, like the well-known German League, founded by Dr. Helen Stoecker, has for its ultimate aim the procurement of the State endowment of motherhood.

In France, there is a Bill before the Chamber of Deputies for the payment of £20 to every mother on the birth of her fourth child.

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EDITORIAL.

A SCHOOL FOR SPECIAL TRAINING IN THE NURSING OF TUBERCULOSIS.

The demand for nurses possessing experience in the treatment and care of tuberculosis, in all its forms, is steadily increasing, and there is every likelihood that it will continue to do so.

The Sanatoria to be built, to meet the requirements of the National Insurance Act, will make a large demand on the profession for trained nurses having this special experience to fill the posts of Matrons, sisters, and nurses.

The Local Health Committees and Tuberculosis Dispensaries make the same demand, and all report difficulty in obtaining nurses possessing any definite training in tuberculosis work.

With a knowledge of these conditions, and a commendable realization of the opportunities thus presented to nurses, the authorities of the Royal Hospital for Diseases of the Chest, City Road, E.C., have upon the suggestion of the Matron, Miss M. S. Rundle, initiated a School for special training in the Nursing of Tuberculosis in all its forms, the training to be divided into three sections, as follows:

A Post Graduate Course of one year for nurses possessing a certificate of general training. Nurses to reside in the hospital, taking the position of staff nurses, and to receive a salary as such.

A Preliminary Course of two years for probationers not possessing a certificate. Nurses to reside in the hospital, taking the position of probationers, and to receive a salary as such.

A Post Graduate Course of three or six months for trained nurses not attached to the Royal Hospital for Diseases of the Chest. For this course a fee will be charged. In each instance a very thorough training

will be given in practical work, by means of lectures and demonstrations, on tuberculosis in relation to the hospital, sanatorium, tuberculosis dispensary, and home, by the Medical Officer of Health, members of the Medical Staff and the Matron. The nurses will spend a certain time in the new tuberculosis dispensary attached to the hospital, and also in district work, studying the hygienic and sanitary conditions of the homes visited, from the point of view of public health in relation to tuberculosis.

The system of health visiting already established at the hospital, and carried on by two resident sisters, affords exceptional opportunities for giving this training. In each course the nurses will be required to pass an examination in the subjects studied, and to prove themselves able to write up reports on the social and sanitary conditions of the homes visited, for the Medical Officer of Health, and it is the intention of the authorities, that the certificate granted shall be one of high merit.

A Register of nurses who have gained the certificate of the hospital will be kept, and recommendations made to committees and others applying for nurses to fill posts in which a special knowledge of the nursing and care of tuberculosis patients is required.

Applications for particulars of Courses 1 and 2 should be made to the Matron. Notices will appear in due course as to the conditions connected with Course 3.

We congratulate the authorities of the Royal Hospital for Diseases of the Chest on the inauguration of these courses. Their organization and the supervision of the nurses will, we are sure, be a most congenial task to the Matron, Miss M. S. Rundle, who as Isla Stewart scholar at Teachers' College, Columbia University, has had exceptional opportunities for studying the best and most up to date methods of teaching.

CLINICAL NOTES ON SOME COMMON AILMENTS.

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

SMALL POX.

(Concluded from page 267.)

Small pox is perhaps the most infectious disease that is met with in this country, and it is not only highly contagious from person to person, and through the medium of infected clothing, but is also transmitted through the air over a considerable distance, especially in the direction of prevalent winds. It has, for instance, been found that the incidence of small pox during an epidemic is much greater in houses that are situated near a hospital where the patients are being treated, and diminishes with increased distance from it. That this is due to the diffusion of particles of skin is shown by the fact that dissemination can be prevented by anointing of the skin of the patients in the hospital with oil. The infectivity of a patient bears no relation whatever to the severity of his illness; modified cases, for instance, being just as infectious as the ordinary or hæmorrhagic variety.

We come now to the influence of vaccination on the incidence and mortality of small pox. On this point there is an immense amount of literature, and carefully compiled statistics are numerous. I do not propose to discuss these in detail, but it will be well to mention certain points which bear on the medical side of the question. Practically speaking, we may say that a person who has been vaccinated in infancy, and again at the age of ten or thereabouts, and subsequently on the first appearance of small pox in his locality, cannot contract small pox, except in an exceedingly mild form, and certainly cannot either die from or be permanently marked by it. Then, if we take those who have been efficiently vaccinated in infancy only, the chances are that complete protection is afforded for seven years, and that after that they will probably have it, if at all, in a mild or modified form only; complete protection, however, is only afforded by re-vaccination as previously described. Thus, amongst unvaccinated persons, the mortality is at least 35 per cent., while in those vaccinated in infancy only it is 6 to 8 per cent. Again, in these last, the mortality amongst those who show only one or two vaccination marks is 7 per cent., while with four marks it is only 2.4 per cent.

The prejudice against vaccination, which amongst some has been exalted into an article

of pseudo-religious belief, depends upon the undoubted fact that, in the past, certain diseases, notably syphilis and erysipelas, have been inoculated into previously healthy children with vaccination, and deaths have occurred also from septic infection similarly introduced. It must be borne in mind, however, that vaccination was then commonly performed directly from arm to arm, and that, too, without any attempts at asepsis. When a child who was suffering from syphilis, for instance, was selected for vaccinating others from, disease was frequently introduced in this way, and abscesses and pyæmia similarly resulted from the absence of aseptic, or antiseptic, technique. Nowadays vaccination from arm to arm is obsolete, and the operation is usually performed with calf lymph prepared in the Government laboratory with glycerine, which kills all organisms except those of vaccinia itself. Consequently, if this lymph is used with the precautions usual for a surgical operation, namely, sterilisation of the skin and instruments, followed by covering up the site of inoculation with an aseptic pad, the procedure is practically free from the risks mentioned above. When instances are given, by those opposed to vaccination, of these disasters, it will practically always be found, on inquiry, that they took place in the days of arm-to-arm inoculation, or that the operation was not performed aseptically.

Two instances may be given of the practical effect of vaccination in practice. In Montreal, from 1870 to 1875, there was an epidemic of small pox, which was followed by a wave of prejudice against (arm-to-arm) vaccination on account of the existence of several instances of inoculated syphilis: there were, indeed, anti-vaccination riots. Consequently, a large unvaccinated population grew up. In 1885 a case of small pox appeared, having been imported from Chicago, and in the next ten months many thousands were attacked with this disease, and 3,164 died of it.

Another instance is interesting. In Germany, re-vaccination is compulsory, as well as infantile vaccination, with the result that small pox has been stamped out completely in the German army, and, indeed, practically throughout Germany itself. Now this was attributed, by some anti-vaccinators in this country, to the extreme care that was taken to isolate cases of the disease whenever it has been imported, so an investigator went to Germany to see how they did it. He found that the "extreme care" resolved itself into the fact that there was no isolation of small pox

whatever, but that, feeling secure in the protection afforded by compulsory re-vaccination, they actually nursed cases of small pox in the ordinary wards of the general hospitals side by side with those suffering from other medical diseases! No case of infection with small pox could be discovered.

In this country we have, of course, a "conscience clause" which exempts from infantile vaccination any child whose parents conscientiously believe that vaccination would be prejudicial to its health. Now, the effect of vaccination is not a matter of conscience, but of statistics, and these tend all the other way. Moreover, by this clause a parent is allowed not only to run the risk of small pox as regards his own child, but also to assist in the infection of others whenever small pox is prevalent! Every unvaccinated child is really a danger to the community.

The treatment of small pox is not very satisfactory. All patients should be removed to hospital, as it is practically impossible to isolate them satisfactorily at home so long as we have a partially unvaccinated population. There is no specific for the disease, but we treat symptoms as they occur on the usual general lines. It is best to cover the face and hands, when the eruption is at all profuse, with lint soaked in a mild antiseptic lotion containing glycerine, and the whole body should be anointed with oil in order to prevent dissemination of infective matter through the air. If the temperature be high, cool baths are useful, and sedatives may be required to allay restlessness and delirium. There is no evidence that pitting can be prevented, or modified by treatment, as this depends simply on the depth of the pustules, which cannot be controlled.

I have not touched on the question of the diagnosis of small pox, as this is hardly within the compass of this type of paper; but, in the time of an epidemic, accurate diagnosis is essential for the public safety, as almost all the spreading takes place from unrecognized cases. It is usual at these times to make chicken pox (a disease with which small pox is most likely to be confused) a notifiable disease in order that the public health authorities may have the opportunity of tracing all probable sources of infection.

Nurses have many opportunities of explaining to those who do not understand the true nature of vaccination, its importance and benefits, and can do much to instil the belief that, with the precautions taken at the present day, the risks of the past are non-existent.

LIVING PICTURES AT COLOGNE.

Our reproductions of the living pictures of the Cologne Pageant, designed by Fr. Alexe Altenkirch, cannot fail to give pleasure to our readers, both those who saw the originals, and those who did not have the good fortune to be present in the Gürzenich on August 4th, but who, we know, desire to get some impression of these wonderful pictures, which we described in detail in our issue of August 10th.

In No. 1 St. Elizabeth of Hungary (representing a Royal nurse, in religion, of the thirteenth century) was depicted by Fr. Klein as a figure carved in wood. No. 2 presented the Founders of the Revilien Hospital at Cologne (living in the middle of the fifteenth century)—Daman von Löwen, his wife Mechtild, and their daughter. In the forefront were two Béguines, members of the Order by which the hospital was nursed. The Béguines may be regarded as typical of nurses living in the world, as, although they live in communities, they have maintained their individual freedom.

No. 3 represented a dead warrior as a bronze relief (date 1813), supported by a military nurse and surrounded by sorrowing comrades; and No. 4, Modern Nursing, showed the Triumph of Hygeia. Hygeia was presented by Frau Dr. Tierbach as a marble statue. Holding a laurel wreath before her were graduates from America. Then the nurses of all ages ascended the platform, each offering to Hygeia a rose, and placing it in a bowl before her until it was filled with these fragrant trophies. Conspicuous amongst the modern nurses were the representatives of English Leagues with their banners. On the right (from left to right) the League of St. Bartholomew's Hospital Nurses (Miss E. M. Hunter), the Chelsea Infirmary Nurses' League (Miss E. Barton), the Central London Sick Asylum, Hendon Branch, Nurses' League (Miss Comber), the Irish Nurses' Association (Miss A. Carson Rae), and the General Hospital, Birmingham, Nurses' League (Miss Macfarlane).

On the left of Hygeia (from right to left) were the banners of the League of St. John's House Nurses (Miss M. Burr), the Victoria and Bournemouth Nurses' League (Miss R. Ferguson), the Royal South Hants Nurses' League (Miss A. Lee-Smith), and the League of School Nurses (Miss Downing).

Amongst the beautiful representations of nurses of bygone days Queen Philippa of Hainault (Mrs. Manson) and Alyke von Tumpling (1380 A.D.), personated by her namesake and descendant, were specially noticeable.

THE INTERNATIONAL CONGRESS OF NURSES.

WEDNESDAY, AUGUST 7th.

AFTERNOON SESSION.

Sister Agnes Karll presiding. VOTES OF THANKS.

The business of the Congress having terminated, Mrs. Bedford Fenwick, President National Council of Nurses of Great Britain and Ireland, rose to convey to Sister Agnes Karll, the President of the International Council of Nurses, the thanks of the British Council, from all the members who had the happiness to be present, and from those at home, for her wonderful organisation of the Congress, which had been such a splendid success throughout.

Mrs. Fenwick said it was impossible to express in words the happiness she had experienced during the international association of the world's devoted and public-spirited nurses in Germany. One had but to watch the earnest faces day by day to realise what an impetus the Congress would give to nursing in Germany—and, indeed, throughout the world.

Thirteen years ago, when a few nurses met together in London to found the International Council of Nurses, it would have been almost impossible to imagine that thousands of nurses throughout the world would be so warmly in sympathy with its aims, and so wonderfully inspired with the spirit of solidarity that in so short a time they would come from the ends of the earth to take part in its deliberations. Such a Congress helped the nursing profession to realise not only their influence, but to appreciate their responsibility.

In conclusion, Mrs. Fenwick offered a warm tribute of affection and admiration to Sister Agnes Karll, from the British delegates, and members of the Congress, not only for the wonder-

ful stimulus to intellectual endeavour they had received from association with their German colleagues, but also for the generous hospitality and charming kindness extended to them during the never-to-be-forgotten visit to the lovely Rhineland, and the fascinating City of Cologne.

A FLORAL TRIBUTE.

A very pretty impromptu ceremony then followed, when Sister Hulda Barlen ascended the platform, and on behalf of the German Nurses

Association, presented to Sister Agnes Karll a magnificent basket of flowers, lilies, Guelder roses, red and pink blooms, and deep red leaves, tied with the German colours, with the following words—

"In the name of the German Nurses' Association I offer you, dear Sister Agnes, our warmest thanks. Our thanks for the self-forgetting devotion with which you have, for the last ten years, given yourself to the work of the organisation. Our thanks for the singleness of purpose with which you have laboured to improve the disadvantages under which we nurses have struggled, by your striving to shape a future for us in which we, like our foreign Sisters, shall be protected against over-burdening and exhaustion and be enabled to devote ourselves wholly and buoyantly to our beloved work.

"We all know with what extraordinary energy and success you have devoted yourself to the preparations for this Congress, and how completely the desire to help us dominated you. You have already led us onward for a part of the way, and, if it should be gratifying to you to realize that you have won for yourself a lasting fame in the

history of nursing, it may give you even more happiness to know that you hold a secure place in the hearts of German Sisters the world over. In these, our supreme days of meeting, each Sister holds you dear with heartfelt gratitude. I ask the meeting to unite with me in offering this token of our honour of, and love for, Sister Agnes Karll."



DIE HEILIGE ELIZABETH
— ST. ELIZABETH OF HUNGARY —

After the German nurses came Sister Emmy Lindhagen who, in the name of the Swedish nurses present, asked Sister Karll to accept a bouquet of white roses, tied with the Swedish colours, blue and yellow. The Danish National Council presented lemon and white roses, a note of stronger colour being added by the red and white ribbons. From the Dutch Nurses' Association Guelder roses formed an appropriate offering, the Norwegian nurses present brought sweet peas; Mrs. Lackström (editor of *Epione*), lilies and marigolds, till the platform seemed a bower of sweet scented blooms.

Miss Nutting, speaking on behalf of the American Nurses' Association, said that she only wished the far country of America had been able to send a much larger delegation. No one appreciated the great German nation and its possibilities more than America, and on behalf of the delegation from the United States she desired to express heartfelt admiration of the organization of the Congress, and warm thanks for the kindness the delegates had received.

Miss Creighton, delegate of the National Associations of Superintendents and Nurses of India, expressed the thanks of Indian nurses to the nurses of other nations for all the ideas and inspiration they had received. In the Empire of India they had sometimes to travel over a thousand miles to attend Conferences, and to

Germany it was much farther, but it was worth travelling round the world to be present at this Congress. All Indian nurses would be glad to know that some of their number had been privileged to participate in it.

Mrs. Holgate, delegate from New Zealand, said that she wished to express the heartiest thanks for all that she had learnt, and for the pleasure of these Congress days. If all passed on the knowledge they had gained the nurses of the world would soon have votes for women. She thought the members of the Congress were deeply indebted

to Sister Karll, and the members of the German Nurses' Association, and others who had made it such a splendid success. She hoped to have the pleasure of seeing many of the nurses she had met and the friends she had made in Cologne, in California, in 1915.

OFFICIAL VOTES OF THANKS.

Sister Karll, having warmly thanked the various speakers for their expressions of goodwill and for the lovely flowers presented to her, then proposed officially a number of votes of thanks on behalf of the International Council of Nurses, and of the German Nurses' Association, which organized the Congress. These included votes of thanks to the German cities and societies which sent delegates, to the foreign National Councils and Societies of Nurses, and especially to the National Council of Great Britain and Ireland for arousing the interest which caused so many British Societies to send representatives; to the Belgian Government and to the cities of Brussels and Antwerp, and to the societies in Belgium, which sent doctors, lay representatives, and nurses as their delegates; and to the Japanese Red Cross Society and the Mitsui Hospital, for sending three distinguished nurses to represent them.

To those foreigners who presented their reports in German, thus enabling the German members of the Congress to follow their papers; to the families of the Cologne ladies, the mothers and husbands, who spared them to devote so much time to the service of the Congress; to the press who throughout the Congress days had constantly attended and devoted so much time to their arduous work. Never before, said Sister Karll, had so many and such good reports been published over the whole country on nursing matters. Last year at the Dresden Congress only eighteen papers published reports, although splendid printed



THE FOUNDERS OF THE REVILIEN HOSPITALS.
COLOGNE.

abstracts had been prepared for the representatives of the press.

The members of the Congress then reluctantly took their leave of the Gürzenich, where so many happy hours had been spent, but not of the friends they had made there, as they were to meet shortly at the Banquet at the Hotel Disch, which we have already described in detail—and on the organisation of which the management of the hotel is to be greatly congratulated—and on the two following days during the never-to-be-forgotten visits to Kaiserswerth, Neuenahr, and Ahrweiler.

The ladies of Cologne who worked on the various Committees in connection with the Con-

valuable time to share in the work of the Exhibition Committee will always be remembered with warm regard by the many nurses who enjoyed the fruit of their work.

A noticeable feature of the Congress was the camaraderie and good fellowship prevailing between the members of the professional press. Of course, our dear Hon. Secretary, Miss L. L. Dock, was ready to assist any representatives of nursing journals in countries affiliated to the International Council to the utmost of her power, and THE BRITISH JOURNAL OF NURSING is indebted, not only to her for much valuable help, but also to Sister Agnes Karl for English abstracts of many of the German papers, and to Sister Elise Weiser, for help in



THE DEAD WARRIOR, 1813.

gress, and insured its splendid success, are too numerous to mention by name, but a few of those belonging to the Arbeitskomitee (working committee) must be enumerated: Frau A. Meurer, Fraulein L. Wenzel, Frau M. Bachem-Sieger, Fräulein C. Bürgers, Frau Falck (Treasurer), Frau A. Höfer, Frau Alf. Tietz, Frau Decker, Fräulein M. v. Wittgenstein and Frau H. Gruenwald. Nor must we omit Frau Adele Zschirnt, who undertook so large a share of the office work, and Frau Grabau, who accompanied the members of the Congress to Kaiserswerth, and once more we must record our deep indebtedness to Fräulein Alexe Altenkirch, the artist who designed and arranged the Pageant pictures. All these and many more including Geh Reg-Rat, Dr. Rusack and Professor Czaplowski, who spared

translating speeches. The atmosphere of mutual goodwill and helpfulness made relations with representatives of the professional press most inspiring and delightful.

Thus on our Rosary of Internationalism—the German dispensation has slipped by; in the coming years we turn our faces to the far and glorious West—*Auf Wiedersehen* San Francisco, 1915.

EPILOGUE.

Be not ashamed to be helped; for it is thy business to do thy duty like a soldier in the assault on the town. How then, if, being lame, thou canst not mount up on the battlement alone, but with the help of another it is possible.

MARCUS AURELIUS.

CONGRATULATIONS TO NORWAY.

Congratulations to our colleagues in Norway. The good news reaches us that the Norwegian Nurses have met in Christiania and founded their National Council. Thus another link is being forged to strengthen our International Chain at San Francisco! The following letter conveys the message:—

*Christiania,
Norway.*

To Mrs. Bedford Fenwick.

DEAR MADAM,—I am very glad that I am able to tell you that trained nurses in Norway have founded their Nurses' Association.

federation must enter everyone and give a great impetus to organization.

"Every nurse in the world must be grateful to the founders of this great movement."

A letter of congratulation has been sent from our National Council to Miss Bergljot Larsson—who, it will be remembered, attended at Cologne as one of the fraternal delegates from Norway, and who promised at the banquet that as Norwegian nurses were not organized they would go home and work for it.

As this news is conveyed by THE BRITISH JOURNAL OF NURSING to the sister Journals throughout the world, it will arouse, we know, a lively sense of satisfaction and pleasure.



MODERN NURSING—THE TRIUMPH OF HYGEIA.

The Banners of Leagues affiliated to the National Council of Trained Nurses of Great Britain and Ireland.

On September 24th, this year, nurses had a meeting in Christiania. There came delegates from different parts of Norway. Everything was ready for it, and "Norsk Sykepleierskeforbund" was founded the same night.

I am, sincerely yours,

BERGLJOT LARSSON,

President of "Norsk Sykepleierskeforbund."

It will be remembered that the impression of the "interesting time" at Cologne deeply impressed the Norwegian delegation. They put on record: "We were impressed to see the wonderful vitality the movement has had in the nursing world. After having been at this international meeting for nurses, and heard of the standing and work of our profession in the different countries, and the splendid lectures and discussions, the spirit of

Miss L. L. Dock, International Secretary, has received a most kind letter from Mr. J. A. Barr, secretary for Conventions and Learned Societies, of the Panama-Pacific International Exposition, San Francisco, 1915, in which he says:—"The Exposition authorities were greatly pleased on receiving your message that the International Council of Trained Nurses have decided to meet in San Francisco in 1915. . . . The Exposition will be very glad indeed to provide suitable meeting places for the Council. When you know the exact dates of the meetings it might be well for you to inform me at once, so that proper halls may be reserved for you. . . . Assuring you that the Exposition management is very pleased over the splendid work you did at the late meeting at Cologne."

OUR PRIZE COMPETITION.

WHAT IS CATARACT? HOW WOULD YOU PREPARE FOR AN OPERATION FOR ITS REMOVAL?

We have pleasure in awarding the prize this week to Miss Lottie S. Nunnerley, Registered Nurses' Society, 431, Oxford Street, London, W., for her paper on the above subject.

Cataract, from the word "Cataracta," a waterfall or portcullis, is an opacity of the crystalline lens of the eye more or less completely obscuring vision.

Senile Cataract is the most common form; eyes which have been quite healthy up to the age of 50 years may develop it. Heredity has very little to do with its causation, as is often supposed. In every eye the lens, from childhood onwards, slowly hardens and loses its power of focussing for near objects, and in the cataractous eye there is a special hardening and rapid shrinking at the centre of the lens, which leads to splitting up and gradual disintegration of the lens, with consequent loss of transparency.

Diabetic Cataract appears sometimes in persons suffering from diabetes; it is quite an ordinary cataract, and results from operations are often successful, bearing in mind the risk run from operating on a patient in this condition.

Black Cataract is one in which the lens is black in colour from blood pigment. Owing to there being a likelihood of disease of other parts of the eye, operating is often unsuccessful.

Posterior Polar Cataract is one at the back of the lens and is a rare form, which is important because it follows disease in the back of the eye, and, though the vision is impaired, this is not due to cataract nor cured by its removal. It often occurs in young persons.

Cataract from injury is caused by almost any wound to the lens and sometimes by severe blows on the eye.

The Preparation of Room.—The room should be cleaned, but it is not necessary to strip it as in the case of an abdominal operation, but everything for the surgeon's use should be prepared by strictly antiseptic methods. In a private house the operation is often performed on the bed, which should be drawn into a good light unless artificial light is used. A table should be prepared for the surgeon with sterilized towels, dressings, horacic lotion, and instrument trays; of the latter there should be two, one containing absolute alcohol and the other sterilized water; the instruments are then placed in the alcohol

and allowed to remain until ready for use, when they are changed into the water. Should, however, the surgeon prefer to have his eye instruments sterilized, this obviates the necessity of placing them in alcohol.

In preparing the patient for operation, it is well that he should be confined to bed for a day previous to the operation, and the night before a purgative should be administered, followed by an enema in the morning if necessary. A short time before the operation the eye should be thoroughly bathed with perchloride of mercury lotion 1-5,000, and then cocaine about 4 per cent. is instilled into the eye in either fluid or disc form, at intervals of about two minutes, until the cornea becomes insensitive.

The patient should lie on his back, with his head supported by firm pillows, and directed to look at some object, such as a lighted candle, held high above his head by the nurse. The operation is then performed, the eyes closed and a bandage applied, or a good method of closing the eyes is to use isinglass plaster cut in the form of a dumb-bell, the broad parts covering the upper and lower eyelids. The patient should keep the eyes gently closed and told not to squeeze them tightly or touch them with his hands; he should lie perfectly still and the room be well darkened.

Light diet should be given at first, and the bowels attended to. The wound should not be inspected for a week, and the plasters must on no account be removed.

The bandage may be removed and the outside of the lids gently wiped with damp cotton-wool if necessary, but most surgeons prefer to leave the eye absolutely alone. After a few days the patient is allowed to sit up.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Mrs. F. E. Dickson, Miss J. G. Gilchrist, Miss Mabel O'Donoghue, Miss M. James, Miss P. Lyons, and Miss K. Taylor.

Mrs. Dickson writes that "one of the necessary conditions for the eye to properly carry out its work is that certain media by means of which light is enabled to reach the retina shall be transparent. The crystalline lens is one of those media, and therefore when opacity (cataract) develops, the sight is seriously jeopardized, and blindness will ensue. The patient, however, can distinguish light from darkness.

Cataract usually develops in elderly people. It may be the result of some injury to the eye, but more frequently no cause can be traced.

The patient complains of gradually failing sight, and as the cataract develops, the eye

presents a milky white appearance. Cataract in children is comparatively rare, and the opacity is less dense than in the case of an adult. The cataract may be partial or complete. The treatment in these cases is to dissolve the lens. This is done by opening the capsule which surrounds the lens, thereby allowing the aqueous humour to reach it, and this has the power of gradually dissolving the lens.

The general treatment for cataract is to extract the lens. After this has been done it is necessary for the patient to use a spectacle lens to supply the deficiency."

Miss J. Gilchrist describes cataract as a disorder of the eye causing opacity of the crystalline lens, which, if not removed, results in blindness. When the hardening process is complete, the lens presenting a milky white appearance, the cataract is termed ripe, and may be extracted wholly by the operation of iridectomy. This form is frequently met with in "senile" cataract occurring in old age. In young persons, or when the cataract does not ripen and become solid, the process of "needling" is performed to bring about gradual dispersion.

Miss O'Donoghue gives the following method for preparing the patient:—

Prepare the patient by giving him an aperient the night before the operation. Then when the patient is in bed shave the eyebrow, if necessary, and then gently irrigate the eye with boracic lotion, or 1 in 5,000 perchloride of mercury, and clean the outer eyelid and its surrounding with ether soap, and then pad both eyes with sterile pads moistened in 1 in 5,000 perchloride lotion, and apply a double eyehandage. On the morning of operation change the pad and irrigate the eye and its surrounding with perchloride 1 in 5,000 as before, and then half-hour before the operation is booked, change the pads again and irrigate. To cocaineise the eye let the patient throw his head well back, and the nurse, standing in front of patient, slightly draws down the lower lid and drops into the socket thus formed one drop of cocaine, and repeats this until the patient's eye is anaesthetised; generally about 10 or 15 drops applied during ten minutes suffices. A 4-per cent. solution of cocaine is generally used, and the patient meanwhile gently keeps his eyes closed. To test the anaesthesia of the eye, just gently pass a sterile swab over the cornea, and the patient will tell you if he feels it or not.

QUESTION FOR NEXT WEEK.

What would you consider an efficient curriculum for the training of a midwife?

THE NATIONAL COUNCIL OF NURSES.

Proposed on behalf of the Executive Committee the National Council of Women of Great Britain and Ireland, at its meeting at Oxford last week, and unanimously agreed, that the National Council of Nurses be accorded two representatives instead of one. Miss B. Cutler is at present the one representative.

THE SCOTTISH SOCIETY OF TRAINED NURSES.

The Annual Business Meeting of members of the above Society was held in Aberdeen on Saturday, the 28th ult. The President, Miss Alexander, occupied the chair, and there was a good attendance of Northern members.

The annual report and statement of accounts were submitted by the Hon. Secretary and Treasurer. While the former recounts a useful and successful year as regards work, the latter shows a satisfactory balance in hand. Both were unanimously adopted.

Office bearers and members of Council for the current year were elected as follows:— President, Miss Alexander, Royal Alexandra Infirmary, Paisley; Vice-Presidents, Miss Boyd, Aberdeen Eye Institution; Miss Tod, County Hospital, Ayr; and Miss McDougall, the Maternity Hospital, Aberdeen; Hon. Secretary and Treasurer, Miss Stevenson; members of Council, Miss Lyon, Miss Macleod, and Miss Donald.

A resolution to the effect that the Society, in supporting the State Registration of Trained Nurses, is of opinion that delay in the passing of a Registration Act is detrimental to the interests of British nurses at home and abroad, was carried *nem. con.*

Several questions of interest, and propositions of importance to nurses, were under consideration by the meeting.

A number of members have adopted the badge of the Society, which is St. Andrew's Cross in dim silver, with the monogram S.S.T.N. in highly polished letters.

THE NURSES' SOCIAL UNION.

The Central Secretary of the Nurses' Social Union has pleasure in announcing that Miss Gibson (late Matron, Birmingham Infirmary) has most kindly consented to act as Hon. Organizer to the London Division of the Union, Miss Egerstorff, who has generously given her services in the capacity hitherto, having found herself compelled to resign owing to increase of work. Miss Gibson's address is 32, Cullington Road, Ealing.

THE NURSES' MISSIONARY LEAGUE.

The Valectictory Meetings of the Nurses' Missionary League were held at University Hall, Gordon Square, London, W.C., on Thursday, October 3rd, to bid God-speed to thirteen members sailing for the foreign mission field. The Hall was beautifully decorated, and there was a good attendance of members throughout the day.

MORNING SESSION.

Miss E. E. Overton presided at the Morning Session, the first part of which was devoted to a devotional address; and a demonstration Bible Circle. The chairman, who briefly introduced Miss Grace, the first speaker, said that the League would begin its meetings in the confidence and expectation that God would meet them there as He had done before. They came to speak again to one another of the thoughts which inspired them to think of God's love, God's hope, and they realised that it was not by machinery or organisation that they were moved to be there, but by a higher influence.

DEVOTIONAL ADDRESS.

Miss Grace, who spoke on the first chapter of the Epistle to the Ephesians, referring to St. Paul's description of himself as an apostle "by the will of God," said that each one of those going out to the mission field went as an apostle, in the sense that an apostle meant "a sent one," and that they went because they believed it to be the will of God for them. They would not dare to go otherwise. Strength of will was a great force. We were accustomed to say of a person with a strong will he or she will get what he wants by strength of will. In the same way the Will of God was a force, a terrible might, directing a purpose so powerful that it had never waned from the beginning. God's will was love in action going forward to the accomplishment of the desire which had never wavered. His *desire* was that all men should be saved and come to a knowledge of the truth, and His will was a mighty thing to lay hold of, imparting the strength to co-operate with the desire. His *purpose* was that we should be His children, holy and without blame, born not only by the will of man but of God, conformed to the image of our pattern Jesus Christ. This was the fulfilment of our being. There was only one place in the world for us, the place where He wished us to be, and where God could work through us. Then, though we might not see great results of our work we were in the plan.

But even when we were living according to the purpose of His will there would come temptations which had to be met by faith. The fiery darts of the evil one must be met with the shield of faith—faith in the living God. In the assurance of that faith our sisters might go forth strong in the knowledge "If I take the wings of the morning and flee to the uttermost parts of the earth, even there Thy right hand shall hold me."

BIBLE CIRCLE.

The next thing was a demonstration of a Bible Circle led by Miss J. Macfee, B.A. First the subject to be studied was read round verse by verse, and then the leader endeavoured to find out how the verses struck the members of the circle, each of whom, with one exception, had studied the passage beforehand. It was interesting to notice that almost every member of the circle had a different point to bring to the notice of her colleagues. Each was noted by the leader, and at the end of the half-hour's study Miss Macfee summarised the result, mentioning all the different points brought out.

The audience was then invited to criticise and discuss the model demonstration given, the purpose of which was to show those who conducted Bible Circles, or were desirous of doing so, in various hospitals, the best methods of procedure. Miss Overton remarked that the members were unharmed, up to time, and definite, all points worthy of observation and imitation.

After a short interval for tea and coffee two addresses were given by members of the League.

THE WORK TO BE DONE.

Miss E. C. H. Cooke, trained at the Royal Infirmary, Edinburgh, and now working in the Punjab, spoke on the Medical Need and the Spiritual Need. On the first point she said that while working in the Moulton Hospital, where she was first placed, the need seemed extreme. People were often brought 200 miles in bullock carts, or on camels, suffering frightfully, for the assistance which the hospital could give them. Then she went on to another station, Montgomerywalla, where there was only a small dispensary, and she was forty miles from the nearest doctor, and where patients had to go across a jungle, or one hundred miles by train. There the need seemed even worse. From there she went temporarily to Bangalore to fill a vacancy where a nurse was urgently needed.

Again, when in the hospital at Dera Ghazi Khan, a woman came in with a tubercular knee, in a far advanced condition of the disease. It had been bad for seven years; and on being asked why she had not come before, the patient replied that it had taken months to get to the hospital, and she could not find anyone before to bring her.

On the spiritual side, the difficulties to be combated, in connection with Mohammedanism, were that it was not only a non-Christian but an anti-Christian religion. Mohammedans were taught that a Mohammedan who killed a Christian had the right to go to Paradise. Then, it was asserted that I am was good enough for and suited to the people. Englishwomen had no idea of a Mohammedan woman's position. It was impossible to describe it. It was almost that of animals. She had no rights. The girls, up to the age of eleven, were free to go about and play in the streets. They were then shut up, and high-spirited children naturally rebelled, till at last they realised that they were prisoners for the rest of their lives, except

when they went out thick veiled. The only exemptions from the rule of Purdah were the Pathans; from the nature of their lives the seclusion of the women was impossible, but the amount of immorality was indescribable, so that it was really difficult to decide which was the worse—the freedom of the Pathan women, or the Purdah system, with all its attendant evils.

Miss Cooke said that one of the greatest factors in the conversion of Moslems was the lives of the Christian missionaries. At a great conference among Moslems, at Lucknow, one convert after another bore testimony to this fact. In conclusion, she asked: "Is there any work in the world which gives such opportunities as our own for bearing testimony for the Master?"

WHY WE SHOULD DO IT.

Miss I. Frodsham, trained at St. Bartholomew's Hospital, and also working in the Punjab, discussing why nurses should do missionary work, said that the longing to help was prompted in various ways. With some the desire grew up with them; they could scarcely tell when it began. Others were influenced by hearing, reading, and knowing of the condition of the women of the East. They were moved by a love of humanity; the physical need of women appealed when they heard of the ignorant hakooms of the East, and of the witch doctors of Africa; and they felt they must consecrate their gift of nursing to God.

At the present time, in every part of India, people were looking and longing for something—they did not quite know what—and were endeavouring to purify their own religions. Here was opportunity. If God opened the way, how glad we were to respond to it. The compelling force was that which prompted St. Paul. "The love of Christ constraineth (grips) us."

The best judges of missionaries were the natives themselves, and they showed their knowledge in the apt nicknames which they bestowed. Thus, one missionary was called "the loving Sahib."

Miss Frodsham concluded, by referring to the responsibility which love brings. "Feed my sheep"; and especially to the responsibility of the nursing profession for work and prayer, that power of intercession so important and so little used. "Draw through all failure to the perfect flower."

CALLS FOR SERVICE.

Miss Richardson then announced four urgent calls for fully trained nurses for service in the mission field, one for a nurse to work in Sierra Leone under Bishop Walmesley; another for a Matron for a hospital at Pekin; and lastly for two nurses for work in Cairo. Of the last-mentioned requirement, a letter just received said "the need is desperate." Miss Richardson will be glad to supply information to nurses desiring to know more about the posts. The passage and outfit money are ready; it is the offers of service which are needed.

AFTERNOON SESSION.

The afternoon session took the form of a Conversation when Mrs. J. C. Hoare and Mrs. McAdam Eccles acted as hostesses. Little tables were scattered about the room, round which nurses grouped themselves for tea and talk. Many were glad of the opportunity of last words with the sailing members, and with the members present from many parts of the foreign field. During the afternoon Miss M. Macfee, Miss Sumarez Smith and Miss D. Thompson sang delightfully, and addresses were given by Miss E. Horne of the Universities Mission to Central Africa, Miss McCracken from Tangier, and Dr. G. W. Guinness from China.

Miss Horne, who has recently been working up country at Masasi, where there are two hospitals, one for men, with fourteen beds, and one for women with five or six, where, nevertheless, there are sometimes eleven or twelve patients, exclusive of babies, referred to the difficulty in getting medicines administered regularly to out-patients owing to their lack of any idea of time. The endeavour was made to get the patients to pay something for their medicines; payment was generally in kind, in flour, eggs, &c.; when one grateful patient brought an offering of fried flies she thought it expedient to intimate that something else would be more acceptable. The hospitals were built of bamboo, with mud floors and grass roofs. The medical work was good, and, when they had a doctor, there would be plenty of surgical work also.

Miss McCracken, describing the work in Tangier, said that many patients unfortunately came too late to be helped physically. Cataracts and different kinds of growths were numerous. One cataract patient was so delighted that his sight was restored that he collected all the old blind people he could find and brought them to the doctor.

Many of the Christian converts had endured great persecutions, but had stood true. In the heathen world the fight against principalities and powers was a very real one.

Dr. Guinness referred to the fact that every fourth woman in the world is a Chinese, he also spoke highly in appreciation of the noble qualities of the Chinese character. Speaking of the persecution endured by native Christians, he told of one man who during the Boxer riots was suspended by his thumbs, and then, after an hour's agony, was asked to renounce his religion. Because he would not do so he was cruelly beaten and his house burnt down. When Dr. Guinness met him eighteen months afterwards, and asked him if he had found it worth while, his reply, as his face lighted up, was "Worth while! I would go through it all again to-morrow for Jesus' sake."

The speaker also described the sad lot of Chinese women and the scant welcome awaiting girl babies ("Another guest has come to my house" is the Chinese way of referring to the birth of a daughter). Nevertheless, Nurse Dives, of the China

Inland Mission, trained at the London Hospital, wrote brightly of her work. The speaker said that there was a deeper joy in missionary work abroad than in any at home. It was hoped soon to start a Chinese Nursing School in connection with the China Inland Mission, and also to train students for five years. At the present time China needed help in all directions from both doctors and nurses. The evening session will be reported next week.

WEDDING BELLS.

How they do ring! Now comes the news from India that Miss Lilian Mary Tippetts, President of the Association of Nursing Superintendents of India, is to be married at an early date. Miss Tippetts was trained at Guy's Hospital, where she was Assistant Matron, and gained the Guy's Medal. She has had a most interesting nursing career. As a member of the Army Nursing Service Reserve she went to South Africa in 1899, and worked there till 1902, and for her excellent services was awarded the South African War Medal.

In 1906 she became Lady Superintendent of the Mayo Hospital, Lahore, which post she resigned in 1909 to start the high-class Marlborough Home at Lahore and Simla, which has been a great success under her management.

Miss Tippetts has taken a most active part in public service to her profession in India, encouraging organisation and international federation.

THE BRITISH JOURNAL OF NURSING offers warm congratulations for a happy future, and feels sure that after marriage Miss Tippetts will find time to support the forward movement of training nurses in India.

EXAMINATIONS AND MEDALS.

On the 2nd inst the Mayoress of Exeter, Mrs. C. J. Vlieland, presented the gold and silver medals, and the certificates to the successful nurses at the Royal Devon and Exeter Hospital, who had completed the four years' training.

The gold medallist was Miss Daniels, and the silver medallist Miss Bice, whilst certificates were obtained by Misses Martin, Gibbs, Thomas, Jones, Swain, Mooney, Lecky, and Nixon.

The Mayoress said she was glad to do honour to the nursing profession, especially to the nurses at the Royal Devon and Exeter Hospital. The citizens fully appreciated having such an efficient and well-disciplined staff of nurses at hand, and the medical profession would agree that the training given in the hospital at Exeter was second to none in the kingdom. The nursing profession was one of the noblest any woman could undertake.

Mr. Tremayne Buller (President) proposed a vote of thanks to the Mayoress.

The Mayor, acknowledging the vote, said he had had experience of a good many nurses of the hospital, and he had never been anything but absolutely satisfied with their knowledge and ability and their kindness and thoughtfulness for the patients.

APPOINTMENTS.

LADY SUPERINTENDENT.

Home for Children, Great Barr Hall, near Birmingham. Miss Anna Sinclair has been appointed Lady Superintendent. She was trained at the Western Infirmary, Glasgow, and has been Assistant Matron at the Victoria Hospital, Las Palmas, Sister at the Deaconess Hospital, Edinburgh, and Matron of a Children's Shelter in the same city, and Matron of the Manor Valley Sanatorium, Peebles, besides having charge for a time of a surgical home in Glasgow, and holding the position of Alexandra Nursing Sister. She is a certified midwife.

Convalescent Home, New Brighton.—Miss Bolton has been appointed Lady Superintendent. She was trained at the Borough Hospital, Birkenhead, and has held the position of Assistant Matron at the Hospital for Incurables at Liverpool.

MATRON.

Her Majesty's Hospital, Stepney Causeway, E.—Miss Mary Stanford has been appointed Matron. She was trained at St. Thomas' Hospital and the Brompton Hospital, and has been Staff Nurse at University College Hospital, Sister at the Royal Infirmary, Bristol, and Matron of the Blackheath and Charlton Hospital.

Cuckfield Isolation Hospital, Hurstpierpoint, Sussex.—Miss Annie T. Oldham has been appointed Matron. She was trained at the Victoria Infirmary, Glasgow, and has been Night Superintendent at Greenock General Hospital, and Matron of the Infectious District Hospital, Worksop, and of the Infectious Diseases Hospital, Rawmarsh, Yorks.

Children's Hospital, Finglass, Dublin.—Miss M. Kennedy has been appointed Matron. She was trained at the Lewisham Infirmary, S.E., and the Grove Hospital, Tooting, and has held the positions of Ward Sister and Night Superintendent in the former institution. She has also been Ward Sister at St. James' Infirmary, Balham. She is a member of the Army Nursing Service Reserve.

ASSISTANT MATRON.

The Workhouse, Ladywell, Lewisham, S.E.—Miss Edith M. Holstead has been appointed Assistant Matron. She was trained at the Hunslet Union Infirmary, and has been Charge Nurse at Prestwich Union, and Basford Sanatorium, and Head Nurse at Camberwell Parish.

NIGHT SUPERINTENDENT.

Lambeth Infirmary.—Miss E. M. Bumpas has been appointed Night Superintendent. She was trained at Ryde County Hospital, and the Children's Hospital, Paddington Green, and has since been Sister at Ryde County Hospital and Lambeth Infirmary. Miss Bumpas has other nursing experience, and has been Assistant Matron at the Friends' Convalescent Home, Worthing.

SUPERINTENDENT NURSE.

Bethnal Green Infirmary, London.—Miss Evelyn H. E. Webb has been appointed Superintendent

Nurse. She was trained, and has been Sister, at Bethnal Green Infirmary, also Night Superintendent at St. Pancras N. Infirmary, London.

HEALTH VISITOR.

Somerset County Council.—The following ladies have been appointed Health Visitors :—

Miss Mabel Wood, trained at the Royal Infirmary, Edinburgh.

Miss Ethel A. Coates, trained at the Royal Berks Hospital, Reading.

Miss Hilda Seward, trained at the Aston Infirmary.

It is most satisfactory that trained nurses have been selected to fill these positions, as we consider unless so trained women have not the knowledge to perform the responsible duties efficiently.

QUEEN VICTORIA'S JUBILEE INSTITUTE. SUPERINTENDENT.

Miss Annie Barlow is appointed to Liverpool (Williamson Home) as Superintendent. She was trained in general nursing at the Liverpool Royal Infirmary, in midwifery at Cheltenham, in district nursing at West Home, Liverpool, and has since held the following appointments :—Queen's Nurse, Liverpool; Senior Nurse, Widnes and Superintendent, Widnes.

ASSISTANT SUPERINTENDENT.

Miss Leila Wheeley is appointed to Staffordshire as Assistant Superintendent. She was trained in general nursing at Brownlow Hill Infirmary, Liverpool, in midwifery at Durham Place, Chelsea, and district nursing at the Salford Home, Manchester. She has also held the following appointments :—Nurse at Great Ormond Street Hospital, King's College Hospital, and Whitechurch Cottage Hospital; District Nurse at King's Langley and Stamford Hill; Midwife at Pembroke Dock; and Queen's Nurse at Uttoxeter.

Transfers and Appointments.

Miss Margaret Cretney is appointed to Accrington as Senior Nurse, Miss Elizabeth McClymont to Manchester (Harpurhey Home) as Senior Nurse, Miss Edith Aldis to St. Just, Miss Edith Ashton to Street, Miss Ellen Evans to Weston-super-Mare, Miss Elizabeth Groenevelt to Leicester, Miss Jane Henderson to Burnley, Miss Ellen Kettleby to Cirencester, Miss Nellie Lewis to Southall-Norwood, Miss Margaret Robinson to Crook, Miss Clara Still to Newhaven, Miss Clara Webster to Halesowen.

THE IRISH NURSES ASSOCIATION.

The opening meeting of the Winter Session of the Irish Nurses' Association was held at the office, 34, St. Stephen's Green, on October 5th. Ten new members were admitted, and letters were received from Miss Lamont and Miss Hampson regretfully resigning their seats on the Executive Committee. It was unanimously decided to ask them to continue as Hon. Members. Suggestions were considered for the Lectures to be held during the coming session, and as soon as these are finally arranged, the syllabus will be announced.

NURSING ECHOES.

When we recently mentioned our intention of dealing with a subject in our editorial columns, we were told that "no one reads editorials; what they like are short pars!" We therefore draw attention in this par to the important announcement made in our editorial columns this week.

The League of School Nurses enjoyed a very successful Whist Drive at St. Bride's Institute on Saturday, October 5th. There were 27 tables. These gatherings of the nurses and their friends are becoming quite an institution, and, judging from appearances, give indication of a great deal of enjoyment. The counting of scores and prize giving was, as usual, an exciting time. Mr. Gee most kindly and efficiently acted as M.C., his services being much appreciated by the League.

On Tuesday last, Sir Anthony Bowlby, C.M.G., opened a new nursing home in Burlington Lane, Chiswick. The Home, which is arranged on the most modern lines, and accommodates six patients, forms part of St. Mary's Convent, and is known as St. Mary's. It is hoped by means of the Home to help to support St. Joseph's Hospital for Incurables also attached to the Convent. The Matron is Miss Thompson, who was for 20 years at Fitzroy House, and Dr. Shuter has been appointed medical officer. An up-to-date operating room with sterilizing room attached, as well as a room for electric and massage treatment, are provided.

Miss Jessie W. Davies took up the duties of Matron at the Royal Infirmary, Bradford, last week, and was welcomed at the gathering at which Miss Hodges, her popular predecessor, received so many lovely gifts from all her friends. Bradford is a very busy place, and the Infirmary a centre of beneficent work. That being so, Miss Davies will find herself in a very sympathetic environment.

As the outcome of a paper read at the Northern District Poor Law Conference, at Tynemouth, on July 10th, by Dr. Samuel S. Whillis, of Newcastle, on "Nursing in Workhouses and the Need for Standardization of Examinations," a conference on the training of nurses in workhouses is to be held in Newcastle about the middle of the present month.

The arrangements are being made by a small committee of the Newcastle Board of Guardians, with Mr. Gladstone Walker, the clerk

to the Board, as honorary secretary *pro tem*. Of the Poor Law Unions in the conference area, embracing the counties of Northumberland, Durham, Cumberland, and Westmorland, which train nurses, Newcastle is the largest, and under the proposed standardization scheme it is intended to have a syllabus or course of lectures for probationers, who would be examined by a representative examination board, appointed or nominated by the Unions affected in the conference area. A supplementary suggestion is that there should also be a grading or grouping of hospitals for certain periods of training. The idea is to try and introduce a system of training not at present available in the smaller Unions. It is asserted that probationers in the small Unions are little more than attendants after three years' training, and thus they are precluded from securing the best posts in the large Unions. The coming conference is being anticipated with interest among Guardians in the four northern counties.

Mr. William M'Donald (president) occupied the chair at the quarterly meeting of delegates of the Edinburgh, Leith, and District Friendly Societies Council recently held in Edinburgh. Mr. P. S. T. Linkie submitted details of a proposed working scheme for a Scottish Branch of the Queen's Jubilee Nursing Institution. The scheme provides that all those producing insurance books showing membership in societies assenting to the scheme would be attended, except in midwifery cases, by nurses of the nursing associations who came into the scheme, under the directions—after the first visit—of registered medical practitioners. Such societies would pay 3d. a year in respect of each of their members resident in areas covered by the assenting nursing associations. The moneys so paid would be administered by a Committee for each county or county burgh, who would distribute the money so received among the nursing associations assenting to the scheme, in proportion to the net cost of the work done on behalf of insured persons, or to the total expenditure by the different associations. The assenting societies would be entitled to representation on the special committee for each county or county burgh, provided that a certain number of members were being paid for.

The Corporation of Glasgow will, at the Town Council Meeting to be held on November 5th, consider a motion by Councillor Lyon, who will propose that the hours of the nurses employed in the various Corporation Hospitals be reduced from a twelve-hours' to a ten-hours' shift.

REFLECTIONS

FROM A BOARD ROOM MIRROR.

Presiding at the Annual Dinner at the Waldorf Hotel, of the Westminster Hospital Medical Students' Club, Mr. Walter J. Spencer, F.R.C.S., said that the question of whether the Westminster Hospital would have to be rebuilt on its present site and maintain its present goodwill, or whether it would have to be moved elsewhere—and, if so, whether it would lose its name, or what would happen to it—had to be seriously considered by the House Committee and the hospital staff.

The treasurers of the Middlesex Hospital Cancer Charity have received a further anonymous donation of £125.

The Chelsea Hospital for Women has received £25 10s. towards the Rebuilding Fund from Messrs. David Sassoon & Co., Ltd.

Dr. Jane Walker has been demanding a new form of celebration for the King's birthday. In the course of her address at the opening of the winter session of the London (Royal Free Hospital) School of Medicine for Women, she expressed the view that the authorities of the King's Fund ought to make a bonfire on His Majesty's Birthday of all hospital letters. Such letters, she said, assumed the vanity of the small subscriber and played up to it. They were a survival of the bad Georgian days of patronising the poor, and nothing could justify them unless it were the existence of people who would not subscribe for the maintenance of Heaven without an annual report and the right to recommend four souls for immediate admission.

A scheme is being prepared, and a public appeal for funds will shortly be made, for the foundation in Birmingham of a hospital for the treatment of diseases of the nervous system, paralysis, and epilepsia. A committee have been at work for some time making the preliminary arrangements.

The promoters of the scheme state that a new hospital of this kind is necessary to meet the rapid growth of nervous complaints, duly becoming more numerous owing to the exigencies of modern life, and to afford greater opportunities for treatment which is difficult and almost impossible without a special hospital. London, it is pointed out, has three special nerve hospitals, each one being largely attended without interference with any of the important and powerful general hospitals, and as many of the patients come from the provinces it is felt by the promoter that Birmingham should not be behind London or any other large town in hospital accommodation of this kind.

As the result of the generous benefaction of a local resident who desires to remain anonymous, Chiswick has been equipped with a general hospital on the most up-to-date lines.

PRESENTATION.

Sister Mullally, of Dr. Steevens' Hospital, Dublin, who has resigned to accept a partnership and matronship of Alma House Private Hospital, Mountjoy Square, Dublin, was recently the recipient of presentations from the Governors and from the staff of Dr. Steevens' Hospital—a cheque from the Governors and a handsome silver tea service and case of spoons from the staff. Miss B. M. Kelly, Lady Superintendent, in a very complimentary speech, acknowledged Sister Mullally's meritorious work in the hospital. The Governors, she said, regretted very much the loss of her services, and at the same time wished her every success, and in making the presentation from the staff she conveyed to Sister Mullally the unqualified good feeling which she carried with her. Sister Mullally replied briefly, expressing her thanks to the Governors and staff, and her regret at severing her connection with the hospital.

HOW THE POOR SUFFER.

The inquiry held by Mr. S. Ingleby Oddie, Coroner for the South-West District of London, into the death of two babies at a Home at Lessingham Avenue, Upper Tooting, a branch of the Walworth Crèche, elicited the facts that four children had died at the Home within a week (one from broncho-pneumonia) and that *neither* of the "nurses" were *Latin* d.

Mrs. Kinghorne, Hon. Secretary and Superintendent, admitted that she had told Mrs. Bailey to keep expenses down, but she did not mean in regard to firing and food. Mrs. Bailey, the Assistant Matron, said she was not a trained nurse and had had no experience in looking after children, and Mrs. Millican, a "nurse," in her evidence said that her wages were 6s. a week, out of which she had to buy her own food and get her washing done. Miss O'Donnell, L.C.C. Inspector said she was told by Mrs. Bailey that Mrs. Kinghorne did not allow fires, and she was paying for fuel out of her own pocket.

Dr. Legge, of Lessingham Avenue, gave evidence that he became doctor to the Home some weeks ago, on an invitation, by letter, from Mrs. Kinghorne. He had never been called upon to inspect the Home. He considered a Home of the kind should be inspected regularly by a medical man, and have at least one trained nurse.

The jury in their verdict said that Mrs. Kinghorne was deserving of the severest censure, and that the doctor should have paid more attention to the Home after accepting the post, with which the Coroner concurred.

We agree with the verdict, and consider that before accepting the post the doctor should have visited the Home, and satisfied himself that it was in the charge of a trained nurse. The poor and their children suffer because there is at present no legal standard of trained nursing, so that totally ignorant persons can assume not only the title but the responsible duties of the trained nurse.

For this perilous condition the Legislature which fails to deal with the question of nurses' Registration and the opponents of the Bill with that object, are primarily to blame.

BEQUESTS TO NURSES.

A number of bequests to nurses and others were made by Mr. James C. Russell, of Hislemer, who left estate of the value of £166,305.

An annuity of £25, as well as £25, goes to his nurse, Harriet Spooner, annuities of £25, £15, and £21 respectively to Nurses Agnes McDonald, Winifred Crown, and Mildred Turner. £10 is left to Hilda Scrase, Sister, of St. Bartholomew's Hospital, and a silver watch to Nurse Walton.

SOCIAL SERVICE.

A PLEA TO NURSES, FOR THE ILLEGITIMATE.

This is a subject generally ignored by the general public, and no pity is wasted on the poor, ignorant and frightened mothers whose tragedies are reported daily in the newspapers, which occur when they are confronted with the double necessity of earning their own living and supporting, somewhere and somehow, the being whose needs are a sealed book to them. The mother is too often mentally or morally defective. Even when normal she is warped seriously in character by resort to concealment and subterfuge for an extended period. A hundred influences for ill are at hand to drag her down, and to prejudice her against those who could help her effectually. The natural instincts of motherhood, so strongly fortified in family life, are exposed to more violent impulses of fear and self-preservation, with the result that in too many instances they are weakened, if not overwhelmed; all this reacts for ill on the infant.

The defective mother must continue, until the State consents to recognise her existence, to contribute to the ills of society; for her, under existing conditions, little can be done, save keep an eye on her and her unhappy infant.

But for the normal mother who has missed marriage something may, and must, be attempted. She needs instruction, and such help as she can be brought, on regaining a niche in the world as a breadwinner. The tie between her and her infant needs to be fostered, and the interests of the child require safeguarding at the same time that the burden on the mother is lessened. It cannot be doubted that the influence of women who work assiduously in the hospital and on the district where these children are born is responsible, to a great extent, for the decline in the illegitimate birth-rate, for it is mainly ignorance which hures these girls to surrender their natural guardian as wives.

Of the child, it must be said that, generally born sickly and removed from the protection of family life, he is, at best, a grievous burden to be borne, instead of a source of pride, and at the worst he is hustled out by ignorance, neglect, or intention.

The influence for evil on the father who repudiates his responsibility towards his offspring needs no indication. Then why should men who are leaders of the country encourage such shirking of responsibility, which is proved when we get the information that though the women who have husbands to support them are to be allowed so-called Maternity Benefits of 30s. a month from the State, the girl who cannot show this mark of respectability cannot claim this grant through the father of her child, and it is left to the merciful members of her own sex to fight for the salvation of her body and soul. It is this that makes women say they ought to have a word in the management of State affairs.

It is a disgrace to our country that France can have men at the head of their State to realise the crying need of such help, and therefore avert the ghastly catastrophe that we so often read of in our newspapers of a girl driven out of her mind to do a desperate thing because she has no other alternative. And, to add to this sin, is it human that a man should be allowed to condemn a girl to the gallows—aye, and don the Black Cap in doing it—for what—? And where is her companion, who is as much to blame, and more, for he knew the consequences? "Let him who is amongst you cast the first stone." How many times are we told in Scripture to forgive? and especially are we told to be merciful to that sin. Yet we find the greatest of our leading men excluding all possible help, on the one hand, and on the other holding meetings to discuss the abolition of the White Slave Traffic. But do they pause to ask how many are drifting to that traffic for the very reason that they are condemned when they have sinned through men? Some time ago it was stated in a weekly paper that help in this cause only increased the number. This, it can be proved, is not the case, for the simple reason that the number of illegitimate births in Great Britain is steadily declining, both in actual numbers and also in proportion to the population.

Whereas in England and Wales there were 43,603 illegitimate births in 1860, there were only 36,189 in 1907. Out of every thousand births in England and Wales in 1860 as many as 64 were illegitimate; in 1907 the proportion had sunk to 39. In Scotland, during a slightly longer period, the illegitimate births had sunk from 84 to 64 per thousand. In Ireland the rate per thousand has always been the lowest, being only 24.

In France the State not only provides funds, but the actual building, where the child is received without money or votes, or questions as to parentage, &c., and is gently nurtured by gentewomen until of age to go out into the world. True, we have our Foundling Hospital and Dr. Barnardo's great Home, but these are not the same; we should have help from the State, for the mother's future as well as the baby's. Of what use is a girl's life after she has had the environment of prison for months, perhaps years? Yet this is to be avoided, and is avoided, in France.

E. DANA.

OUTSIDE THE GATES.

WOMEN.

The Society of Women Journalists will hold their Annual Dinner at the Criterion Restaurant on Saturday, November 2nd. The President, Mrs. Charles Perrin, will take the chair, and a number of distinguished guests will attend. The dinner will be followed by a *Conversazione*.

At a united demonstration of the Churches and Synagogues, held last Sunday in the Lyceum Theatre, London, a resolution was passed unanimously asking that the Criminal Law Amendment (White Slave Traffic) Bill be passed in its original form, at which meeting we are glad to note that the Bishop of London took an active and fearless part.

The Bishop said he did not believe that one person in ten knew how this awful traffic had spread all over the world. It was computed that for one great city alone 5,000 girls were procured every year. Did the public realise that every railway station was watched, that every steamboat was watched, that a body of men existed for nothing else than to procure girls for the traffic—a perfectly well-paid, organised traffic throughout the world?

If they were going to defeat it they must have the hosts of God as carefully organised and as energetic as were their enemies.

The Bishop gave instances of the "ruthless cruelty" of the traffic, and remarked that we were doing practically nothing to stop it. Even when a Bill was brought in it was watered and whittled down until it was practically useless. Observing that he was prepared to risk arrest on a false charge, the Bishop said the police knew the men engaged in the traffic well.

Mr. Claude Montefiore declared that London was "a sort of clearing-house for the white slave trade."

The National Council of Women of Great Britain and Ireland, upon the proposal of Lady Laura Ridding, carried unanimously the urgency resolution which approved of the necessity for Clause I. of the Act to be passed in its original form, and of the amendment of Clause 3, so that its provisions should apply to all premises habitually used for immoral purposes.

In seconding the resolution Mrs. James Gow said she attended the debate in the House of Commons, and was appalled by the ignorance of the subject amongst the Members who spoke. Since then nothing had been more striking than the apathy shown by the Committee to which the Bill was referred.

Mrs. Alice Baker, of the National Council of Women of Victoria, said this was a question which had got to be decided by women. The Bill as it had passed through committee was practically worthless. They must have a much stronger measure.

THE BOOK OF THE WEEK.

"A CORN OF WHEAT."*

This is a two years' record of a primitive woman, whose home was in a prosaic country parsonage. Of the charm of its telling we have nothing but praise; and of its unusual heroine, we can only hope that her type is rare. With all its delightful description and character drawing, it is not a pleasant book to read, though its fascination is indisputable.

Judith's sister-in-law, the bustling, commonplace, little vicarress, with whom she lived, says to her husband:

"I'm afraid I haven't the Christian spirit, Charles, but Judith riles me; if she only would behave like other people."

Bessie's chief source of complaint against her was her fierce love of the open-air, which she indulged in to the extent of sleeping out of doors in a tent; and it was on her wanderings, clad in a dressing-gown, with her hair down, that she first meets the man who was her downfall, though she, herself, called it by another name.

She refuses the reparation that he is eager to offer her; and the love or desire that she felt for him turns to loathing—not, be it understood, from shame or anger, but simply that he had fulfilled all the need that she had of him. For she glories in the thought of the child she is to bear.

"My dear, my dear!" He knelt down beside her, and took her hands. "You and I have suffered a great deal for each other; let us suffer a little more for that poor child."

"Don't call her that," she whispered, angrily; "she isn't poor, she's mine."

"And mine."

"No!" She raised her clenched fist, and seemed about to strike him. "O! I could kill you," she said, softly, "when you say that. . . . I'm rather a stupid woman, but I feel sure about this; it would spoil my life, and it would spoil yours."

When she asks him, "Have we been very wicked, Roger?" he makes the extraordinary reply that he doesn't think so. "It was different for me, and well, you see, I had been in love before; but to you it was all new, and, well, you come of a race of clergymen."

Judith takes advantage of the absence of her brother and his wife, to leave the quiet parsonage, that had been her home for many years; and in a letter tells them that it is for reasons they would rather not hear, but of which she is not ashamed.

Alone, in an isolated country village, she becomes a prey to morbid fears and fancies, which threaten her with madness.

"The past months had taught her that as yet the world has no place for those who have sinned in its eyes; and the child of sin would suffer too. She clapped her hands violently together. No; she had not really sinned; she would never admit

that, for she had left Roger, when her love had turned to loathing. Poor little thing! oh! poor little thing! what could she do to make amends."

The most inexplicable part of the story is that, shortly before the child's birth, she falls under the religious influence of an impossible Baptist minister in the drapery business, and marries him.

"When I think you are coming," she said, "I am not so much afraid."

"But I can't stay 'ere for ever."

"Oh!" Judith drew in her breath. "No; you can't; what shall I do?"

The man's eyes glistened, his mouth twitched.

"Let me take you home with me," he said. "I'll take care of you, and it will be better for the child."

"Will it be? are you sure?" she cried; and hope lit up her weary eyes. "I don't care where I go. Oh! I am tired, tired, tired; take me where I can be at peace."

Of this unfortunate man's experience and her subsequent desertion of him we have no space to write. Judith was, no doubt, unmoral; rather than immoral. Though this volume should not find its way into the hands of the *jeune fille*, nurses, who have the critical faculty, will find in it the interesting psychological study of an abnormal personality. And what study can be more absorbing than the complexities of human nature? But it should be read by the discerning only.

H. H.

"DR. TUPPY."

Next week, in our Autumn Special Number, we intend to review "Dr. Tuppy," by Mr. Stephen Townesend. It would appear that his new work will rival in popularity that remarkable book, "A Thoroughbred Mongrel." We learn that the first colonial edition of "Dr. Tuppy," consisting of 5,000 copies, was immediately sold out.

COMING EVENTS.

October 16th, 23rd; November 6th and 13th.—Nurses' Missionary League. The Autumn programme. Lectures on Hinduism and Islam, University Hall, W.C., by Canon Weitbrecht.

October 11th.—Meeting Executive Committee Society for State Registration of Nurses. 431, Oxford Street. 4.30 p.m.

October 15th.—Catholic Nurses' Association (Ireland), Annual Meeting. Lourdes House, Dublin.

October 22nd.—Central Midwives Board Examination, London, Birmingham, Bristol, Leeds, Manchester and Newcastle-on-Tyne.

October 31st.—The Territorial Force Nursing Service (City and County of London) Reception at the Mansion House by the Lady Mayoress. 8 to 10.30 p.m.

November 2nd.—Quarterly Meeting of the Matrons' Council. Royal Albert Edward Infirmary, Wigan.

* E. H. Young. (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.

TRAINING AND SERVICE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—Trained nurses who have completed a three years' term of training in the wards of a leading hospital, will be grateful for the straight way in which you have dealt in last week's issue with the present standard for those admitted to Queen Alexandra's Imperial Military Nursing Service. It is felt by those of us who have passed through a three years' systematic training and been certified after examination, a great injustice upon the part of the War Office to depreciate the value of our certificate by substituting the word "service" for "training," and thus making it possible for those who are certificated after two years' work at the London Hospital to compete with us on equal terms. There should be the minimum certificate for all. Moreover, many desirable women will not enter the Service so long as this injustice prevails.

I am, yours faithfully,
A MEMBER BART'S LEAGUE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—A connection of mine has been a staff nurse in Queen Alexandra's Imperial Military Nursing Service for a number of years. She holds a certificate for three years' training at one of the largest London hospitals, and a staff nurse she will probably remain. Women with inferior qualifications, and less experience, are constantly promoted over her head, and there is a strong feeling *sub-rosa* in many military hospitals that without "a friend at Court" there is little hope of promotion. It is only at her earnest request that I have not written to the Secretary of State for War on this matter. In my opinion it is nothing less than a scandal that the three senior posts in the Service have been secured to ladies trained in the one hospital where the standard undermines that of every reputable School for Nurses in the Kingdom. I hope this matter will receive the publicity it deserves.

Yours sincerely,
A LOVER OF JUSTICE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM.—I am glad to see the standard of Military Nursing under discussion. As you say, it is high time that Queen Alexandra's Imperial Military Nursing Service was brought up to date and a certificate of Three Years' Training made obligatory. After working at home and abroad for years I resigned, as promotion appeared

to be the perquisite of one hospital in particular. Let us hope the Secretary of State for War will look into this question. Merit alone should secure promotion, and we do not believe there is "a fair field and no favour" at present.

A list of those who hold office as Matrons and Sisters with their training schools attached might be published to allay suspicion. We know that the three senior and best paid posts in the Service are at present held by Londoners; the Hon. Sydney Holland, Chairman of that Hospital, and a member of the Nursing Committee of Q.A.I.M.N.S., has told us so.

Yours gratefully,
ONE WHO HAS SERVED HER COUNTRY
AT HOME AND ABROAD.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—The injustice of the two years term of training at the London does not only injure those trained in other schools, but many of us as well. I should much like to have put in a third year in the wards to get into the Army Nursing, but was compelled, according to my agreement, to do private nursing for two years, and thus become disqualified for promotion in many ways. Many of us realise that only by Registration can we hope for equality with others, and a just system. Our work is far too lucrative as at present arranged. We ought to be protected by law, as other women workers are.

Yours truly,
SUFFRAGIST.

[Letters on this question are unavoidably held over.—Ed.]

REPLIES TO CORRESPONDENTS.

F. N. B., London.—"A History of Nursing," by Miss Nutting and Miss Dock, should be in every nurse's library—it is a work of genius. Price £1 1s., 2 vols. Published by Putnam's Sons, 24, Bedford Street, W.C.

Miss Dock is now correcting proofs of the third and fourth volumes, which bring the history of nursing up to date.

Miss Grace Campling, Brighton.—Write to Miss Emma Nixon, c.o. Editor *Pacific Coast Journal of Nursing*, 1143, Leavenworth Street, San Francisco, Cal., U.S.A., and ask her for the information. The publishing address of *The American Journal of Nursing* (a monthly journal) is J. B. Lippincott Co., 227-231, South Sixth Street, Philadelphia, Penn., U.S.A. Subscription price, two dollars a year.

OUR PRIZE COMPETITIONS—OCTOBER.

October 10th.—What would you consider an efficient curriculum for the training of a midwife?

October 26th.—Describe the modern management of Scarlet Fever.

OUR ADVERTISERS.

Only advertisements of the most reliable firms are accepted by the management.

The Midwife.

THE FUTURE OF MIDWIVES.

One of the serious questions which women who are thinking of training as midwives have to face is the prospect of self-support after they have passed the examination of the Central Midwives' Board and become certified midwives. It must be confessed that the prospects are of the poorest. As Matron of a Maternity Hospital, as Head Nurse or Sister, it is possible to maintain oneself in a fair amount of comfort, and to obtain a salary sufficient to meet modest needs, though not sufficient to save an adequate income for the time when working days are over. But such posts are usually, and rightly, reserved for trained nurses who have taken midwifery as an additional qualification, for, to assume the responsible duties involved, considerably more experience is needed than the three months' training on which, at present, midwives can obtain their legal status.

We have no desire to underrate the value of the services of midwives to the community; on the contrary, we believe no section of workers can render services of greater value. For this reason we hold it to be essential that their training should be thorough and of sufficient length to give that confidence which can only be obtained through experience. Fully trained nurses have many times assured us that not until after a year's continuous midwifery work can they attend a lying-in case confident that, whatever emergency arises, they will be able to deal with it satisfactorily.

If this is the case with nurses whose general training has taught them to meet emergencies with readiness and resourcefulness, what is the position of a midwife with only three months' special training? We are sometimes told that the three months' midwife is better and less diffident than the one who is also a trained nurse, who has been taught to refer to the doctor in all difficulties, and is therefore unwilling to assume responsibility.

We say unhesitatingly that the assurance of the short term midwife is most frequently the assurance of ignorance. She does not comprehend the seriousness of the issues involved, and is, in short, an illustration of the proverb concerning those who "step in where angels fear to tread."

Those concerned in the training of midwives are ready enough to concede the three months usually allotted to such training as quite

insufficient, and the results unsatisfactory, although experienced teachers may be able to impart sufficient knowledge to their pupils to enable them to pass the examination of the Central Midwives' Board. Why, then, do not the maternity hospitals lengthen their term of training? The question is mainly one of finance. If one hospital, in the interest of more thorough education, lengthened its term of training, and consequently raised its fees, other hospitals would still take pupils for the shorter term, and the probability is that the pupils, not realizing the ultimate advantage which they would gain by entering for the longer period, would enter the short-term training-schools. Therefore, unless all the hospitals lengthened their training at the same time, the result must be unsatisfactory to those giving the more thorough training.

The way in which a change for the better could be most readily effected would be by the Central Midwives' Board raising its requirement as to the length of the period of training, not necessarily the number of deliveries required of each pupil, because the difficulty at the present time is that pupils have to learn so much theory and do so much practical work in a short time that they become bewildered, and grasp neither thoroughly. To be able to give a definite time to preliminary training in anatomy and physiology, and details of practical nursing, such as bedmaking, &c., before being entrusted with the care of patients, as is now the rule at Queen Charlotte's Hospital, and to serve for a certain period as maternity nurses in the ordinary wards learning, and by practice becoming skillful in, the care of mothers and infants, before going on to the midwifery department, would certainly be productive of greater practical efficiency than is the case at present. As an ideal to be aimed at, at the present time, we suggest that one year at least should be spent in training by a woman with no previous experience in general nursing. For a nurse with three years' general training, six months' special training in midwifery might suffice.

But what prospects are there for the midwife when trained and certified. Frankly they are very poor for one engaged in general practice on her own account. We hear of women raising their fees for training with difficulty, and going out into the world with high hopes to earn their living as certified midwives, only to find after a prolonged struggle that work is scarce and fees low, so that self-support is im-

possible. Associations which supply midwives to the poor tell the same story: "it is impossible for a district midwife to earn a living wage unless she combines midwifery with general nursing," and there being no standard of training for general nursing, that adopted in connection with midwifery is frequently most inadequate.

If the midwife of the future is to command both public confidence and adequate remuneration, it is probable that she must seek recognition as a public official.

It is unquestionable that a sphere in which midwives would be of great use is as officials employed by Boards of Guardians, to attend Poor Law outdoor maternity cases; in connection with the National Insurance Act there is certainly work before them; they might do useful service in connection with the Infant Life Protection Act, Schools for Mothers, and, with other qualifications in addition, as Health Visitors. But if they are to be valued and indispensable members of the community as social service workers, they must be well educated, well trained, competent to write intelligent reports for public authorities, or to present them personally. It should be the aim of all midwives to endeavour to raise the standard of their profession, to impress upon the public its onerous and honourable character, and to secure for their work remuneration which bears some proportion to its value.

THE ADMINISTRATION OF MATERNITY BENEFIT.

In a circular issued by the Women's Co-operative Guild the administration of maternity benefit under the Insurance Act is discussed from many points of view.

The circular recalls the fact that the maternity benefit shall be given in "cash or otherwise," and proceeds:—

It seems to us very important that these alternatives should not be used to differentiate between individuals and classes of persons, nor to lead to inquiries into character.

Any person receiving the benefit in kind under these circumstances would be publicly exposed as unfit to handle a sum of 30s.

For the same reason we earnestly trust that no differentiation be made between married and unmarried mothers in the administration of the benefit.

The circular also sets out that the giving of the benefit in vouchers or tickets for goods is in every way undesirable. This method is connected with the idea of chaity or relief, and is out of place in connection with a fund that is largely provided by the persons concerned.

The circular does not, however, bar out any universal form of allocation such as the direct

payment of doctor or midwife out of the grant. Such allocation should always leave a substantial sum to be given in cash. "We hope," say the signatories, "that any other form of allocation would only be made at the request of the woman herself."

"PASSING RICH ON £40 A YEAR."

The Education Committee of the Staffordshire County Council have decided to grant £300 to the County Nursing Association for the purpose of providing scholarships for the training of village midwives and nurses, the training to consist of six months in midwifery, and six months in general nursing, the latter term being, of course, insufficient to gain more than a smattering of knowledge of nursing. The cost of training each candidate is estimated at £50 per annum, and when trained the midwife will receive a salary of 16s. per week. We could wish that County Councils would turn their attention to granting scholarships in midwifery to nurses who are already trained, rather than expending money on increasing a class of workers who earn such infinitesimal salaries that their work must be included in that of sweated labour.

NURSES AND MIDWIVES IN EAST SOMERSET.

On the invitation of Mrs. Hobhouse a well-attended meeting of those interested in the Somerset County Nursing Association, at which the Right Hon. Henry Hobhouse presided, was held at Hadspen House, Castle Carey, last week. The object of the meeting was to consider the nursing and midwifery needs of East Somerset, with special reference to the Insurance Act and the Midwives Act.

The chairman explained the many directions in which the responsibilities of the Somerset County Council brought it into contact with the work of nurses and midwives, and Miss Norah Fry spoke on the work of the County Nursing Association. In regard to midwives, she said that it was of the utmost importance that the patients should be attended by thoroughly trained persons who could not only look after the infants, but also educate the young mothers. Dr. Savage, County Medical Officer of Health, spoke on the relationship of public bodies to nurses and nurses' associations, and Miss du Sautoy, County Superintendent and Inspector of Midwives, spoke ably on the work of midwives.

Miss Chadwick, who on her resignation of the post of Assistant Matron of the Rotunda Hospital, Dublin, has been provided with a very handsome silver tea-service from the present nursing staff of the hospital and also many former nurses of the institution, desires, through the medium of this paper, to thank most cordially all those who have contributed to the same, as it is impossible for her to write to each one separately.

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EDITORIAL.

THE NURSE AT HOME.

Probably in no department of our hospitals has greater advance been made in the last quarter of a century than in the accommodation provided for the nurses. Although in connection with some institutions the nursing homes still need to be rebuilt, the majority of committees recognise that they cannot hope to attract a good class of probationers, or to maintain their nurses in the condition of physical efficiency necessary to secure the best work, unless thought and care are expended on the nursing staff.

So, in connection with our best hospitals nurses' homes are now to be found in which provision is made for the comfort of the nursing staff when off duty, including separate bedrooms, restful sitting-rooms, attractive dining-rooms, as well as classrooms for the instruction of probationers. Most nurses have a love of home strongly developed. Is not the art of home-making an underlying principle of all good nursing? And therefore they, more than most people, appreciate a domain of their own, where they can relax in a way impossible in the hospital, and obtain the rest which will enable them to return to duty refreshed and competent.

This is one reason why it is important that the nurses' home should be separated from the hospital proper, for there is always a certain amount of tension, a sense of being "on duty" inseparable from residence in the hospital building, but there are other reasons equally forceful: proximity to a ward means disturbed rest at night, for which reason, while Sisters should have their duty rooms off the wards, where they can do their clerical work, interview members of the staff, and patients' friends,

they should reside and sleep in the home, and the only meal permissible in the duty-room should be tea in the afternoon. The principal meals should always be taken away from the ward atmosphere.

Some Sisters who have become accustomed to the method of sleeping in small rooms off the wards may be inclined to question this statement, and to think that it is impracticable they should be away from their wards at night. If, however, a certificated nurse is left in charge, and there is a Night Sister on duty to whom she can refer, there is no reason why the Day Sister should sleep with "one eye open."

The same principle applies to the nurses. Do we not all remember nurses in days gone by who slept in bedrooms off hospital wards, where little fresh air, and less sunlight, ever penetrated, for the arrangements for lighting and ventilating were of the most primitive description, and the rattle of stretchers, and tramp of porters as a new case was brought up to a ward, wove themselves into their dreams? They were pale, weary, and anæmic women who dragged themselves down to an early breakfast, and we are glad that committees for the most part are wiser now, and realize the folly—the criminal folly is scarcely too strong a word—of destroying the health of one set of people in order to restore that of another.

Bad air, bad odours inevitably ascend to the top of the building, and the nurses' quarters, if they are housed in a hospital building, are generally placed at the top of a block of wards.

It should be a *sine-qua-non* in all plans accepted for the erection of new hospitals that the nurses' quarters should be in a block apart from the main building. Luxury is neither necessary nor in place, but comfort, rest, serenity, are the due of a class of workers who give freely and ungrudgingly of their health and strength when on duty.

THE PREVENTION OF DEAFNESS.

By MACLEOD YEARSLEY, F.R.C.S.

Senior Surgeon to the Royal Ear Hospital; Consulting Aural Surgeon to the Royal School for the Deaf and Dumb, Margate; Visiting Aural Surgeon to the Association for the Oral Instruction of the Deaf and Dumb; Otologist to the London County Council Deaf Schools, &c.

As the science and art of medicine progress and knowledge is enlarged by research, so does the treatment of disease become preventive rather than curative. Two hundred years ago, and even less, we were treating infectious fevers, suppurations, and the like by frequent bleedings, severe purgations and nauseous mixtures, and those who survived only did so by means of a strong constitution combined with a faith which was in direct proportion to the drastic nature of the treatment. Now the patient research of the scientific physician has shown us upon what diseases depend, and we endeavour to prevent them by isolation, anti-sepsis, asepsis, and vaccines. A hundred years ago ophthalmia neonatorum was a common cause of blindness, but, by the preventive treatment now organised and working, the next century will scarcely know it.

With advance in other branches of medicine and surgery, our knowledge of the causes which lead to deafness in children and adults has gone forward with equal strides, and the aural surgery of the year 1887, when I first began to study the subject, is as different from the otology of to-day as is pre-Listerian surgery to that of modern times. And this progress, like that in other departments of the healing art, has led towards a similar goal—prevention. The prevention of deafness and diseases of the ear lies in the hands of our profession as readily as does the prevention of small-pox, and once that fact is realised and the inertia of conservatism in treatment has been overcome, a reduction in the number of acquired deaf-mutes and of adults suffering from incapacitating deafness can be but a matter of time.

The vast majority of cases of chronic suppurative and chronic catarrhal middle ear disease begin in childhood; it is, therefore, in infancy and childhood that they can be prevented. There are, of course, other forms of deafness and ear disease beside these two. Tuberculosis, for instance, attacks the ear in both young and old, although it is more frequently the infant that falls a victim; con-

genital syphilis causes one of the most serious forms of nerve deafness; mumps is another disease which may be rapidly destructive of hearing, although this complication is, happily, rare. It is, however, chronic discharge and chronic catarrh that are the most common causes of loss of hearing, and, as these are eminently preventable in the light of modern scientific medicine, it is to them that I shall devote this paper exclusively.

Let us take *middle ear suppuration* first. Chronic discharge from the ear is practically always the result of an acute suppuration caused either by one of the infectious fevers (of which scarlet fever, measles and diphtheria are the most often to blame) or to some other infection spreading from the post-nasal space. In the latter case it begins as an inflammation of the mucous lining of the middle ear, whilst in the infectious fevers it may commence in the same way or as an osteitis of the temporal bone. It is this infective osteitis of the temporal bone that makes some of the ear complications of scarlet fever and diphtheria so serious and destructive. Nothing but prompt surgical treatment can be of any avail in these bad cases. They probably arise through the bloodstream, and their prevention is bound up with the prevention of the infectious diseases in which they occur. When, on the other hand, the suppuration starts as an inflammation of the tympanic lining membrane, the complication can be prevented by proper attention to the nose, nasopharynx and throat. Even when the condition has become established in the middle ear, serious consequences can be averted by timely incision of the drum. The treatment of these complications of the infectious fevers can really only be carried out with perfect efficiency by a skilled specialist, and, therefore, it would be a forward step of great value if such an officer were attached to every fever hospital. A unanimous resolution to this effect was sent up by the Otological Section at the Liverpool meeting of the British Medical Association this year. If this were done many children might be saved from severe deafness either during childhood or on attaining to adult age. At the present time the infectious fevers are responsible for a large number of such cases. In a recent article* I showed that, out of 592 cases of children whose acquired deafness was of such severity as to necessitate special methods of education, 26.3 per cent., or more than a quarter, owed their condition to the exanth-

* "The Causes Leading to Educational Deafness in Children" (*Lancet*, July 20th and 27th, 1912).

matous fevers; measles, scarlet fever, and diphtheria figuring most highly among them.

When middle ear suppurative or catarrhal occur from causes in the upper air passages in children, those causes are, in the vast majority of cases, due to the presence of adenoids. In the article just referred to, 14.3 per cent. of the 592 acquired deaf cases were due to middle ear suppurative (not counting those cases of discharge which followed an infectious fever) and 15.0 per cent. were due to middle ear catarrh. The suppurative and catarrhal cases taken together numbered 175, and of these 130 were directly traceable to nasal conditions, the vast majority being adenoid in origin. This means that these cases were preventable. In order properly to understand how such cases are due to preventable means, the way in which adenoids act must be briefly described. Adenoids are due to an hypertrophy of Luschka's tonsil, a collection of lymphoid tissue in the roof of the naso-pharynx. This lymphoid tissue extends laterally into the recesses which lie behind the openings of the Eustachian tubes, which form the communication between the middle ear and the post-nasal space. The nasopharynx, lying as it does behind the nose, above the oropharynx, larynx, and oesophagus, and having opening into it the Eustachian tubes, forms a most convenient centre for the dissemination of infection. The hypertrophy which forms adenoid growths may result in several ways, probably nearly always from infection. They may be left by one of the infectious fevers; they may be tuberculous; they may arise from repeated colds, from infection by that sadly misnamed instrument of baleful influence, the "comforter," or from improper artificial feeding (as Barraud, of Lausanne, has pointed out). Once present, they, with their deep clefts and thick mucous secretion, form a very fertile source for infecting nose, larynx, and Eustachian tube, so that rhinitis, laryngitis, and middle ear inflammation may be the result. Probably the infective part of the process is the most important, but adenoids also act, when sufficiently large, by preventing the proper ventilating action of the Eustachian tubes by pressure. Nor does it always need a large adenoid mass to act thus mechanically, for an enlargement of the lateral extension of the lymphoid tissue behind the openings of the tubes is quite sufficient to interfere with their normal movements.

It is only by skilled removal of the offending growths, when adenoids are once established, that ear complications and resulting deafness

can be prevented. Anything short of removal leaves the patient menaced by the first fresh infection. It will be noted that I have laid special stress upon the fact that the removal of adenoids must be *skilled*. Adenoids are often removed very badly. It is an easy operation once the knowledge of how to perform it has been acquired, but very difficult in unskilled hands. It cannot be too well borne in mind that efficient removal does not mean the mere ablation of a large central mass; lateral extensions must be equally well eradicated. If these are left, infection and mechanical obstruction of the Eustachian tubes will continue, and this explains the failures of adenoid operations. Moreover, one of the most common causes of middle ear catarrhal deafness arising in early adult life is that the lateral extensions, when they retrogress at puberty, leave behind them adhesions which effectually interfere with the Eustachian tubes. Therefore, the efficient treatment of adenoids may mean not only the prevention of deafness in childhood, but the prevention of deafness in later life. The importance of this cannot be over-estimated.

Leaving for one moment the causes of deafness which lie in the middle ear, reference must be made to another very frequent cause of serious defect of hearing—meningitis. Meningitis may extend to the internal ear and cause very serious nerve deafness. Now meningitis is a condition which may be due to a variety of causes, and, until these causes are studied and meningitis is made clearer by the light of research, we shall not be able to do much to prevent the deafness which it may cause. Hence every case of meningitis should be notified, so that its study may be facilitated for research.

These are, briefly, the facts as to the prevention of the common forms of deafness in children and adults. They are facts which cannot be too widely known. It is not realised, even by the medical profession, how many cases of adult deafness are preventable in childhood. Otology has been too long the neglected Cinderella of the medical sciences. It is time that a practical knowledge of ears should not merely be inserted in the syllabus of the qualifying examinations, but *insisted upon* by forming the subject of frequent questions in such examinations. Then, and then only, will the bulk of the profession wake to a sense of its responsibilities in the prevention of deafness. Until then the facts I have endeavoured to set forth in this short article should be as widely disseminated as possible by all who appreciate them. Nurses, especially school nurses, can

do much to influence treatment where it is needed. School doctors, health workers, school teachers, can help. Many of the seeds of deafness are laid before school age, and, therefore, it is highly important that the mothers should be influenced. Lectures should be organised on the subject to health visitors and health workers of all kinds, so that they may acquire the requisite knowledge to enable them directly to influence the mothers with whom they come in contact. Similar lectures, in which the causation of deafness is described in simple language and advice given as to the proper care of the ear, nose and throat, should be given to elementary school teachers. Lastly, "talks to mothers" upon the same subject should be organised by local health societies. These talks to mothers have already given excellent results in other departments of preventive medicine, as the valuable report of the St. Marylebone Health Society has demonstrated. Mothers are, in the majority of cases, only too grateful for the advice which they receive, and only too pleased to use their best endeavours to put into practice suggestions which they know to be offered for the good of their children. This year I was privileged to give an address to mothers, under the auspices of the St. Marylebone Health Society, and I was much impressed by the appreciative and earnest manner in which my words were received. In matters concerning the health of the child our profession can give valuable advice, but it is upon the mothers that we have to depend to make that advice bear good fruit. Without the co-operation of the mother we are helpless, but that co-operation is easily secured if we go the right way to obtain it.

OUR CHRISTMAS COMPETITION.

Four Five Shilling Prizes will be awarded in December for the best toys made at the cost of not more than sixpence. The toys must be sent to the Editorial Office, 20, Upper Wimpole Street, London, W., by December 14th, with the coupon which will appear in the issue of December 7th. All the toys will be distributed to poor children under five years of age, so they should be made to meet tastes of times.

OUR PRIZE COMPETITION.

The papers received in connection with our prize competition, although some are interesting from the general standpoint, do not directly answer the question. The prize will, therefore, not be awarded this week.

QUESTION FOR NEXT WEEK.

Describe the modern management of scarlet fever.

NURSING IN THE NEAR EAST.

The probability of war in the Near East is causing much interest in nursing circles as to the provision to be made for the sick and wounded. It is natural that Queen Alexandra, whose favourite brother is King of the Hellenes, should take a deep interest in the question, and we understand that Her Majesty, through the British Red Cross Society, of which she is President, has offered assistance in the event of war. The Russian Red Cross Society is also equipping a Service to proceed to Montenegro and the other Balkan States, consisting of 250 beds, and there is no doubt that other countries will offer similar service.

Nor must it be forgotten that the Greek ladies are extremely patriotic, and that in the Græco-Turkish war in 1897 the Queen took the greatest interest in the condition and comfort of the wounded, and personally visited the hospitals; and the Crown Princess actively concerned herself in the provision of doctors and thoroughly trained nurses, and in the organization of military and civil hospitals.

At that time our national Red Cross Society was somewhat dormant, and the organization of the aid of British nurses was carried out by Mrs. Bedford Fenwick and the *Daily Chronicle*; the Red Cross Society's aid was not forthcoming till the conclusion of the war, when it had to be distributed to the refugees. To the *Daily Chronicle* belongs the credit of raising the funds by means of which thoroughly trained nurses were sent out to the seat of war, and, with the invaluable assistance of many Greek ladies, well-equipped hospital accommodation was speedily organized under Mrs. Fenwick's superintendence in four different centres.

We learn from the British Red Cross Society that the members of the Voluntary Aid Detachments will have the "first chance" of being sent out with the doctors who will be detailed for active service, and it was expressly stated, as we are of course aware, that "they are not thoroughly trained nurses." The women members are not to be sent in the first instance. We understand that offers of service will be considered from trained nurses. A statement is to be issued by the Red Cross Society as we go to press. Voluntary Aid Detachments may, no doubt, have their uses, but no one can take the place of the fully trained nurse in the care of the sick and wounded in war. Here in England she is ready and waiting. We hope her services will be commanded by the medical faculty from the first.

THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.

The quarterly meeting of the Matrons' Council will be held, by the courtesy of the Governors, at the Royal Albert Edward Infirmary, Wigan, on Saturday, November 2nd, at 3.30 p.m. The meeting will receive a Report from Miss Mollett, the representative of the Council to the Cologne Congress, and a proposal from Mrs. Fenwick that the Council adopt a Banner.

At 5 p.m. there will be an open meeting, when the Bill for the Registration of Trained Nurses will be considered, the discussion to be opened by Mrs. Fenwick. Miss Macintyre has issued invitations to many of the Council coming from London to stay the week-end, and several members have accepted her kind hospitality. Amongst those who will form the London party are Miss Heather-Bigg (the President), Mrs. Fenwick, Miss Mollett, Mrs. Walter Spencer, Miss B. Cutler, Miss Elma Smith, and Miss Winmill, all of whom are anticipating a very pleasant time.

One of the pleasantest features of the visits of the Matrons' Council to provincial hospitals has been the cordiality of the governors and secretaries of the institutions where their meetings have been held, which seems to prove that where a Matron, such as the hostess of the Council at its forthcoming meeting, Miss

Macintyre, is a convinced supporter of nursing organization and progress, she is able as a rule to interest her committee in the aspirations of the nursing profession, and to enlist their sympathy. If more Matrons made a point of speaking to members of their committees, individually and collectively, on these matters, we should not so often hear nurses lament that

their committees are out of touch with their ideals and do not understand them. Miss Macintyre is to be congratulated upon working under a committee so sympathetic with its Matron, and the committee of the Royal Albert Edward Infirmary, Wigan, is to be congratulated on so efficient and loyal an officer, whose professional work is known and appreciated far beyond the limits of her own hospital.



MISS K. V. MACINTYRE,
HOSTESS OF THE MATRONS' COUNCIL.

after each third year examination, to the best all-round nurse, and a book after each first year examination, to the probationer who obtains the most marks, as a memorial to Miss Nightingale and an outcome of the Congress. These prizes will be given until the next International Nursing Congress takes place in San Francisco in 1915. The first prize will take the form of the League Badge in silver.

THE SOCIETY FOR STATE REGISTRATION OF TRAINED NURSES.

A meeting of the Executive Committee of the Society for the State Registration of Trained Nurses was held at 431, Oxford Street, on Friday, October 11th. Mrs. Bedford Fenwick, President, was in the chair.

THE HON. SECRETARY'S REPORT.

The principal points mentioned in the report presented by Miss M. Breay, Hon. Secretary, were that since the last meeting of the Executive the Resolution relative to State Registration of Nurses passed at the Annual Meeting had been forwarded to the Prime Minister and the members of the Cabinet; that, by the kind invitation of the Right Hon. R. C. and the Lady Helen Munro Ferguson, a number of Matrons and Members of Parliament had met at 46, Cadogan Square, S.W., to discuss the question of State Registration; that on two occasions questions on that subject had been asked in the House of Commons by Dr. W. A. Chapple, Member for Stirlingshire. She also drew attention to the fact that at the meeting of the International Council of Nurses at Cologne a Resolution emphatically endorsing the State Registration of Nurses had been unanimously adopted by the Council, representing nine nationalities, and that wherever nurses were organized, professional opinion was unanimous in favour of State Registration; and that the Resolution which "called upon those Governments that have so far denied this obviously just demand of nurses, and of public bodies, to reverse their attitude of inaction and to legislate in protection of the sick against fraudulent and incompetent nursing care," had since been forwarded to the Prime Minister and the Lord President of the Council in this country, and to the Ministers primarily concerned, in the other countries affiliated to the International Council of Nurses. The Report also mentioned that considerable time was devoted to receiving reports from affiliated countries on Organization and Registration, that from the Society for the State Registration of Trained Nurses being presented by Miss Christina Forrest, Treasurer of the National Council of Trained Nurses of Great Britain and Ireland.

It further drew attention to the fact that, whereas the President and Hon. Secretary of the Council, and delegates and members from Germany, the United States, Canada, New Zealand, South Africa, and Belgium were present as registered nurses, the officers and dele-

gates from the United Kingdom had no such status.

Lastly, that since the annual meeting of the Society in June the nurses of Louisiana had obtained their legal status.

The adoption of the Report, which was carried unanimously, was moved by Miss E. S. Haldane, LL.D., seconded by Miss Marquardt.

CORRESPONDENCE.

The correspondence received included acknowledgments of communications from the Prime Minister and the Lord President of the Council, and from the Countess of Dudley. Also letters from Miss Sara Londen, Secretary to the Rhode Island Association of Graduate Nurses, and Miss E. L. Hunter, Hon. Secretary of the Queensland Branch of the Australasian Trained Nurses' Association, acknowledging in cordial terms the letters of congratulation on the attainment of their legal status sent from the Annual Meeting.

SUGGESTIONS FOR THE PARLIAMENTARY CAMPAIGN.

The Parliamentary position was then considered, and suggestions discussed for strengthening it.

APPLICATIONS FOR MEMBERSHIP.

The following new members were then elected:—

No.	Name.	Where Trained.
3186.	Miss L. Routledge, cert.	Prince of Wales Hosp., Tottenham.
3187.	Miss M. H. Davis, cert.	Royal Hants. County Hosp., Winchester.
3188.	Miss A. L. J. Morris, cert.	Prince of Wales Hosp., Tottenham.
3189.	Miss J. Jackson, cert.	Wandsworth Inf.
3190.	Miss E. Slade, cert.	Taunton and Somerset Hosp.
3191.	Miss E. A. Crissell, cert.	Poplar and Stepney Sick Asylum.
3192.	Miss A. Harding, cert.	Kingston Inf.
3193.	Miss L. Hill, cert.	Warneford Hosp., Leamington.
3194.	Miss E. M. Miller, cert.	Warneford Hosp., Leamington.
3195.	Miss A. A. Lokier, cert.	Guy's Hosp., S.E.
3196.	Miss A. E. Thacker, cert.	Great Yarmouth Hosp.
3197.	Miss J. Hopton, cert.	Roy. Free Hosp.
3198.	Miss S. F. Norfield, cert.	Chelsea Inf.
3199.	Miss S. Simpson, cert.	Whiston Inf., Prescott.
3200.	Miss E. Willis, cert.	Roy. Inf., Leicester.
3201.	Miss D. E. M. Golding, cert.	Wandsworth Inf.
3202.	Miss F. G. Stevens, cert.	Firvale Hosp., Sheffield.
3203.	Miss M. Graham, cert.	South Manchester Hosps., West Didsbury.

3204. Miss C. M. Turner, cert. Guest Hosp., Dudley.
3205. Miss S. J. Beaumont, cert. Bradford Union Inf.
3206. Miss E. Limmer, cert. Lewisham Inf.
3207. Miss R. E. Clist, cert. Highfield Inf., Liverpool.
3208. Miss M. M. Whale, cert. The Inf., Reading.
3209. Miss L. Toft, cert. Fulham Inf.
3210. Miss T. M. M. Rowse, cert. Warneford Hosp., Leamington.
3211. Miss S. M. Lightfoot, cert. City of London Inf.
3212. Miss M. A. Carter, cert. City of London Inf.
3213. Miss G. E. Campling, cert. London Hosp., E.
3214. Miss E. Jeffries, cert. North Staffordshire Inf.
3215. Miss M. Holmes, cert. St. George's Hosp.
3216. Miss L. W. Stott, cert. St. Bart's Hosp.
3217. Miss C. E. Todd, cert. Guy's Hosp., *Matron* St. James' Inf., Wandsworth.
3218. Miss E. L. Tate, cert. Warneford Hosp., Leamington.
3219. Miss E. K. Bracher, cert. The Inf., Wandsworth.
3220. Miss S. Dougherty, cert. Roy. Inf., Glasgow.
3221. Miss H. A. M. Kremer, cert. C.L.S.A., Hendon.
3222. Miss F. L. Jarvis, cert. St. Bart's Hosp.
3223. Miss A. A. Brown, cert. Kingston Inf.
3224. Miss E. Lee, cert. Kingston Inf.
3225. Miss M. R. Helgesen, cert. Kingston Inf.
3226. Miss E. Grant, cert. Kingston Inf.
3227. Miss E. Hughes, cert. Kingston Inf.
3228. Miss M. T. Marieni, cert. St. Bart's Hosp.
3229. Miss M. Cookson, cert. Windsor and Eton Inf.

The meeting then terminated.

MARGARET BREAY, *Hon. Secretary.*

STATE REGISTRATION IN THE HOUSE OF COMMONS.

In the House of Commons last week Dr. Chapple, Member for Stirlingshire, asked the Prime Minister whether his attention had been drawn to the deaths of four infants, within a week, in a babies' home in Tooting, where none of the nurses in attendance were qualified, and what steps, if any, he was prepared to take to ensure that protection to the sick which in many other countries was provided by State Registration of Trained Nurses.

Mr. McKenna, who replied, said that the home was a crèche, not an institution for sick children, and the persons described as "nurses" were not sick nurses, but the ordinary attendants on the children. The case was a serious one, but he did not think it had any

direct bearing on the question of the State Registration of Nurses.

The Home Secretary seems to have overlooked the opinion of the medical officer that a home of that kind should have at least one trained nurse. Further, surely a responsible Minister of the Crown should know that it is dangerous to segregate young children in communities, apart from their natural surroundings, without placing them in the charge of a skilled person, who understands the care necessary to keep them healthy, warm, and properly dieted. Certainly the institution was not one for sick children, but four entrusted to it were not only sick, but moribund, within a week. These lives might probably have been saved by trained nursing.

NEW YORK THE EDUCATIONAL CENTRE.

It will surprise no one who knows the Hon. Albinia Brodrick, and the thorough way in which she has prepared herself for the service of the sick poor, especially her poor Irish friends at Ballincoona, that she has gone to New York, to avail herself of the course in Nursing and Health provided at Teachers' College, Columbia University, under the superintendence of Miss M. Adelaide Nutting. A warm welcome is assured to Miss Brodrick in New York, for at the International Nursing Congress in London in 1909 no one made a deeper impression on the Congress and the American delegates, and she cannot fail to be a most acceptable student. Miss Brodrick states her opinion that the nursing profession in America is far ahead of that of the United Kingdom, and she desires to obtain all the knowledge she can get there in order to utilize it for the benefit of her hospital at Ballincoona. New York has now become the nursing educational centre of the world, and the Teachers' College course has attracted nurses from the United Kingdom, Germany, Finland, China, Japan, and other countries. The American Superintendents and nurses have earned this distinction: they founded the Teachers' College course, supported it financially, and gave gratuitous service to make it a success, until Miss Wald, the founder of the Nurses' Settlement, obtained a liberal endowment for it, and now the brightest nursing intellects of the world are gravitating to New York to avail themselves of its advantages. But what of Florence Nightingale's country? Truly the suggestion for an educational memorial to the Founder of modern nursing, to be located in London, is well timed.

THE TRAINED WOMEN NURSES' FRIENDLY SOCIETY.

During the past week the whole nursing world has been fussing about the Insurance Act, and to judge from the experience of the officials of the Trained Women Nurses' Friendly Society a few hints will not perhaps come amiss.

1. When forwarding the insurance card see that each compartment is filled with the special sixpenny stamp, or that stamps to the amount of 6s. 6d. are affixed. See that each stamp is dated, and that the card is signed by the contributor, and sent to the office of the Approved Society before the 26th October.
2. Do not forget to stamp the envelope in which it is sent to the office.
3. Do not worry if card No. 2 is not forwarded by return of post—as there is so much clerical work connected with booking, and card inscribing, in compiling the first quarter's lists, that reasonable time must be allowed for the enormous labour entailed by the regulations of the Insurance Act.
4. Don't be disappointed that after paying 3d. a week for thirteen weeks, a life's pension of £1 a week is not immediately forthcoming!

The Committee of Management of the T.W.N.F.S. met on the 9th inst. and there were present Mrs. Fenwick, *President*, Mrs. Paston Brown, *Vice-President*, Mr. T. W. Craig, *Treasurer*, Miss Waind, *Trustee*, Miss Mollett, Miss Cutler, Miss Finch, Miss H. L. Pearse, Miss Elma Smith, Miss Annie Smith, Miss Morgan, Miss Böge, Miss B. Kent, Miss M. Breay, Miss E. Fowler, and Miss O'Brien. A satisfactory report was presented. Miss Mollett having previously notified that owing to distance from London she would be unable to act as Secretary, the Committee learnt with very great

pleasure that Miss G. A. Rogers, late of the Royal Infirmary, Leicester, was prepared to accept the office of Secretary on trial. It was recognised that her appointment would be universally popular with the members, and would encourage many nurses to join a society which could command in their interests her great administrative ability. It was unanimously agreed that arrangements should be made for Miss Rogers to assume office on October 15th, at 431, Oxford Street, W., where the work of the Society will be carried on for the next few months, until it is thoroughly established.



MR. T. W. CRAIG, TREASURER, TRAINED WOMEN NURSES' FRIENDLY SOCIETY.

The Society was started to emphasise the necessity for professional women controlling their own State Insurance and financial affairs—of course, with the best expert advice available, and it is to be hoped that the more intelligent members of the profession will come to realise more and more that they can do so efficiently, and much more economically than financiers, whose business is profit, are prepared to do it for them.

The members of the Society will be glad to become acquainted, through the medium of this paper, with their Treasurer, Mr. T. W. Craig, and we think they are to be congratulated on having secured the services of one who is not only possessed of business acumen, but is keenly interested in nurses and their work, and in all that makes for nursing progress. Mr. Craig is a firm believer in the principle of insurance, and, in regard to the insurance of nurses under the National Insurance Act, he has publicly expressed his belief that the Trained Women Nurses' Friendly Society offers them advantages superior to any other. At the same time, he is strongly of opinion the future of the Society rests largely with the members themselves, and considers that each one who realises the advantage of belonging to the only Society of which the membership is limited to trained hospital and infirmary nurses, or those who are in training, should attract to its ranks other nurses of good standing and health.

THE NURSES' MISSIONARY LEAGUE.

Last week we reported the Morning and Afternoon Sessions of the recent Valedictory Meetings of the Nurses' Missionary League held at University Hall, Gordon Square, W.C. The day closed with the dismissal of the sailing members.

EVENING SESSION.

Mr. F. Marcus Wood, Secretary of the China Inland Mission, presided at the evening meeting. The first speaker was Miss Richardson, Secretary of the League, who said there was great cause for thankfulness as to the work in the past, and the League might indeed thank God and take courage to meet the unknown future as it bid God speed to its real friends who were proceeding abroad, committing each one to the care of her Heavenly Father. She invited the home members to bear in mind that their colleagues were depending on them for faithful remembrance at the Throne of Grace, and to regard the opportunity as a sacred privilege.

Miss J. Macfee, B.A., Editor of *Nurses Near and Far*, then said that the League was now 9½ years old. It had 1,846 members, 588 of whom were volunteers for active service, 204 of these being already abroad, and that day the League was saying farewell to thirteen more of its number. It was well that the League should try to get an idea of what it had meant to the world that all these nurses should go out. Miss Macfee referred also to the urgent necessity for enlarged headquarters if the development of the work was not to be hindered. It was estimated that an additional income of at least £350 per annum was required.

The Chairman emphasised Miss Macfee's remarks and said that the League was really suffering from its success. More extensive premises were necessary and more office help. He also enlarged on the necessity for fully trained nurses in the Mission Field, and said what a tremendous support they were to the doctors and to mission work as a whole.

Each of the sailing members present then said a few words: the first, Miss HILDA ANTHONY (Royal Infirmary, Derby), is at present detained for lack of funds. She said that when she first went to hospital the Nurses' Missionary League was a great help to her, and the Chairman subsequently pointed out to the members what they might do for the new nurse, a little kindness to a new pro. went a long way towards establishing a friendship. Of course, when speaking on religious subjects tact was needed, and in illustration of this he told the story of a young man who, desirous of devoting his life to God's service, promised to speak to the first person he met the next day on the subject. He happened to be a butcher's assistant and the first person he came across was a little girl who came in to the shop for a joint of meat. To her he said, while sharpening his big knife preparatory to serving her: "My dear, are you ready to die?" That was a true story.

Miss J. A. CLOUTING (London Hospital), proceeding to Mien-chuh, was the next speaker. She said that her departure had been deferred for a year; and it had been a comfort to her to remember the teaching of the cloud, which went before the Children of Israel, in the wilderness—when it stopped, they stopped; when it moved on, they followed. Reckoning up the gains and losses of the past year, she could think of nothing but gains. She had been spending the year with a lady, formerly a missionary in West China, and had had some lessons in the Chinese language; she had had another Keswick; she had had useful work—very; two more nurses, great friends of hers, from her own hospital, had volunteered for missionary work; and she had been adopted by a home parish, which she had always greatly desired, so that she might be backed up by a real bank of prayer.

MISS MARY GODFREY (General Infirmary, Bolton), proceeding to Toro, Uganda, said that she was going to a new hospital of seventy beds, where there was only one English sister, who, on her arrival, would be coming home on furlough. She would, therefore, have to train the native nurses, who, she understood, were lovable but irresponsible.

Miss E. V. KRAUSS (Guy's Hospital), proceeding to Hing-hwa, commended the League to any who had not already joined it, that they might have the strength in unity afforded by the corporate life. She asked the prayers of the League for herself and the others who were going out "at His word," in simple obedience, truth and faith. They needed this support.

MISS MABEL MARTIN (Royal Free Hospital), proceeding to Siao Kau, who was unable to be present, wrote, saying that she owed more than she could ever tell to the Nurses' Missionary League.

MISS IDA THOMAS (London Hospital), proceeding to Delhi, emphasised the fact that those at home and those abroad all depended so much upon one another.

Addresses from the Rev. Montague Beecham (of the China Inland Mission), and the Rev. Dugald Macfadyen, M.A., concluded a most interesting and helpful day.

LECTURES ON HINDUISM AND ISLAM.

The first of the five lectures arranged by the Nurses' Missionary League was delivered at University Hall, Gordon Square, on Wednesday, October 9th. The chair was taken by Miss K. Webb (Home Sister, Guy's Hospital), who spoke of the great interest of the subject of the lectures, Hinduism and Islam. The lecturer, Canon Weitbrecht (Secretary of the Board of Missionary Study), dealt with the origin and historic development of Hinduism, tracing its progress from the far-off days some 2,000 years B.C., when the early Aryan tribes poured into India from the North, enslaving the still earlier inhabitants of the land the present "out-castes." He showed how caste

was the root foundation of Hinduism, not a mere social distinction, but an absolutely rigid division dooming every man to a certain trade and preventing him from ever entering any other sphere in life. He also dealt with the fundamental ideas of Hindu thought, pantheism, the necessity for stamping out all desire, and thus attaining to their ideal of losing all consciousness in the final Nirvana.

The lecture was most interesting and gave a vivid impression of the thought of hundreds of our fellow subjects in India. At the second lecture, on October 16th, at 3 p.m., Canon Weitbrecht described the present-day aspects of Hinduism.

THE NURSES' LODGE.

Members of the Nursing profession will be interested to learn that Miss Hulme, of the Nurses' Lodge, 9, 10, 11, Colosseum Terrace, and 57, Albany Street, Regent's Park, N.W., has been joined in her enterprise by Miss F. Holman and Miss H. Flinn, for many years Ward Sisters at the Hospital for Sick Children, Great Ormond Street, W.C. In choosing trained nurses, Miss Hulme has acted wisely, and we feel sure that the interests and comforts of the Nurses will be studied in the future in the same way they have been in the past. We wish Miss Holman and Miss Flinn every success in their new work.

WEDDING BELLS.

The marriage arranged between Mr. John Davidson, Indian Finance Department, Assam, son of the late General Davidson, R.E., and Miss Lilian Mary Tippetts, eldest daughter of the late Surgeon Major-General A. M. Tippetts, A.M.S., which we announced last week, will take place at Lahore on October 24th.

An Indian correspondent writes: "Miss Tippetts, the President of the Association of Nursing Superintendents of India, which is now affiliated with the Trained Nurses' Association under the joint title of 'The National Association of Trained Nurses of India,' was one of the original members of both Associations, and all through their early days helped to fight their battles, and by her broad-minded views and adherence to the ethics of the profession, and the maintenance of the highest ideals in nursing has done much to set a high standard of work and conduct among all the nurses with whom she has come in contact.

"To say that the Associations will miss her is a poor way of expressing our feelings. The best wishes of every nurse in India who knows her go out to her, in the belief that there are many years of blessed happiness in store for her who has never grudged her days and nights, her health and her cultured mind to the sick and suffering who have been fortunate enough to come under her care.

"Will England send us many such of her best to fill such vacancies as this?"

APPOINTMENTS.

MATRON.

Taunton and Somerset Hospital, Taunton.—Miss Isabel Callaghan has been appointed Matron. She was trained at St. Bartholomew's Hospital, London, and has held the positions of Surgical Out-patient Sister and Ward Sister at the Royal Hospital for Sick Children, Edinburgh; Night Superintendent at the Royal Hospital for Diseases of the Chest, City Road, E.C.; Assistant Matron at the Royal Infirmary, Liverpool; for six months in charge of the Nurses' Home; and is now Matron of the Victoria Hospital, Keighley.

General Hospital, Ramsgate.—Miss Alice Edgar has been appointed Matron. She was trained at St. Thomas' Hospital and the Brompton Hospital, and has been Night Superintendent at the Royal Eye Hospital, Sister at the British Hospital, Paris, Sister and Assistant Matron at the Westminster Ophthalmic Hospital, and Assistant Matron for the past two years at the Royal Infirmary, Huddersfield.

Blackheath and Charlton Hospital.—Miss E. Purdy has been appointed Matron. She was trained at the West London Hospital, Hammersmith, and subsequently held the position of Sister in the same hospital. She has also been Matron of the Government Hospital, Northern Nigeria.

ASSISTANT MATRON.

Royal Waterloo Hospital for Children and Women, Waterloo Bridge Road, S.E.—Miss Edith Ellen Alderman has been appointed Assistant Matron. She was trained at the Dreadnought Hospital, Greenwich, for three and a half years, and at the Royal Waterloo Hospital for one year, and has been Theatre Sister at the Dreadnought Hospital for eight months, and a member of the Galen House, Guildford, Private Nursing Staff since February, 1909.

Stirling District Asylum, Larbert.—Miss Grace Tabbiner has been appointed Sister and Assistant Matron. She was trained at St. Bartholomew's Hospital, Rochester, where she has taken Ward Sister's holiday duty. She obtained her mental training at the Canterbury Borough Asylum, and holds the Medico-Psychological certificate.

SISTER.

St. Bartholomew's Hospital, E.C.—The following appointments have been made at St. Bartholomew's Hospital, E.C.:—

Miss E. V. Gascoigne, Sister of Harley Ward, to be Sister of Pitcairn Ward.

Miss H. M. Hollyer, Theatre Sister, to be Sister of Harley Ward.

Miss Irvine, Night Superintendent, to be Sister of Theatres.

Miss E. Milne, Gold Medallist, October 1911, to be Night Superintendent.

Miss F. Mann, Sister of Luke Ward, has resigned her appointment.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Staff Nurses.—The following ladies have received provisional appointments as Staff Nurses: Miss C. L. A. Robinson, Miss W. B. Allen, Miss P. A. Pearce.

TRANSFERS TO STATIONS ABROAD.

Matron.—Miss E. C. Humphreys, to Gibraltar, from Cork.

Sister.—Miss A. Rowe, to Gibraltar, from Dublin.

Staff Nurses.—Miss M. McBride, to South Africa, from Curragh; Miss N. Parke, to South Africa, from Shorncliffe.

MILITARY FAMILIES' HOSPITALS.

The undermentioned appointment has been made:—Miss M. H. Lockyer, to Shorncliffe.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

Transfers and Appointments:—Miss Hardman (Inspector), to London area; Miss Annie Houghton, to Todmorden, as Senior Nurse; Miss Dora Cheverton, to Hereford; Miss Henrietta Murray, to Todmorden; Miss Gertrude O'Flynn, to Nelson; Miss Jane Simpson, to Scarborough; Miss Marion Ward, to Cheadle Hulme.

PRESENTATION.

Sister Green, who for the last three and a half years has been Home Sister and Assistant at the Mount Vernon Sanatorium, Northwood, is leaving shortly to take up her duties as Matron of the Southern Sanatorium, Pinewood, Hastings. On Saturday, October 12th, a delightful gathering took place in the big Dining Hall, at Northwood, to take farewell of Sister Green, and to wish her every success in her new work. The Nursing Staff, in fancy dress costumes, were entertained by the Matron, Miss Stuart Donaldson, to tea, during which they gave a musical programme. The Medical Superintendent (Dr. W. G. Kinton), in a delightful speech, offered the congratulations of all present on Sister Green's promotion, and spoke of her splendid example of "Duty faithfully done." He then presented her, on behalf of the Nursing Staff, with a beautiful clock suitably inscribed, an afternoon tea-set from the Medical Superintendent and Mrs. Kinton, a writing case and note pad from the Matron and the Sisters, with two exquisite scent bottles. The Head Laundry Maid, in a graceful little speech on behalf of the Domestic Staff, thanked Sister for her patient kindness, and asked her acceptance of a beautiful dressing-gown. Dancing and games brought a delightful evening to a close.

Dame Fanny Lucy Cecilia Eden, of Hilcote, Ascot, has bequeathed £1,000 to her nurse, Edith Elizabeth Coultts.

Miss Minnie Lamb, a trained nurse, lost her life at Colwyn Bay on Monday, in a heroic attempt to save her patient, who fell into the sea from the promenade. The patient was subsequently rescued.

NURSING ECHOES.

We are pleased to learn that the suggestion of "One Day's Pay" from every nurse towards the International Nurses' Memorial to Miss Nightingale is finding favour in many countries.

The *American Journal of Nursing*, referring editorially to the proposal made by the International Congress of Nurses at Cologne to found an international memorial to Miss Nightingale of an educational character, says: "To us it seems that no other memorial is so fitting and expressive coming from nurses to honour their great leader, as one of a living character, founded on educational lines, which makes it possible for oncoming women to gain the best in professional knowledge and wide culture and to perfect themselves in advanced or special spheres of work. Miss Nightingale was prepared for her life work by an unusually liberal and scholarly culture, by a rich knowledge of the world, by knowledge of foreign languages, by wide reading. Upon this foundation she built her years of study of hospital and nursing conditions; with her, truly, knowledge was power, and it must be equally so with the great nurses of the future. . . ."

"The plan for an international memorial, as presented by Mrs. Fenwick, would be to found a chair of nursing in connection with some educational institution in London, a scheme so in harmony with the genius of Miss Nightingale that it should be carried to triumphant completeness."

After remarking that "the work of the Florence Nightingale Memorial Fund, a committee composed of prominent English men and women, has not been truly acceptable to nurses. . . . It is therefore doubly important that nurses should initiate a truly enlightened and worthy memorial to the woman whose work they are to carry on. Their memorial should emphasize the social importance of that work, and the professional dignity of their own status. We trust that nurses all over the world will vie in exciting interest in a Florence Nightingale chair of nursing, open to nurses from every country, and in bringing to it their own contributions, as well as those of the general public."

Many of our readers will be glad to have the portrait of Miss J. W. Davies, Matron of the Royal Infirmary, Bradford. During a long and

honourable career in connection with the Leicester Infirmary Miss Davies has made many friends, and won the respect and affection of succeeding generations of nurses. She has also been brought into touch with her colleagues outside her own training school by her interest in all that concerns the welfare of her profession, and by her genius for the organization of practical nursing exhibits. The exhibits of the Leicester Infirmary Nurses' League at the International Nursing Congress in London in 1909, and at the Royal Horticultural Hall, Westminster, in the spring of this year, in the arrangement of which Miss Davies took a leading part, were most instructive, and demonstrated both great professional knowledge and practical skill of the highest order.

The Journal of the Victoria and Bournemouth Nurses' League has an excellent account of the Cologne Congress, and eight members of the League, amongst others who attended the meeting, have written their impressions in their own journal. We are pleased to know how thoroughly they appreciated the significance of this great international conference, and that they enjoyed both work and play so thoroughly. The National and International Councils are *trained nurses' organizations*, and the more they realize this fact, and take individual interest in the work being accomplished through professional co-operation, the safer and sounder the Councils will become.

A new branch of the Nurses' Social Union has been formed in Leeds. The inaugural meeting was held at the West Riding Nurses' Home on September 18th, when Miss Fry, Hon. Treasurer of the Bristol Branch, kindly gave an address on the work and aims of the Union. Nineteen new members were enrolled and a Committee was elected representing the Leeds Infirmary, the District nurses, and the

Meanwood Convalescent Home. The meeting was followed by tea, and post-graduate lectures and future Debates on nursing subjects were planned. The Secretary (Miss Thurstan, West Riding Nursing Association, St. Hilda's, Leeds) will be pleased to receive the names of any nurses wishing to join the N.S.U.



MISS J. W. DAVIES, MATRON, ROYAL INFIRMARY, BRADFORD.

at Duffryn, Bryncoch, Rhyddins, and Pontardawe, making a total of sixty local district nursing associations now affiliated to the Association.

The quarterly meeting of King Edward's Coronation Fund for Nurses was held last week at 86, Lower Leeson Street, Dublin, when Sir Andrew Reed, K.C.B., C.V.O., presided. Fourteen applications from nurses for membership were accepted.

At a meeting of the Committee of Management of the South Wales Nursing Association, held at Cardiff last week, Lady St. Davids reported that new associations had been formed employing Queen's Nurses

REFLECTIONS

FROM A BOARD ROOM MIRROR.

The Nurses' Home, Chandos Street, Strand, where the Nursing Staff of the Charing Cross Hospital is housed, has just come out of the clutches of the painters, who have invaded their domain for the past month with very satisfactory result. The walls of every room have been covered with a charming self-coloured paper of a soft neutral tint, a marked improvement upon the colour-washed walls which constituted the previous scheme of decoration. These papered walls have given the "home-like touch" to the rooms. Each Probationer keeps her own room during the four years of her training, and is thus enabled to impart to her surroundings her own individuality in the choice of pictures, and the many small extras which go to make the room part of oneself.

A delightful metamorphosis has been effected in two of the wards belonging to the old and original part of the Charing Cross Hospital, through the generosity of Mrs. William Hunter (wife of Dr. Hunter, Hon. Physician, and Dean of the Medical College), and Miss Huntington, a personal friend, who have had the Gilding and Alexandra Wards painted white. Those who recollect the sombre green walls, with terra cotta relief alone will be able to thoroughly appreciate the change to light and brightness. The generosity of these two ladies is greatly appreciated by the members of the Council of Charing Cross Hospital, and by the Nursing Staff, to whom the exhilarating effect of a light ward is a vast help in the daily routine of work.

Mme. Sarah Bernhardt paid a visit to the hospital on Tuesday afternoon, and was delighted with everything. She inscribed her name in the visitors' book, adding the words, "Ouel admirable hôpital," at the same time handing to the secretary a handsome donation. On leaving, Mme. Bernhardt said that what had impressed her so much in the hospital was the presence of flowers in the wards. "Flowers are so good for the heart," she said.

A new casualty department at St. Mary's Hospital has been completed at a cost of about £8,000, towards which King Edward's Hospital Fund for London has contributed £1,800, and £4,700 has been subscribed by the public, leaving £1,500 yet to be provided.

Mr. Stuart de la Rue has forwarded a contribution of £500 to the Royal Hospital for Diseases of the Chest, (City Road, E.C.), for the endowment of a cot.

Towards the sum of £6,000 required by the Birmingham and Midland Hospital for Women for the extension of the hospital at Sparkhill,

£3,833 has been received and an effort is to be made to raise the balance during the next four weeks.

The Royal Free Hospital has completed the purchase of one and a-half acres of freehold land, adjoining their premises in Gray's Inn Road, W.C. It is intended that building operations shall be proceeded with immediately.

The Nobel Prize for Medicine for 1912 has been awarded to Dr. Alexis Currel, of the Rockefeller Institute in New York, for his works on the suture of vessels and the transplantation of organs. The prize this year amounts to about 105,000f. (£7,800).

The *American Journal of Nursing* has removed its editorial office from 247, Brunswick Street, to 45, South Union Street, Rochester, N.Y. It is, says our contemporary, "more than a change of address; it means the taking of the *Journal* from the home of the editor-in-chief to the house just opened as a central registry and club house by the Monroe County Registered Nurses' Association. It has always been our belief that a central directory, wherever established, should be made the centre of nursing interests of a city, and we are, by this move, endeavouring to practise what we preach."

HORLICK'S MALTED MILK.

Horlick's Malted Milk is very popular as a beverage, and it is therefore satisfactory to know that it is not only pleasant to take, but it has great nutritive value. Mr. Wentworth Lascelles-Scott, late Public Analyst for the counties of Derby, North Staffordshire, and Glamorgan, in an analytical report recently issued, shows it to be of the following composition:—

Total proteids or flesh-formers	16.67
Total fatty matters	9.13
Dextrins	19.11
Total saccharine matters	48.50
Mineral matters, including phosphates ..	3.18
Water (hygroscopic moisture)	3.32

100.00

The above analysis shows it to be a food of great flesh-forming and recuperating value.

Another point in its favour is the presence of nearly three-quarters of one per cent. of lecithin (included in the fatty matters) "that remarkable Phosphorised Fat which is the vitally important food of the white corpuscles of the blood."

The restorative powers of this Malted Milk can easily be proved if it is taken by anyone who is fatigued. The Sphygmograph proves for us scientifically what we already know practically, and records a marked improvement in the heart action in from 20 to 75 minutes after giving "Horlick's," demonstrating its value as a food for the debilitated and aged, as well as for infants.

A MODEL SCHEME FOR THE TREATMENT OF TUBERCULOSIS.

The State Sickness Insurance Committee of the British Medical Association has drawn up a model scheme for the treatment of tuberculosis, which has been framed to enlist to the fullest extent the services of the general practitioner. The opinion is held in the profession that the more medical men there are who are interested in the treatment of tuberculosis the better, and that the system of multiplying officials will have a bad effect on the calibre of the profession as a whole.

TUBERCULOSIS NURSES.

In this connection we are of opinion that if the demands of insured persons are to be efficiently met in so far as sanatoria benefit is concerned, the nursing profession must take a much more intelligent and active part in preparing itself to do its part. We hear sometimes of the Tuberculosis Nurse, and just a few good women are qualifying themselves for this special branch of nursing. In the near future we must not only hear of her, but see her actively engaged throughout the country, thoroughly equipped by special instruction and training for this special bit of warfare with disease. We are not forgetting the fine work done by our Queen's Nurses in this connection, but we want to see certain nurses set apart—Tuberculosis Nurses—to give expert help in the coming campaign which must aim at stamping out the disease altogether.

FRAUDS ON NURSING HOMES BY BOGUS DOCTOR.

Some cruel deceptions have recently been practised on nursing homes in the West End and Chelsea, by a middle-aged man, posing as a doctor, who first makes arrangement by telephone for the admission of an operation case for a leading surgeon, and subsequently calls to give minute instructions as to the arrangements. Incidentally, he speaks of the rescue work he is doing on the Embankment, and secures a donation from the Matron. Next day he telephones, to say the patient is dead, and that the room will not be required. It is easy to say that this swindler is a bogus doctor, as the fact can be verified by reference to the Medical Register. There is no similar remedy when nurses are personated.

"NOT FIT TO BE A NURSE."

This was the conclusion of Mr. Bros, who, at the Clerkenwell Police Court, on October 11th, sentenced Florence Goulding, of Park Street, Camden Town, to 21 days' imprisonment for stealing a purse containing 25s. from a bedroom in a house where she was employed as a nurse. The patient was the prosecutrix. It was proved that the accused pocketed the purse, sent out

for a shilling's worth of brandy and drank it, then lay on the bed and slept so soundly that she could not be wakened. Next morning she took more brandy and was ordered out of the house by the doctor. No evidence as to training or credentials appears to have been offered, and, as there is no State Register of Trained Nurses, this woman will no doubt be able to victimise the sick once more when she has served her sentence.

SURGERY IN THE FIFTIES.

The October issue of *St. Bartholomew's Hospital Journal* contains some interesting recollections by Dr. J. S. Edye of the Hospital during the "fifties," by Mr. K. Macfarlane Walker, and opens with the very true sentence that "there is always something of fascination and of interest in the memories of bygone days." To nurses such reminiscences are peculiarly fascinating, as their profession is yet of such modern growth that many of us can recollect the age of "atrocities."

Dr. Edye remembers many interesting things about the great surgeons and teachers of the past, and stories of Lawrence Skey, Paget, Holden, Savory, Tom Smith, and others, are no doubt very characteristic.

"Dr. Edye, at work in a room nearly behind the Anatomy Theatre, could hear things that did not reach the ears of the ordinary student. Skey was accustomed to prepare himself carefully for the ordeal of lecturing in anatomy. A few minutes before entering the theatre a voice was always heard in the passage . . . the words were few, and they never varied. They were spoken in the same tone and at the same hour: 'Smith, bring me that!' Smith was the old dissecting-room porter.

"*That*' was a glass of port."

"Sir William Lawrence had earned quite a reputation in St. Bartholomew's circle for his cold, unemotional temperament. Nothing had ever been known to disturb the tranquillity of his outward bearing, or to ruffle the calm that habitually reigned within. Stories were told that gave ample proof of his imperturbability. On one occasion he was making his round when his colleague Stanley, who happened to be in the same ward at the time, was taken suddenly ill. Lawrence was just on the point of leaving the ward when he was called back by some excited students, who implored him to come and lend assistance to Mr. Stanley. Complying with their request he carefully examined his colleague, the students crowding anxiously around. At the end of his examination he addressed himself to those who were anxiously awaiting his verdict: 'Gentlemen,' said he, 'Mr. Stanley is dead; we will now proceed with the next case.'

Sir William Lawrence delivered his lectures in the evening; the hour was not popular. Once the rowdy element present in the gallery prevented the more serious-minded of the audience

from hearing the lecture. At length, one of the studious front benches interrupted the lecturer with the polite request: "Pray, Mr. Lawrence, would you mind asking those gentlemen in the gallery to make less noise?" "Gentlemen?" replied the imperturbable Lawrence, looking round the gallery, "Gentlemen? really, I don't see any."

In spite of Savory's integrity in the matter of not interfering with other people's dissections, there was a weak point in his general moral rectitude. His fingers literally itched when he caught sight of a pectoralis major. "Ah! Mr Savory," said Edey, one day in the anatomy rooms, "there's one thing you can't resist; you never can resist a pectoralis major." "No," replied Savory, "you are right, I'd get up in the middle of the night to dissect a pectoralis major."

The article concludes: "Unfortunately for the present chronicles, Dr. Edey saw little of the inside of the wards of the hospital. The surgery of that period was distinctly limited, and consisted mainly of amputations and of operations for stone. In the absence of anaesthetics, speed was everything. The main artery of an amputation stump was tied by the officiating surgeon, whilst the dressers secured and ligatured the smaller vessels. Washing the hands previous to the operation was entirely optional. Everybody washed well after the operation had been completed, and a few faddists washed beforehand. Tincture of opium was sometimes given before the patient left the ward, but operations were always performed behind double doors, and in the most outlying part of the building. Two forms of dressing were in common use—lint spread with lard, and lint spread with unguentum resinae. The operation wound was exposed at the end of twenty-four hours, and if there were no signs of irritation around the sutures the dressings were reapplied. If, on the other hand, signs of inflammation were visible, the wound was opened up and the character of the pus carefully noted. The subsequent appearance of even a cupful of "laudable pus" did not disturb the tranquillity of mind of the operator. A poultice was applied, and an encouraging prognosis given. If, however, the pus had a greenish appearance, or was streaked with blood, the surgeon shook his head, ordered a bigger poultice, and proceeded with the next dressing.

"Such was the state of surgery when Dr. Edey left Bartholomew's in 1850. Since then he has not returned; but, nevertheless, some changes have been effected. The poultice has disappeared from the surgical wards, laudable pus has lost its good character, and the double doors of the theatres are merely regarded as a convenience in preserving a desirable temperature within. The sisters of the wards no longer take snuff in public, and the surgeons wash both before and after operations. Yet, in spite of the change that time has brought, there lingers a fascination about those early days which even the knowledge of their manifest disadvantages fails to destroy."

THINGS NURSES SHOULD KNOW.

Nurses are usually supposed to know everything that concerns the welfare of their patients, to be able to procure at the shortest notice things ordered by the medical attendant or needed for the comfort of the sick person. We wonder if they always realise what a mine of valuable information the advertisement columns of this journal afford them if they are carefully studied. Within the space between its covers are gathered together in most convenient form the announcements of firms of world-wide reputation, and if they are unable to call at the establishment concerned, a letter or postcard will bring them the information desired by return of post. To mention a few

SURGICAL APPLIANCES AND NURSING REQUISITES.

MESSRS. DOWN BROS., LTD., 21, St. Thomas Street, S.E. The surgical appliances supplied by Messrs. Down Bros. have become a household word for excellence, and nurses requiring instruments and appliances, from operating tables to thermometers, will find them at 21, St. Thomas Street in great variety. A speciality of Messrs. Down's is the Bardella bandage, which is frequently ordered by the medical profession as a dressing for burns, scalds and skin injuries. School nurses and district nurses should not fail to include "Bardella" in their outfit on their daily rounds, and it should have a place in every household in the first-aid cupboard.

MESSRS. GARROULD, 150-162, Edgware Road, W.—Messrs. Garrould need no introduction to nurses, to whose convenience they have always given great consideration. Just now winter cloaks are a subject occupying the thoughts of many nurses, and they will find them in great variety in Messrs. Garrould's Nurses' Saloon. A delightful box just brought out, 13½ inches long and 8 inches wide, is designed for the use of nurses who desire to carry cap, apron, collars and cuffs with them to a case. The incredibly low price is 1s. The patent fastening is both simple and convenient. Accident emergency cases from 5s. upwards are also most conveniently designed, and nurses should call or write for Messrs. Garrould's Red Cross Catalogue.

THE MEDICAL SUPPLY ASSOCIATION. Nothing succeeds like success, and in the case of the Medical Supply Association this is proved by the fact that the former premises have proved quite inadequate for the increasing business, and the firm has moved into convenient and commodious new premises at 167-173, Gray's Inn Road, W.C. Here goods can be displayed to greater advantage, and the establishment is well worth a visit. We noticed on a recent visit a particularly attractive baby's bath which maternity nurses will do well to note, hot water bags in great variety, and a light and comfortable bed rest with slightly curved back.

DISINFECTANTS.

MESSRS. CHARLES ZIMMERMANN & Co., 9 and 10, St. Mary-at-Hill, London, E.C.—LYSOL is well known to and much appreciated by nurses and midwives, and in convenient sized bottles with patent stoppers it is very suitable for inclusion in district bags as well as for general use in institutions.

MESSRS. ROBERT YOUNG & Co., LTD., 38, Elliot Street, Glasgow.—The lubricant antiseptic and disinfectant, MICROBENE, supplied by this firm is making itself indispensable in many maternity hospitals and homes, and every nurse and midwife should be acquainted with it, and its many admirable qualities.

UNDERWEAR.

THE LAHMANN AGENCY, 245, High Holborn.—Dr. Lahmann's Reform Cotton-wool Underclothing has only to be seen and worn to be appreciated. A few of the points which commend it to attention are that it is quite as warm as animal wool, at the same time it causes no irritation, and is always porous, there is no shrinking and no felting. Sheets in this material will be found most comfortable for invalids, and the dainty white night-dresses are both attractive in appearance and cosy to wear. The shape-knitted combinations can be thoroughly recommended to nurses as elastic, strong, durable, easily washed and inexpensive. The firm are always glad to send samples and price list by post on application.

THE ATHENIC UNDERWEAR Co., Athenic Mills, Hawick.—The Athenic Underwear is now to be found in all quarters of the globe, having proved itself most satisfactory and comfortable. It is produced in every kind of material—in natural wool, Indian cashmere, Scotch lambs-wool, silk, silk and wool, &c. This season the Company have introduced a new quality fabric (No. 200 lambs-wool), specially recommended for those suffering from rheumatism, or who require extra warmth without weight.

FOODS AND BEVERAGES.

BENGER'S FOOD, LTD., Otter Works, Manchester.—Benger's Food is regarded as a standby by many nurses, who realise how frequently a wakeful or restless patient drops off to sleep at night, after a cupful of this nutritious and pleasant beverage.

J. L. BRAGG, LTD., 14, Wigmore Street, London, W.—The Charcoal Biscuits supplied by this firm are old standing favourites. Those who are not acquainted with them may obtain samples by enclosing 3d. for postage.

Oxo.—Oxo, which is a fluid beef, in which, by the special Oxo process, both the nourishing and stimulating qualities of the beef are retained and blended, is an invaluable agent in the diet of invalids and convalescents. It is also used with excellent results in midwifery cases, when both nourishing and stimulating refreshment is imperative. It is an interesting coincidence that a magnificent new panel in the Royal Exchange,

representing King Alfred directing the rebuilding of London wall, gives an unintentional advertisement to Oxo. The King is represented as consulting his architect, on whose gorgeously-decorated gown, gilt circles and semi-circles magically form the word Oxo three times.

BOOKS.

MESSRS. G. P. PUTNAM'S SONS, 24, Bedford Street, Strand, W.C.—Nurses who have read the first two volumes of "A History of Nursing," by Miss M. A. Nutting, and Miss L. L. Dock, will be delighted to know that the third volume is shortly to be published by Messrs. Putnam's, price 12s. 6d. It will contain many interesting illustrations, and will present an account of the development in various countries of the science of trained nursing with special reference to the work of the past thirty years. Other well-known books by Miss Dock, and "Practical Nursing," by Miss Maxwell and Miss Pope, are published by this firm, who also announce a new story entitled "The Upas Tree," by Mrs. Barclay, author of "The Rosary."

MESSRS. CHARLES GRIFFIN & Co., LTD., Exeter Street, Strand, W.C.—The standard works published by this firm are very popular with nurses. Dr. Laurence Humphrys' "Manual of Nursing" is in its thirty-second edition. Dr. Helliery's "Infancy and Infant Rearing" should be widely read at the present time, when every paper one takes up refers to the subject of infant mortality, "Foods and Dietaries" by Sir R. W. Burnet, F.R.C.P., deals with a subject with which all nurses should be conversant.

MESSRS. BAILLIÈRE, TINDALL & COX, Henrietta Street, Covent Garden, W.C.—We are glad to know that "The Nurses' Complete Medical Dictionary," by Miss M. Theresa Bryan, published by this firm, which we recently reviewed in these columns, is having a great success. Messrs. Baillière, Tindall & Cox supply many books of interest to nurses, a recent one being the "Index of Practical Nursing," by Dr. J. Basil Cook, Senior Assistant Medical Officer at the Kensington Infirmary.

GAS.

THE GAS LIGHT AND COKE COMPANY, Horseferry Road, S.W.—One of the most important factors in the comfort of Londoners is certainly this Company. Did the supply of gas fail a large proportion of them would be deprived of their fuel for cooking, their bedroom fires, their hot baths, for in all these departments of the home the Company have made themselves essential.

NURSES' DIARIES.

MESSRS. BURROUGHS, WELLCOME & Co., Snow Hill Buildings, E.C.—Messrs. Burroughs, Wellcome & Co. do good service to the nursing profession by publishing, and largely distributing amongst its members "Wellcome's Professional Nurse's Diary." It contains in compact and convenient form much information of use to them, and nurses should apply for a copy.

OUR FOREIGN LETTER.

FROM KAISERSWERTH.

DEAR EDITOR,—If you only could have been here on September 15th! It was such a grand and blessed day for us. Twenty-seven sisters were set apart to be deaconesses.

Such a happy bustle was there in the Mother-house the day before—rooms were being prepared for dear guests, the church prettily decorated "with buds and garlands gay," and the altar made a perfect grove by the gardener and his people. The probationers—"candidates," you would call them, I suppose—had been called in from their "out-stations" to enjoy a fortnight's perfect rest in the Mother-house: they were set free from their everyday duties to prepare body and soul for the great day. Instructions of all kinds were given them, though many of them have a three years' certificate for teaching or nursing, and they also have ample time to retract, if they wish to do so. Nobody is forced, they take the step out of their own free will.

On Saturday, the day before the solemn service our guests arrive—relations of the candidates, sisters and friends. They all are made kindly welcome, and feel that there is one bond of love that binds us together. On Sunday, at ten o'clock the bells ring out their lusty peal. Soon the church is crowded and Divine service begins. On both sides of the altar chairs are set for the candidates; immediately behind them the guests fill the front benches, and then the deaconesses take their seats. When all is ready "the pealing anthem swells the note of praise," as your poet says, and the candidates, two-and-two, are conducted by Sister Bertha and the Warden to their seats, amid the breathless silence of the congregation, who are absorbed in inward prayer.

After the hymn has been sung, and the sermon delivered, the Warden steps before the altar and says:—

"Dearly beloved, it is the gracious will of the Lord that in His Holy Church, beside the ministry of the Word, another office should be appointed, the office of "serving tables" (Acts vi). To this ministry not only men, but also women were called. The Apostle Paul speaks with regard to women who laboured with him in the Gospel, and we learn from his writings that women served as deaconesses in the Primitive Church. In the

providence of God this form of ministry has been revived in our days to the great blessing of the Church and the comfort and help of many weak and suffering people." Then, after a prayer has been offered up, the Warden says:—"While these sisters have been under our care they have received such instructions as fit them to minister to the bodily and spiritual needs of those among whom they will labour. During a long time of probation they have given proof of their competence in health, mind, and spirit for the work they will undertake." Then, addressing himself to the candidates, who rise from their seats, he continues:—"It is fitting, Sisters, that in the presence of God and this congregation the duties to which you are called should again be laid before you. You are to serve as deaconesses. You must regard yourselves as:

1. Servants of the Lord Jesus Christ;

2. Servants of the poor and needy, for His sake; and,

3. Servants to one another.

First, you are servants of the Lord Jesus Christ. He is your Master, and from Him you will receive your reward. You are set free from the ordinary toils of life that you may give your whole time and strength to ministering in His name to those whom He calls 'My brethren, even these least.' You are not to seek for earthly reward in this service. Having food and raiment and things needful, you must be content.

"Second, you are servants of His little ones, of the sick He came to heal, and the sinners He calls to repentance, for it is to them that the service is to be done you owe to your Master, Christ.

It is your duty and joy to bring home to their hearts the love, mercy and power of God. Count, therefore, no service too mean if love prompts to it, and no toil too heavy. Yours must be the Charity that bears all things, believes all things, hopes all things, and endures all things. Your loving service is to set forth the love of God, which is in Christ Jesus our Lord.

"In the third place, you are servants to one another, for your work is to be done, if possible, in co-operation. You will find much help and strength in that sisterly bond which unites you to members of the Deaconess Order, and you must see to it that this bond is not weakened by neglect or self-will. When working together, let each in lowliness of mind count her comrade better than herself. Our Lord and Master, when He washed His disciples' feet said: 'I have given you an example, that ye should also do as I have done to



SISTER JULIE BORGES.

you.' Whosoever will be greatest among you, let her be servant of all. Finally, with ready and self-respecting obedience, you are to submit yourselves to the direction of those who are over you in the Lord, and whose duty it is to guide you in the work to which you will be appointed. And thus, serving the Lord and sent forth to minister to those that are heirs of Salvation, may it be yours to render your account with joy and to hear from His own lips the 'Well done!' which the Master has promised to good and faithful service. And now, dear Sisters, have you duly considered how weighty an undertaking this is, and do you believe that God has called you to the office and work of a Deaconess in the Christian Church? Then answer 'Yes,' and give me in confirmation

to me, "Once a deaconess, always a deaconess!" but we do not think so; we are perfectly free to leave the Order, if circumstances should require it. Nay, not only that; even our superiors ask us every five years whether or no we are willing to stay. As for my part, I must confess I never felt the least inclination to leave.

Excuse me for not having written sooner—sometimes even I am hard up for time. My heartiest greetings to all of you. Miss Brey, I thank very much for sending the papers with the account of Miss Nightingale's burial.

I remain, yours very faithfully,

JULIE BORGES.

Seminar, Kaiserswerth.



THE SETTING APART OF DEACONESSSES.

your right hand." This is a very solemn moment. The Sisters answer yes, a vance to the very steps of the altar, and after having given their hands, they all kneel down. The Warden and his two assistants lay their hands upon their heads and bless them, saying: "The Almighty God who has called you to serve Him in this manner give you the power to fulfil this your service acceptably through Jesus Christ our Lord. Amen."

I enclose you a little picture—it is taken when the sisters are in the act of getting up and kneeling before the altar—it will give you a very good idea of the solemn transaction. Of course, in the afternoon there is a very pleasant sociable gathering—guests, friends, sisters, all flock together to congratulate the new deaconesses and bid them welcome. But you must not think that this ceremony is binding. A London lady once said

PRACTICAL POINTS.

In the matter of washing patients while in bed, it will be found that the drying is far more comfortably accomplished by the use of small towels, about twenty-two inches square, than by towels of ordinary size. Worn Turkish bath towels, both brown and white, may easily be cut in two for this purpose, eliminating the threadbare centre portion. They are also more easily washed and dried than the larger towels.

A German medical journal reports the case of four infants, from three to five months old, who were losing weight from diarrhoea. Buttermilk was substituted for two or more of the ordinary feeds during the day, with immediate improvement. Buttermilk is effectual on account of its low fat content and high lime content, and its considerable proportion of albumen.

OUTSIDE THE GATES.

THE BOOK OF THE WEEK.

"DR. TUPPY."*

In "Dr. Tuppy," Mr. Stephen Townesend, the talented author of "A Thoroughbred Mongrel," has given us a book which is sure to be widely read and discussed in hospital circles, more especially in the one with which the story is concerned, and the identity of which is scarcely veiled.

When we first become acquainted with Charles Tuppy, the medical student nicknamed "Dr." Tuppy by his fellow students, we are inclined to agree with the opinion, endorsed by himself, "Tuppy's a bit of a fool." Surely no student who had been long enough in a hospital to be dresser in a ward, would commit so egregious a *faux-pas* as to offer to tip a Sister. Yet this Tuppy actually did, "diving into his trousers' pocket for a handful of coins of the realm, from which he selected a florin: 'It's like this, you see; surgical work is quite new to me; I've never dressed before; I told Baxter I was afraid I should give a lot of trouble in the wards, and he said that, in a case like mine, the customary thing was —"

"Tuppy hesitated, and nervously balanced the florin on the tip of his forefinger.

"The customary thing was?' Sister Mary repeated, drawing back a step, and looking at the coin, askance.

"Well, t-t-to square the Sisters,' he stammered.

"With a florin?' she asked, demurely, and lifted her laughing eyes to his.

"Tuppy's perennial smile was once again chastened by the suggestion of a misgiving. He felt there was a mistake somewhere, and attributing it to the smallness of the amount offered, he most dexterously substituted a half-crown.

"Well, Baxter wouldn't specify the exact amount," he replied; 'he had such confidence in my tact and discretion, but we mutually agreed, on the ground of delicacy, that it ought to be small.'

But, as we become better acquainted with the hero of the story, we agree with the opinion of his friend and house-surgeon, that he is "true and loyal to the back-bone"; and are glad that he and Sister Mary become excellent friends. With Nurse Jessop a warmer relationship than friendship is speedily established, and though no Matron could be expected to approve of a courtship conducted in the wards and fostered by the Sister, we must own to considerable sympathy with the lovers.

We all recognise as "to the life," the description of the visit of the surgeon.

"Sister Mary looked impatiently at the clock; the surgeons ought to have been up at two, and it was now a quarter past. . . . She hated this

waiting about on Parade, and being tied to the front ward door. Not that she wasted time: she employed it in knitting and thinking. . . .

"Ah! there was the lift at last, the babel of students' voices, and the clatter of many feet on the echoing corridor. Mr. Tucker, with the dressers, was about to burst through the doorway, like a huntsman with a pack of hounds at his heels."

Dr. Tuppy lived with a delightful aunt, by whom he had been adopted, to his great advantage, for Canon Tuppy, his father, was an intolerable old autocrat, and his kindly mother something of a nonentity. "Do I know St. Peter's Rectory?" repeated the policeman, in reply to a question from Nurse Jessop; "Lor', yes, miss, we all know it on this beat, and the Canon, too; 'e's so often round at Bow Street, complainin' o' something."

Dr. Tuppy shared his Aunt Eleanor's love of dogs. She was an ardent anti-vivisectionist, this little old lady, "as pretty and delicate and dainty as a beautiful piece of Dresden china. . . . Lady Milner's whole life was devoted to what she always spoke of as 'The Cause,' which, being interpreted, meant the total prohibition of experiments on living animals for scientific purposes. Her whole estimate of character was based on a person's attitude towards this, to her, all-important subject." To her nephew she admitted, "Of course, I know that you can't go preaching these things at the hospital. I'm not unreasonable; all I expect is that whenever the question is mooted, you should boldly hoist your colours, and stick to them."

"Rather!" answered Tuppy, succinctly, "but, either at the hospital or elsewhere, my position is much more difficult to defend than yours."

"Why, Charlie?"

"There's the reason." Tuppy held up a nice crisp piece of bacon on the end of his fork. "You are a vegetarian, I am not; I tried to be, as you know, and with pretty disastrous results. You can talk about the 'rights of animals,' I can't. To do so, whilst I am 'trilling' with a chicken's leg, or toying with a piece of ham, is inconsistent, to say the least of it. As a scientist remarked, in the trial about a famous brown dog, 'if we sacrifice animals for food, why not for education?'"

"But we don't eat dogs, Charlie."

The story of the hero's first and second appearance before the Good Discipline Committee of the hospital must be read in its entirety. Sister Mary proved herself a true friend and an excellent champion, although her championship led to trouble for herself.

The day after the meeting of the Good Discipline Committee, "the little Sister was up betimes, and by a quarter-to-nine had not only stolen half-an-hour's march on her work, but had finished her breakfast. At the very moment that the hospital clock chimed the three-quarters, she heard a knock at her doorway.

"Come in, Mr. Tuppy; I'm delighted to see you.'

* Hodder & Stoughton: London, New York, and Toronto.

"I hope you will be equally pleased to see me," said a voice, as the curtain was drawn on one side. Sister Mary looked up, and encountered the eyes of the Matron."

But all's well that ends well.

Mr. Townesend possesses the rare faculty of making his characters stand out like living pictures—a gift which at once creates an atmosphere of charm. The book is full of humour, and the hero's devotion to the canine species has all our sympathy.

By all means read "Dr. Tuppy."

We should not wonder if he becomes a real hospital hero, so brave and chivalrous is the little man.

E. G. F.

VERSE.

What God gives, and what we take,
'Tis a gift for Christ His sake;
Be the meal of beans and peas,
God be thanked for those and these;
Have we flesh or have we fish,
All are fragments from His dish.
He His Church save, and the King,
And His Peace here, like the Spring,
Make it ever flourishing. —HERRICK.

COMING EVENTS.

October 19th.—British Home and Hospital for Incurables, Streatham. Lord Strathcona will lay the foundation stone of the Alexandra wing.

October 22nd.—Central Midwives' Board Examination, London, Birmingham, Bristol, Leeds, Manchester and Newcastle-on-Tyne.

October 23rd; November 6th and 13th.—Nurses' Missionary League. The Autumn programme. Lectures on Hinduism and Islam, University Hall, W.C., by Canon Weitbrecht. Lecture on Oct. 23rd at 10.30 a.m.

October 23rd.—Mansion House, City of London. Public Meeting in support of the memorial to Lord Lister.

October 24nd.—The Lady Mayoress presides at a meeting at the Mansion House in aid of the Metropolitan Nursing Association. 5.30 p.m.

October 25th.—Drawing Room Meeting, by invitation of Lady Horsley, at 25, Cavendish Square, W. Dr. Anne L. Kann will speak on "The Work of the Baby Clinic." Chairman, Mrs. Hylton Dale. 3.30 p.m.

October 29th–November 2nd.—Cookery and Food Exhibition, Royal Horticultural Hall, S.W.

October 31st.—The Territorial Force Nursing Service (City and County of London) Reception at the Mansion House by the Lady Mayoress. 8 to 10.30 p.m.

November 2nd.—Matrons' Council of Great Britain and Ireland. Quarterly Meeting, Royal Albert Edward Infirmary, Wigan. 3.30 p.m. Tea. Open Meeting, 5 p.m. Discussion: "The Bill for the State Registration of Nurses."

November 2nd.—Sale of Work in aid of the Nurses' Missionary League, Sloane Gardens House, 52, Lower Sloane Street, S.W. 10 a.m. to 6 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,—I was very pleased to receive the prize this week, and beg to acknowledge the receipt of cheque for same, with many thanks.

Yours faithfully,

L. S. NUNNERLEY.

Hill Street, Berkeley Square, W.

LETTERS OF APPRECIATION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I was one of the unfortunate members of the National Council who were unable to go to Cologne, but I have read eagerly the most interesting reports which have appeared in the BRITISH JOURNAL OF NURSING, and wish to offer my warmest thanks for the wonderful way in which the proceedings have been presented. May I thank you, your most devoted second in command, Miss Brey, and Miss Dock for the immense trouble taken for our benefit. I consider the BRITISH JOURNAL OF NURSING the greatest asset the nursing profession has in this country.

I am, yours gratefully,

KATHERINE TAYLOR.

Sussex Square, W.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I enclose my yearly subscription to THE BRITISH JOURNAL OF NURSING. I cannot tell you how much I appreciate it. The unwearied efforts to keep up the nursing profession, and the long fight for registration, will surely meet with success at last. It is puzzling to know why there should be any opposition to a Bill that will benefit every class of the community.

Believe me,

Yours faithfully,

J. MELITA JONES, R.N.

Okiokinga Institute for Trained Nurses,
Auckland, New Zealand.

TO CATHOLIC NURSES

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The proposed Catholic Nurses Guild will come before a council committee of the Catholic Women's League shortly. I am sorry to say that I received very few cards, and conclude that a great many nurses were away on holiday and did not see my letter. Will any Catholic nurse approving of a Guild for Catholic Nurses please let me know at once? If possible, before

October 20th. I should like to thank those nurses who kindly sent letters and cards. Will they also get other nurses to do so? Address—

MISS A. PRITTI,
City Hospital, Seacroft, Leeds.

TRAINING AND SERVICE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—It is perhaps silly to answer letters from women who are afraid to let their names be known. But I think the writer of the letter signed "Suffragist" must have good reason for not signing her name because I do not believe she was ever trained at the London Hospital, as she writes, at all. If she had been she would know perfectly well that any nurse who wishes to do so can spend one of the two years of service in the wards.

Yours truly,

SYDNEY HOLLAND.

Kneesworth Hall,

Royston, Herts.

(We do not wonder that working women are afraid to expose abuses by name, employment is too precarious in these days. If the nurses who contract to "serve" the London Hospital after two years' training are at liberty to choose how they will do it, why have they to sign an Agreement in which the following paragraph appears: "I distinctly understand that I am entering upon a four years' engagement, *i.e.*, for the full term of two years' training in the London Hospital, and for two years' service on the Private Nursing or the General Staff of the Hospital, as the Matron may require"?)

Also Standing Order No. 10 states (in italics).—*"It must be distinctly understood by every Probationer that if she signs, she signs a solemn and binding agreement to stay four years at the Hospital, and to do such work as she is directed to do."* Whether Mr. Holland believes "Suffragist" was trained at the London or not is of little importance. The fact remains that during her residence there the "requirements" of the Matron, and the inclinations of "Suffragist" were not synonymous, and bound by the "solemn and binding agreement" to do private nursing, she had to do it, and she considers it has injured her professional status, and prevented her admission to Queen Alexandra's Imperial Military Nursing Service.

The sooner Mr. Holland uses his influence as Chairman of the London Hospital, and as a member of the Nursing Committee of Q.A.I.M.N.S., to enforce the three years' consecutive term of training and certification at the former, and to insist upon it as the qualification for the latter, the better. The present conditions are most unjust to all concerned.—(E.)

LET US HAVE A STANDARD OF TRAINING

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—Why should Queen Alexandra's Imperial Military Nursing Service be the only Government Service to accept a nondescript year of "service" in place of training? I

presume because London Hospital officials and their nominees compose the Nursing Committee, and they have nothing to do with the Naval and Territorial Nursing Departments, which demand any way a certificate for three years' training.

Let us have a standard of training defined. As you say, it is high time. There was much grumbling in my time.

Yours truly,

ONCE A STAFF NURSE Q.A.I.M.N.S.

[Letters unavoidably held over on this question.—Ed.]

COLLAR AND CUFF NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—The enclosed conversation took place between the husband of my next maternity patient and a woman who usually earns her living as a charwoman.

Should you think it worth publishing, I do not think she would object, as she has the greatest contempt for collar and cuff nurses; and, moreover, I do not think she has the good taste to read the JOURNAL.

Yours faithfully,

London, W.

MARY HARVEY.

THE CONVERSATION.

"Good morning, sir; I have been hoping to meet you for some time."

"Good morning, Mrs. Pravist; and why did you want to see me?"

"Well, sir, I heard as your lady was expecting."

"Expecting! expecting what?"

"Another little 'un, sir; a baby."

"Oh, yes, yes; that's quite true."

"Well, sir, I thought there would be no harm in asking if you're wanting a nurse; I'm very good at monthly nursing I am."

"Oh! thank you, Mrs. Pravist; that is very kind of you; but we have engaged the nurse we have always had."

"Yes, sir; but if anything was to happen sooner than you expect, you'll think of me, sir, won't you? I'm not one of those collar and cuff nurses, I ain't; I'm a working nurse, sir, that's what I am; a nurse as works; no collar and cuffs for me; good morning, sir."

"Good morning, Mrs. Pravist."

OUR PRIZE COMPETITIONS— OCTOBER.

October 26th.—Describe the modern management of Scarlet Fever.

[NOVEMBER.

November 2nd.—In nursing a patient in a private house what minor details would you observe in regard to the personal care of the patient, and his (or her) surroundings, in order to add to his comfort?

NEW SUBSCRIBERS.

Please order the BRITISH JOURNAL OF NURSING regularly from your local newsagent and get others to do so. Price 1d. weekly.

The Midwife.

INTRA-UTERINE OPHTHALMIA.

Intra-uterine ophthalmia is sufficiently rare to make the following cases of interest to midwives. In each case the child was seen by a registered medical practitioner soon after birth.

Case 1.—Patient had no history of a vaginal discharge. The presentation was a vertex; the child was born naturally forty minutes after rupture of the membranes, with acute inflammation of the conjunctiva; the lids were oedematous and spongy; the upper lids projected over the lower lids; a straw-coloured serous discharge was present. The inflammation yielded readily to treatment, and the cure was complete in a fortnight.

Case 2.—Twin labour. The patient had had a yellow discharge two days before labour; no antepartum douche was given. The first child only was infected; the presentation was a vertex; natural delivery took place ten minutes after the rupture of the membranes; the liquor amnii was turbid and greenish. Thirty minutes after birth a slight yellow discharge was noticed in the right eye. One drop of silver nitrate 2 per cent. was instilled into each eye; two hours after, the lids were swollen. Thirty hours after, the lids were red and swollen; the cornea were hazy, with some infiltration in the lower part. The child made a fair recovery.

Case 3.—The patient was a duopara; the labour was natural. The presentation was a first vertex. An antepartum douche of 1 in 2,000 perchloride of mercury was given. There was no history of a vaginal discharge. The membranes were ruptured artificially, and the child was born forty-five minutes afterwards. The third stage was normal, but the chorion was somewhat torn; it is possible that there might have been some rupture of the membranes high up before the artificial rupture. Within an hour after birth the lids were noticed to be swollen, and the conjunctiva was slightly inflamed. The doctor saw the child, and a drop of solution of argyrol 20 per cent. was instilled into each eye. On the second day, pus exuded from the eyes; the eyes were irrigated with boracic lotion every two hours. On the third day the congestion was diminished and the cornea clear. Two days afterwards the inflammation was subsiding, but the cornea were hazy. Argyrol 1 in 50 was instilled twice daily, and the irrigations continued. The child, who weighed 7 lb. 10 oz. at birth, developed marked

symptoms of congenital syphilis, and grew rapidly worse. On the ninth day the cornea were ulcerated; convulsions set in, and the child died on the twelfth day from the above disease. There was no history or symptoms of maternal specific disease.

The details in these cases are somewhat scanty, but they are all well-authenticated cases of intra-uterine ophthalmia. A study of the literature on the frequency of this complication shows that there are fifty-four records of cases. These are admirably tabulated and summarized in a paper on "Antepartum Ophthalmia" in the *Ophthalmoscope* of April, 1906, by Dr. Sydney Stephenson and Miss Rosa Ford, M.B. In many of these cases the disease was in an early stage; but in two the ophthalmia had apparently run its course *in utero*, leaving a shrunken eyeball, with signs of inflammation still present; this would point to infection some weeks or even months before birth. Hellendall has proved experimentally that bacteria can pass through the intact amnion and infect the amniotic fluid. The only solution of these early infection cases, and those in which the child was born within a few minutes of the rupture of the membranes, is to assume that bacterial infection has taken place with intact membranes; about half the published cases can be accounted for by premature rupture of the membranes allowing access of micro-organisms to the conjunctival sac.

The minimum incubation period of ophthalmia neonatorum is twenty-four hours; therefore, if symptoms appear before this period has elapsed the case may be considered as one of intra-uterine ophthalmia, some or all of the incubation period having been passed in utero. We know that all cases of ophthalmia neonatorum are due to germ infection; it is therefore certain that in those cases in which premature rupture of the membranes does not explain the intra-uterine infection the germs must find access either through the unruptured membranes or, as suggested by Armaignac, by general systemic infection, the fetal circulation becoming infected either through the maternal circulation or from the placental site.

In the cases cited above, the membranes only ruptured within an hour of the birth of the child; infection must therefore have taken place before the membranes ruptured. In case 2 the patient acknowledged to a yellow discharge before labour; it may possibly have been gonorrhoeal; the fact that the first twin only was

affected is a point of considerable interest. Dr. Ford suggests that the micro-organisms may gain easier access to the ovum in the last few days before labour owing to the expansion of the cervix, which is common in both multiparæ and primiparæ before the onset of labour. The vaginal secretion containing the gonococci "may be washed against the ovum by the involuntary movements of the pelvic organs, so that it is no longer protected from infection." In the last case of congenital syphilis it may have been a general systemic infection.

The C.M.B. rule that discharge from the eyes, "however slight," is to be reported to a doctor, is an excellent one, and in the few rare cases of intra-uterine ophthalmia the midwife will be absolved from responsibility if the child is seen within a few hours after birth.

It is, besides, very desirable that accurate medical and bacteriological observations should be made on these cases, with a view to discovering what is at present somewhat obscure—the method of prenatal infection.

Dr. Ford has kindly given the writer a list of the points to be observed in such cases. They are given below:—

INTRA-UTERINE OPHTHALMIA.

INFANT.

1. Stage of ophthalmia at birth:—
Redness? swelling? discharge thin or yellow and thick? cornea clear? hazy? or ulcer?
2. Condition of child as to
Maturity,
Nourishment,
Other inflammations, e.g., vulvitis.
3. Bacteriology.
4. Pelvic position.

MOTHER.

1. Presence of vaginitis or other inflammation and date when contracted. Gonococcus?
2. Was metritis present during pregnancy?
3. Duration of labour from first pain or "show" or discharge of any water.
4. Time of rupture of membranes. Any evidence of a twofold rupture.
5. Were injections used or examinations made before birth (? possible slight injury of bag of membranes)?
6. Did the placenta separate readily?
7. Examination of placenta and membranes:—
(a) for any sign of disease;
(b) for slight lateral rupture higher up than main rupture.
(c) bacteriology; placenta; chorion; amnion.
8. Paraentesis of Liq. Amnii before rupture of membranes for bacteriological examination in gonorrhœal cases.
9. Examination of fetal blood for gonococcus.

CENTRAL MIDWIVES' BOARD.

The first meeting of the Central Midwives' Board after the summer holidays was held at the Board Room, Caxton House, Westminster, on Thursday, October 10th, Sir Francis Champneys presiding. A letter was received from the Clerk of the Council relative to the salary of the Secretary sanctioning an increase by annual increments of £25 to a maximum of £750.

On the motion of the Chairman it was unanimously resolved to send a vote of condolence to Lady Sinclair on the death of Sir William Sinclair, for many years a member of the Board.

REPORT OF STANDING COMMITTEE.

On the recommendation of the Standing Committee Dr. Harry Stokes, of New Wortley, whose application for recognition had previously been refused, was recognized as a teacher.

It was agreed to take no action in the case of a candidate who failed at the August examination and wrote complaining of unfair treatment on the part of the examiner.

A letter was read from a certified midwife practising in Chesterfield complaining of the issue by the Chesterfield Division of the British Medical Association of a circular with reference to the conditions affecting the practice of midwifery in that town.

It appears that a midwife who sent for medical assistance was unable to obtain it in time and the patient died.

The circular which is signed by the Hon. Secretary of the British Medical Association, Chesterfield division, appears to be a somewhat autocratic document considering that certified midwives are entitled by law to practise midwifery within certain limits. The doctors in Chesterfield have signed an agreement which has been sent to the midwives in the locality; the following are included in its provisions:—

1. Every expected confinement must be booked with a medical practitioner, and a fee of 5s. as a retaining fee only paid for the booking and examination.
2. Doctors will not attend emergency notes from midwives requiring medical help, unless the patient has previously retained a doctor in case his services are required. (The minimum fee when a doctor is called in is to be £1 is., including the retaining fee, and £2 2s. or upwards for complicated cases. The midwife is instructed: In carrying out the arrangement, when a patient comes to book her confinement you will send her to her usual doctor before agreeing to attend her. He will examine her and give her a card for "attendance if required.")
3. At the time of the confinement you will attend in the usual way. If everything is normal you will finish the case as before. If abnormal, you will send your official form for medical help, together with the patient's

yellow card to the doctor who has been retained and is therefore responsible for attending.

4. These provisions will ensure your being able to obtain a doctor's help whenever necessary, and as the safety of the mother, and the preservation of infant life healthy and unimpaired are of prime importance, any midwife who disregards these conditions will be reported to the British Medical Association and to the Midwives' Union; and patients in such cases will be advised to obtain the services of other nurses.
5. Persons who are too poor to pay the fees above-mentioned should be instructed to obtain an order from the Relieving Officer at the Union Offices for the services of the District Medical Officer.

The letter then concludes "I shall be obliged if you will write me stating your approval of the above arrangements and that you will act in accordance with them."

The Chairman moved that the reply be (1) that if the midwife has obeyed the rules of the Board regulating the summoning of medical aid, she has discharged her duties to the patient. (2) That the Board has no authority over medical practitioners. (3) That the correspondence be forwarded to the Privy Council.

Clause 1 and 2 were adopted, but in connection with Clause 3 Mr. Parker Young moved the following rider: "and the Board hope that the Privy Council will take steps to have the Midwives Act so amended as to meet the difficulties that are constantly arising." This was seconded by Mrs. Latzer.

In moving his amendment Mr. Parker Young said that there was tremendous friction between midwives and the medical profession. How much longer, he asked, were we to go on without an Amending Act? The Department Committee had inquired and reported years ago concerning the working of the Act but nothing had been done. The Board was aware of a case in which a midwife sent for assistance to nine doctors. Eight refused to attend, and when the ninth arrived the patient was dead. The Government was neglecting to do what it ought to do, and lives were being lost through its laxity.

The Chairman said the motion amounted to a vote of censure on the Lord President ("Hear, hear"). On being put to the vote, two voted for the motion; and three, including the Chairman, against it.

In reply to a request from Mrs. Williamson (Hon. Secretary of the Birkenhead Maternity Hospital) for information as to the administration of the Maternity Benefit under the National Insurance Act, it was decided to inform Mrs. Williamson that the question had been before the General Medical Council, who had made representation on the subject to the Government.

A letter was received from Dr. R. D. Maxwell, one of the Board's examiners, complaining of a

circular issued by a midwife, stating: "Patients attended with or without a doctor; fee, 10s. 6d." It was agreed to reply that no rule of the Central Midwives' Board had been infringed.

A letter was received from the National Health Insurance Joint Committee, enquiring (a) the fee usually payable to a qualified medical practitioner, when summoned on the advice of a midwife; and (b) by what Authority the fee is paid. The Board directed a reply.

The names of fifteen midwives were removed from the Roll, at their own request.

The following applications were approved: *For recognition as Teachers*—Dr. Mona Dew Roberts, Dr. Joseph Corker, and Dr. James Russell. *Certified Midwife for Approval under Rule C. 1 (2)*—Agness de Froissard.

THE AUSTRALIAN MATERNITY BILL.

Although under the provisions of the Australian Maternity Bill every mother in the Commonwealth who is not an Aboriginal or an Asiatic is entitled to a maximum allowance of £5 if claimed within three months of the birth of her child, there will probably be many women in comfortable circumstances who will not wish to claim this allowance, and it has been suggested that any money which is unclaimed should be applied, through a special fund, for the benefit of needy mothers.

A VALUED OFFICER.

The resignation of Miss Fynes-Clinton, secretary to the Midwives Institute, which is announced by *Nursing Notes*, its official organ, will be received with regret by many midwives, members of the Institute, and others, who appreciated her invariable courtesy to all with whom she came in contact. Miss Clinton has held office for fifteen years, and will still retain the position of Hon. Secretary. She is succeeded by Miss Goodlass, who is both a certified midwife and a trained nurse of varied experience.

A MATERNITY NURSE'S SUCCESSFUL CLAIM.

Miss Fanny S. Lithgow, of Park Avenue, Whitley Bay, successfully sued Mrs. Rachel Atkinson and her husband, of Gloucester Street, Newcastle, last week for breach of contract in the Newcastle County Court. The nurse's case was that she was engaged for March 24th, but was summoned on March 2nd, when she was in attendance upon another patient, whom she could not leave. She would have been quite ready to carry out her engagement at the appointed time, and had refused another case in which better terms had been offered. She had tried to obtain other engagements, but* failed and was out of work for two months.

The judge said it was not the nurse's fault that the baby arrived before the expected time and she ought not to suffer. He found for the plaintiff with costs. The sum was fixed at £4 4s.

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EDITORIAL.

THE RIGHT OF THE INSURED SICK TO SKILLED NURSING.

One of the points in connection with the administration of the National Insurance Act which is exercising the minds of trained nurses is the quality of the nursing care which is to be supplied to the insured sick.

The National Insurance Commissioners have not shown any desire to avail themselves of the advice of Associations of Trained Nurses as to the standard to be adopted. In the case of medical practitioners and midwives whose services are employed under the Act, this question does not arise. The minimum qualification is in each instance regulated by statute. In regard to nurses, however, the insured sick have no such protection, and it is therefore essential that until the Government reverses its policy of inaction and legislates, in protection of the sick, against fraudulent and incompetent nursing care, that special precautions should be taken to ensure efficiency in nurses supplied to the sick poor. More especially is this the case when that nursing is paid for by the persons concerned. Gifts have perforce to be made the best of, and it must be owned that the quality of nursing provided by the well-to-do for their poorer neighbours in rural districts is frequently very elementary indeed.

But under the Insurance Act they will pay for skilled nursing, and we hope that Friendly and other Societies in which they are insured will see that they are supplied with the real article, and that the nurses employed are not selected for their cheapness but for their efficiency, for assuredly there is a danger of the former course being adopted.

Take, for instance, the case of the Cumberland Nursing Association, which, from the report recently presented at the

annual meeting, apparently contemplates nursing the insured sick. The Association has 50 nurses now at work, 11 of whom are Queen's nurses, 7 have had some hospital training, and 32 are village nurses. Is it proposed that the whole of the nursing of the insured sick throughout the county should be performed by the 11 Queen's nurses, or are the sick poor—who it must be remembered do not readily give way, and are generally acutely ill when they need the services of a nurse—to be handed over to the remainder of the staff, some of whom have had "some hospital training," and to the village nurses most of whom are dangerously ignorant of the theory and practice of nursing, but are certified midwives, with some instruction in elementary nursing duties, and who, for purposes of policy, are described as nurses instead of midwives.

Take again the "nurses" supplied by the Cottage Nursing Benefit Association, nurses who, in many instances, have had no hospital experience, for the policy of the Association is to discourage hospital training—and who should be called cottage helps, in which capacity they might have a useful sphere. The Committee of Management is seriously proposing that they shall be supplied as resident nurses to the insured sick at not less than £1 per week with board, lodging, laundry and travelling expenses in addition. A more extravagant proposition could scarcely have been made.

The standard of training for the nurses of the insured sick should be that of Queen's nurses a minimum of three years' hospital training, with special experience in addition. Nothing less can be considered adequate.

It is to be hoped that not only the Nursing Inspectors to be appointed under the Act, but the medical profession, will realise their responsibility in this vital question of national health.

MEDICAL MATTERS.

THE OVERSTRAIN OF NURSES.*

THE PASSING OF MORBID ANATOMY.

Sir James Goodhart, M.D., F.R.C.P., who last week delivered the Harveian Oration before the President and Fellows of the Royal College of Physicians, took for his subject "The Passing of Morbid Anatomy." He referred first to the monumental labours of Dr. Bashford and his fellow-workers of the Imperial Cancer Research Fund, a result of which was to demonstrate the fundamental necessity of the study of the life history of the individual cancer cell; not environment but that cell was master of the situation, and the problem for solution was, what was there in that cell, or influencing it, that gave to it such an inexhaustible power of propagation?

Pathology was no series of stationary phenomena, but, like all else in Nature, constantly on the move. In the last 40 years pyæmia had been practically wiped out, typhus was well nigh forgotten, typhoid fever had altered, diphtheria was much more amenable to attack, scarlatina was a much milder type, erysipelas more of a rarity, malaria and Malta fever had been run to earth. They had come to grips with malaria and, it was to be hoped, with tuberculosis. Good old age was not only more prevalent, but more enjoyable. It was true that the ills enumerated belonged to the great group of epiphytic diseases which had been abolished in direct response to the researches of Pasteur and Lister, but if they made away with even one large group of maladies a large part of the morbid anatomy of the organs must alter too.

Again, pathology not only changed, but it shifted its ground. Nowadays it was not so much morbid anatomy but the intricate problems behind it which occupied attention. We had not reached finality. Even bacteria were probably results, not causes.

How like was radium in all but death to what he would call the aureole of life. Always spending, yet never spent, it had power within it to re-gather its loss, and, by its action on the cell, might even be said to originate the function of vitality.

But did the spirit of life die? It might correlate with other forces of nature, or transfer itself to other forms of being. Had we begun to see it might transcend the firmament of space? Medicine was primarily concerned not with death, but with the tenacity of life, and of how long (if catastrophe were excluded) it took to bring the machine to a standstill.

By Miss MARGARET BREAY

(*Treasurer, International Council of Nurses.*)

The question of the overstrain of nurses is a complicated one, for, under the most favourable conditions, we have elected to adopt a profession in which strain is the rule rather than the exception, and this, not from any want of consideration on the part of employers, but because the needs of the sick, day and night, Sunday and week-day, are unceasing. Having deliberately shouldered a heavy burden, we must expect to feel its weight, and those who regard nursing merely as an easy means of earning a livelihood, while their real interests—philanthropic, social, or frivolous—are elsewhere, had better remain outside the profession, for nursing is a stern and jealous mistress, demanding many sacrifices from those who owe her allegiance. But these very facts make it incumbent upon those responsible for organising the work of nurses to insure that the burden is eased as much as possible; that, though occasional overstrain is inevitable, it is not constant or necessitated by the conditions of work, and that good food and sufficient time for rest and recreation are ordinarily assured to them.

Let us consider in detail some of the directions in which overstrain is likely to occur.

To many probationers the regularity of routine is vexatious. To work by the clock; to get up and go to bed at a prescribed hour, to go on and off duty to the moment, to do the same thing at the same time each day—all this is irksome to most modern girls, who gird at the sense of compulsion, feel driven by the continual need of being up to time, and overstrained by the necessity of complying with the inexorable demands of a life of routine. But as time goes on they find that it is only by strict conformity to routine that their work can be accomplished, and that method and regularity are their greatest source of strength. In support of this we may compare the work of the nurse—at any rate, in institutions—its regular hours and definite time off duty, with that of the midwife, the strain of whose work is found, not in the actual duties performed, though they are onerous enough, but in its irregularity. The uncertainty of the calls, the constant tension, the strain of night as well as day work, and the frequent lack of sleep—for these reasons many nurses who can successfully

* Presented to the International Congress of Nurses, Cologne, August, 1912.

undertake ordinary nursing break down if they attempt midwifery.

A fruitful source of overstrain is the inequitable endeavour of some hospital authorities and private employers to extract work from their nurses to the utmost limit, without giving a due equivalent in training or in cash. Women's labour is cheap and plentiful; when some fall out of the ranks others are ready to take their place, especially in the ranks of hospital nurses. But it is not only wrong, but stupid, to reduce one set of people to ill-health by overwork in order to restore another set to health, and the just employer will realise that he has obligations as well as rights, chief amongst them that of safeguarding the health of the workers for whom he is responsible.

Nothing is a more fruitful source of overstrain than lack of knowledge. Knowledge gives confidence and a sense of power to deal with difficult situations which is otherwise unattainable, hence the responsibility resting upon hospital authorities to provide adequate instruction and experience for their pupils. Only last year, at an inquest which occurred into the circumstances of the death of a patient at a leading London hospital, in which the night nurse had administered an ounce instead of a drachm of morphia draught, the nurse informed the jury that the nurses were not trained as to fatal doses of poisons—they had to find that out for themselves. Again, where the term of training is inadequate, and the experience of the nurse in consequence insufficient, overstrain occurs. Take the instance of a nurse sent out from the private nursing staff of a large hospital to a case of enteric fever, when she has never nursed or even seen one during her brief training; happily the patient recovered, but at what cost of mental anxiety and overstrain this nurse cared for the case she alone knows.

Conscientiousness, again, adds to the strain on the worker—a strain unknown to worthies of the type of Sarah Gamp and Betsey Prig. You remember Betsey's instructions to her colleague when handing over her patient for the night: "The easy chair ain't soft enough. You want his pillar." The tension through the long night hours on the nurse sensitive to every need of her patient, alert to every change, questioning herself if she has done all in her power for his welfare in nowise affected such self-indulgent callous workers, who were untouched also by the exhaustion consequent upon the claims of sickness on a sympathetic nature, which suffers in unison with those whom it serves.

Again, there is the overstrain of systematic overwork. Occasional overwork, caused by the

inevitable stress of the situation, is cheerfully endured by any nurse worthy of her vocation, and combated by rest and relaxation between cases when the strain is over. For this reason the practice of employing nurses in the wards of a hospital between private cases is to be deprecated. The nurse who goes from one acute case to another where her rest is broken and her sleep limited, needs a few days between them to recover physical, mental, and spiritual poise, and it is shortsighted policy to make her do ward work until the next call comes, perhaps for night duty with an anxious case at the end of a hard day's work. Should a nurse need to bring her knowledge up to date, surely she should be taken off private duty and return to hospital for a definite period.

Then there is the overstrain resulting from the callous and deliberate sweating of nurses for money-making purposes, an example of which is to be found in the case of a nurse employed at a salary of some £30 a year by the proprietress of a private nursing home, who charges patients as much as twenty guineas a week. This nurse was required to do five hours' massage daily, and when she represented to her employer that it was impossible to get it in, and that for days she had not been able to go down to dinner, she was told that that was her affair. The nurse confided to a friend the temptation to commit suicide. There is no excuse for such deliberate sweating to satisfy an employer's greed of gold.

Few persons realise that while the ordinary able-bodied man considers eight hours a day, with a weekly half-holiday, besides a day of rest on Sunday, constitute a good week's work, at least ten to twelve hours a day for seven days a week, or nights, when the strain is increased, is expected of most nurses. Indeed, nursing is one of the most exacting callings in this respect, yet no one has ever suggested for this reason that it is not women's work. Nursing is universally regarded as essentially a calling for women. It is therefore illogical to close the doors of any other profession against them on the ground of its strenuousness.

Another cause of overstrain is poverty. Nurses, when in institutions, usually receive minute salaries, out of which they have not only to defray their personal expenses and put by for the days when they can no longer work, but also frequently assist relatives more or less dependent upon them, and this lack of funds unquestionably is a factor in causing overstrain. District nurses, again, are often very poorly paid, and it is quite usual in England to see an advertisement for a district nurse at £50 to £60 a year, out of which she is required to

maintain herself. Here underfeeding inevitably comes in as a factor in the consequent overstrain, as well as the lack of personal comfort, for this is unattainable on such a pittance. I say "comfort," but "necessities" would be the more appropriate word—for a cheerful fire, a warm bath, hot appetising food are among the necessities of life when, wet, footsore, and weary, a nurse returns home at the close of an anxious day's work; but, at the above rate of pay, she must either get them for herself or for the most part go without, as her income will not admit of the luxury of attendance.

Mental nursing has its own special form of strain, caused by constant contact with the insane, and the need for unceasing watchfulness lest the patient should harm himself or attack those about him.

Again, there is the strain on a sensitive, sympathetic woman of contact with the tragedies of the under side of life, of the knowledge of conditions of life which make purity, and even decency, well-nigh impossible. Who is the more to blame when young men and young women lodgers are accommodated in the same room—because of the exorbitant rent demanded by the slum landlord—when the illegitimate child is born, the parents or the landlord? How can such conditions be remedied? How can preventable diseases, such as syphilis, be eradicated, and every child ensured its right to clean birth? The thoughtful nurse is brought right up against these and many kindred problems, and feels the consequent strain. True, the one who goes through the daily routine oblivious to these problems, unconcerned with them, escapes this particular form of strain, but she is not a nurse of the most desirable type. The need of the sick is for the care of human, tender, sympathetic women, not of machines.

Another form of overstrain—not to be justified, but still one which must be taken into account—is that caused by the attempt to nurse and lead an ordinary life of pleasure at the same time, to regard nursing as a means to an end—to put in so much time in hospital wards, or a sick room, while the real interests of life remain outside. Nursing is an exacting task-mistress, and inevitably and rightly avenges herself on those who attempt to depose her from her position as absolute monarch.

Unquestionably our duty is to guard against overstrain. A patient's first need is a nurse with freshness and vitality. Drowsiness, lack of alertness, tiredness, as a result of taking time for personal enjoyment from the hours allowed for sleep, are inexcusable, and indicate a want of conscientiousness which may show itself in other directions.

Further, nurses have a duty to themselves, and it is futile to insist upon the importance of the rules of hygiene to others and deliberately ignore them all oneself, although I admit, especially in these days of high pressure, that it is far easier to preach than to practise.

To sum up, it is our duty as nurses, in the stress of emergency, deliberately and willingly to risk overstrain. It is the duty of employers, public and private, to refrain from overtaxing the eager and willing worker, and to ensure that, under normal conditions, the work of nurses is so arranged that they have sufficient time for sleep and recreation, comfortable quarters, and good and appetising food. The possibilities and probabilities of overstrain are increased in countries where the nursing profession is unorganised, and therefore liable to be overworked and underpaid. Experience proves that with organisation, under State authority, comes increased recognition of the honourable and arduous nature of a nurse's work, better conditions of labour, more adequate remuneration, and therefore better service for the sick.

Lastly, we know that, for better, for worse, the nursing profession owns our whole-hearted allegiance, and that we would not exchange our chosen vocation for any other in the world.

A MOST GENEROUS GIFT.

The Treasurer of the International Council of Nurses has received the sum of one hundred dollars from "a Delegate from America to the recent Congress," with the proviso that a part of this money is to be devoted to payment for the translation of Dr. Hecker's paper on "The Overstrain of Nurses," the translation then to belong to the International Council of Nurses, to be used in any way which seems best, after consultation with the officers of the Council as to the way in which this valuable pamphlet can best be utilized in furthering its efforts to secure proper hours and conditions for nurses.

This most generous and welcome gift will enable Dr. Hecker's treatise to be circulated amongst English-speaking people. It will be specially welcomed by those nurses who were present on the memorable occasion of its delivery, but whose imperfect knowledge of the German language prevented them from following it with the close attention it deserved.

It is so rare for gifts to be made to promote objects for the real welfare of nurses that this one, coming from a member of the nursing profession, will be specially appreciated.

OUR PRIZE COMPETITION.

DESCRIBE THE MODERN MANAGEMENT OF SCARLET FEVER?

We have pleasure in awarding the prize this week to Miss Emily Marshall, 123, New Bond Street, for her paper, which we print below.

PRIZE PAPER.

The modern management of scarlet fever is as follows:—

1. Isolation.
2. Free use of disinfectants.
3. Fresh air and ventilation.

Isolation is one of the most important means of preventing the spread of infectious diseases. Scarlet fever is a more or less serious disease to which all are liable, though young children are more often attacked. It runs a more or less definite course, and no one can possibly cut short or "cure" the disease all at once. But a good doctor will guide the patient so as to avoid possibly the terrible complications which so often follow an attack of scarlet fever. Persons are not altogether immune from a second attack. The large majority of fever cases are removed for isolation to the fever hospitals; but patients who are allowed to remain at home for treatment must be carefully isolated at the top of the house. The room must not contain one single piece of unnecessary furniture; curtains and carpets should also be removed.

Disinfectants should be freely used, and a sheet, kept wet with a solution of Izal or some reliable disinfectant, hung outside the door of the sick room. Disinfection destroys the germs and poison of the disease, and it is therefore necessary to rinse all vessels used in the sick room with some non-poisonous disinfectant. The poison of infection clings to clothing, and articles which have been used for the sick sometimes for months, and may suddenly infect another person. All clothes, toys, boots, and papers should be destroyed. Clothes, such as woollen goods, can be disinfected by being baked in a hot oven, and linen must be soaked in a strong solution of Izal before being sent to the laundry. It is a good plan to anoint the patient's body from the commencement with 1 in 50 carbolic oil, and during convalescence the body can be washed daily with weak disinfectant. The medicines will be ordered by the doctor, and a throat spray should always be used; it lessens the risk of ear complications. Isolation must be kept up at least six weeks; more if desquamation is not complete, or there are complications. It is very important to guard against chills during convalescence.

The complications may be terrible. The tonsils and palate may ulcerate, glands enlarge and undergo mortification. There may be disease of the middle ear, causing deafness for life. Or, the most serious of all, inflammation of the kidneys (nephritis), which may lead to dropsy, &c., and scarlatinal rheumatism, which leads to disease of the heart.

The room should be well ventilated without draughts, and the temperature kept at 60° F.

The patient's diet will be low until the temperature has been normal 48 hours, when a light diet will probably be given, and a normal diet after the first week, if all goes well.

At the end of the illness the patient must be disinfected; before again mixing with his friends he must have several warm baths, and be rubbed with carbolic soap. The room also must be carefully disinfected. The usual method is sulphur burning, but this should be, and usually is, carried out under the superintendence of the local sanitary authorities.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. Edge, Miss O'Brien, Miss J. Maclean, Miss T. Robinson, Miss L. James, Miss C. Falconer.

Miss M. Edge writes:—

On admission the patient is bathed and placed in a warm bed in a large, airy ward. Only sufficient bed-clothes are allowed to prevent the patient feeling cold; but chills are carefully avoided. A culture is taken from the throat, and the throat is syringed or swabbed four-hourly; often boracic lotion or glycerine and boracic is used. Frequent cool drinks are given, and plenty of milk, weak beef-tea, and chicken-broth. No foods containing much albumen are given until the fourth week of disease. The temperature, pulse, and respirations are taken four-hourly until normal, afterwards morning and evening. The urine is tested daily and abnormalities reported as soon as discovered. A constant watch is kept for complications, especially during the third week. The patient is sponged once a day. At the end of the third week, if no complications occur, the patient is allowed to get up.

Cold compresses, poultices, or fomentations are applied to swollen glands. Should suppuration take place, incisions are made and fomentations applied.

Ear-discharge is treated by dropping hydrogen peroxide into the ear several times, cleaning out each time. This is followed by mopping out with rectified spirit, and syringing with boracic lotion.

QUESTION FOR NEXT WEEK.

In nursing a patient in a private house what minor details would you observe in regard to the personal care of the patient, and his (or her) surroundings, in order to add to his comfort?

THE NEED OF NURSING IN WAR.

Queen Alexandra has telegraphed from Copenhagen to Lord Rothschild, Chairman of the Council of the British Red Cross Society, warmly supporting his appeal for a special fund to enable it to render assistance to the sick and wounded in the Near East, and commending it to the support of the British public.

The fact that it is not contemplated to include trained nurses in the units despatched is a great disappointment, both to trained nurses, who realize the imperative need for their services, and to the public, who have assimilated the lesson of the Crimean War, that skilled nursing is essential to the welfare of the sick. Fifteen years ago, when Mrs. Bedford Fenwick appealed in the *Morning Post*, on the outbreak of hostilities between Greece and Turkey, for funds to send out trained nurses, she received £500 by return of post; the *Daily Chronicle* Fund, with which this was amalgamated, reached £10,000, and four surgeons and 30 nurses were despatched to the seat of war, the services of the latter being greatly appreciated by the splendid Greek surgeons.

The British Red Cross Society is the official source of aid to foreign countries in war, and presumably private enterprise would not be encouraged. But as it assumes this responsibility it should recognize the duty of providing skilled nursing.

MONTENEGRO.

The first surgical unit to be sent out by the British Red Cross Society to the seat of war left London on Sunday evening for Montenegro. Surgeon-General Bourke was in charge as Director, the other medical officers being Dr. Anthony Bradford, Dr. F. Goldsmith, of Adelaide, Australia, and Surgeon-Captain Martin Leake, V.C. The unit included three dressers and twelve orderlies, and it was hoped that it would arrive at Cetigne, its destination, on Thursday, where it will be at the disposal of the Montenegrin military authorities.

TURKEY.

Three units are also being sent out to Turkey under the auspices of the Society, the whole of the expenses being defrayed by Sir Ernest Cassel.

No. 1.—Leaves London for Constantinople on the 25th inst., Dr. Page, resident surgeon at St. Thomas's Hospital, being in command. With him will be associated Dr. H. L. Mann and Dr. Bourdillon, of the same hospital.

No. 2.—In command of the second unit will be Dr. Anderson, of St. Mary's Hospital, with Dr. Ward, of St. Bartholomew's, and Dr. Thornton. It leaves London on the 26th inst.

No. 3.—Dr. Appleyard, of St. Mary's, will command the third unit, which it is proposed shall leave London on October 27th. With him will be Dr. Steele, of Canada, and Dr. Gardner, of Australia.

GREECE.

Urgent requests have also been received by the British Red Cross Society from Greece for surgical aid, and two units have been enrolled, which leave London on the 26th inst.

The detachments in Greece will be under the command of Colonel Delmé Radcliffe. The following surgeons have been appointed to the units:—

No. 1. Major Houghton, R.A.M.C., Dr. Manuel, and Dr. Treherne.

No. 2. Dr. Guy Matthews and Dr. Welch. These units are provided by the liberality of Greek residents in this country.

NURSING HELP FROM GERMANY.

The German Red Cross Society has despatched a Military Surgeon and 22 nurses to Turkey.

THE RED CRESCENT SOCIETY.

The Red Crescent Society is organizing a field hospital with full equipment, and with a staff of surgeons, assistants, and male and female nurses.

NURSES' INSURANCE CARDS.

The Application Form should be filled in very carefully and distinctly.

The Card should be signed.

The registerable address should appear on the Card.

Letters must be stamped.

Saturday, the 26th October, is the latest date on which the stamped Card should reach the Office of the Approved Society in which a nurse is insured. If this is impossible, a postcard should be sent to the office intimating that the Card will be forwarded at an early date.

Upon receiving the second quarter's card and book from the office it would be well to place the former carefully in one of the little cardboard cases made for the purpose, and which can be obtained at a stationer's.

THE NURSES' INSURANCE SOCIETY OF IRELAND.

A special general meeting of the Nurses' Insurance Society of Ireland was recently held at their office, 29, Gardiner's Place, Dublin. Miss M'Ardle presided, and the meeting was very largely attended by nurses from various Dublin hospitals and institutions. The Secretary (Miss K. Kearns) read the minutes, correspondence, &c. It was decided not to accept the invitation to join the Friendly Societies' Union. The following officers were elected:—*President*, Miss M'Ardle, Lady Superintendent, Q.V.J.L., St. Laurence's Home, Dublin; *Vice-President*, Miss Burkitt, Lady Superintendent, Mercer's Hospital, Dublin; *Treasurer*, Miss Roberts; *Trustees*, the Right Hon. M. F. Cox, P.C., M.D., F.R.C.P.I., W. J. de Courcy Wheeler, Esq., M.D., F.R.C.S.I., P. J. Brady, Esq., M.P. Fifteen representative nurses were appointed on the Committee of Management.

NURSES' MISSIONARY LEAGUE.

LECTURES ON HINDUISM AND ISLAM.

The second Lecture on Hinduism was delivered by Canon Weitbrecht at University Hall, Gordon Square, on October 16th. After briefly summarising the former lecture on the early history of Hinduism, Canon Weitbrecht described the four different "ways of salvation" believed in by the different schools—the way of *works*, such as offerings, pilgrimages, or the repetition of formulas; the way of *knowledge*; the way of *concentration*, such as is practised by the ascetics and devotees who seek to attain to utter abstraction from all earthly thoughts; and the way of *devotion*, which is quite the nearest approach to Christianity. The lecturer then described the development of the Sikh religion; and finally explained the position of a Hindu to-day; he is a Hindu by birth, and by conformity to the external ceremonies of his religion, such as food, place of residence, domestic ceremonies, reverence for the cow, and performance of funeral rites; but, on the other hand, in matters of actual belief he is absolutely free to say or think whatever he chooses. The one binding power is caste.

The remaining lectures will be on "Islam, its doctrines (God, Angels, Prophets, Divine decrees, &c.," on November 6th, at 10.30 a.m., and on "Islam, its duties (Prayer, Fasting, Alms, &c.), its present condition and effects of missionary work," on November 13th, at 7.30 p.m.

NURSING INSPECTORS.

Miss Helen Todd, Nursing Inspector under the Local Government Board, has been appointed an Inspector under the National Health Insurance Commissioners, in charge of the districts of Hertfordshire and Bedfordshire, with headquarters at St. Alban's. Miss Todd was trained at St. Bartholomew's Hospital, London. It is gratifying to record that in this work men and women Inspectors are placed on an equality.

Miss Wamsley, Matron of the Royal Infirmary, Newcastle-on-Tyne, succeeds Miss Todd as Inspector under the Local Government Board. Miss Wamsley was trained at the London Hospital.

THE WELSH NATIONAL MEMORIAL SCHEME.

The following nurses have been appointed under the Welsh National Memorial scheme to the late King at a meeting held at Cardiff, at which Mr. D. W. Evans presided: Misses Eleanor Edwards, Liverpool; Sarah Evans, New Quay, Cardiganshire; Edith Grace Griffiths, Newport; Kate Parry, Flintshire; Edith Morcomb, Prestatyn; Katie Hughes, Blackmill, Bridgend; Rachel Lynn Evans, Pencader; Isabel Mitchell, Sutton, Surrey; Mary Pattison, Framley Sanatorium; Jennie Mulligan, Bangor; Elizabeth Edwards, Liverpool; Elizabeth Jones, Croydon; Violet Conner, Manchester.

The nurses, who are appointed at a commencing salary of £100 per annum, rising by annual increments of £2 10s. to a maximum of £110, will in due course be allocated to their respective areas. The Secretary to the scheme is Mr. Gwilym Hughes.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

The *Queen's Nurses' Magazine* announces the following resignations, which will cause general regret in the ranks of Queen's Nurses:—

Miss Katherine S. Macqueen is retiring from the post of Nursing Superintendent for England. It is recorded of her that her unflinching courtesy and strong sense of justice have smoothed the way in many difficult situations.

Miss J. Cowper's resignation of the position of Superintendent in Scotland is a great loss to the Scottish Branch of the Institute. Miss Cowper succeeded Miss Wade in 1905, and she has maintained the good standards and high traditions for which Scotland has always been noted.

Miss Philp is also resigning the Superintending of the Edinburgh Training Home. Intending in her work, and unsparing of herself, Miss Philp has ever held before nurses in training that high ideal of their profession that tells for so much in future life.

Miss Odell Carter is leaving the Queen's Nurses' Home, Reading, where she is Superintendent, to start a private nursing home in that town with Miss Francis Warter, her Senior Nurse.

APPOINTMENTS.

MATRON.

Isolation Hospital, Kirkburton.—Miss Maud B. Akhurst has been appointed Matron. She was trained at Torbay and Croydon Hospitals, and at Croydon Borough Fever Hospital. She has also been sister at the City Hospital, Liverpool, Night Sister at the London Fever Hospital, Nurse-Matron at the Isolation Hospital, Cheslyn Hay, Walsall. Miss Akhurst has also had experience in private nursing.

Eccles and Patricroft Hospital, Eccles.—Miss Frances Despard has been appointed Matron. She was trained at the Blackburn General Infirmary, and has since been Sister at the Lister Fever Hospital, Abingdon; the Accident Hospital, Tredegar; and the Cottage Hospital, Abingdon.

Epping Cottage Hospital.—Miss Mary L. Watt has been appointed Matron. She was trained at Grimsby and District Hospital, and has been Sister and Matron at the Victoria Hospital, Folkestone; Theatre Sister at Harrogate Infirmary; Sister-in-Charge of Lynton Cottage Hospital; and Temporary Night Sister at the Evelina Hospital for Children, Southwark.

Grampian Sanatorium, Kingussie, N.B.—Miss Constance Lendrum has been appointed Matron. She was trained at the Royal Infirmary, Hull; and has held the position of Sister at the Morningfield Hospital, Aberdeen, where she has also done Matron's holiday duty.

County Infirmary, Wexford.—Miss Bessie Hickey, of the Jervis Street Hospital, Dublin, has been appointed Matron out of eight applicants.

NURSE MATRON.

Southern Sanatorium, Pinewood, Hastings.—Miss J. Green has been appointed Nurse Matron. She was trained for three years at the Poplar and Stepney Sick Asylum, and has held the positions of Sister at the Park Fever Hospital, Hither Green, Ward and Maternity Sister at the Shore-ditch Infirmary, Night Superintendent at the Plymouth Borough Hospital, Sister at Bolingbroke Hospital, Wandsworth, at the General Infirmary, Burton-on-Trent, at St. Mark's Hospital, City Road, and Assistant Matron at Mount Vernon Sanatorium, Northwood.

Cottage Hospital, Driffield.—Miss E. R. Draper has been appointed Nurse-Matron. She was trained at the Sussex County Hospital, Brighton; and worked there for seven-and-a-half years, four-and-a-half of which she was Sister. For the past three months Miss Draper has had charge of Trimmer's Cottage Hospital, Fernham.

ASSISTANT MATRON.

Manchester Infirmary.—Miss E. A. Woodward has been appointed Assistant Matron at the Manchester Infirmary. She was trained at Camberwell Infirmary, and holds the certificates of the C.M.B. and Incorporated Society of Massuses. She obtained the medal of her year, which is awarded annually at Camberwell for "nursing ability and general efficiency." She has also held the posts of Staff Nurse, Ward Sister, and Night Superintendent at Camberwell Infirmary.

JUNIOR ASSISTANT MATRON.

The Infirmary, Camberwell.—Miss D. Elcock has been appointed Junior Assistant Matron at Camberwell Infirmary. She was trained at Camberwell, and afterwards held the post of Theatre and Ward Sister.

SECOND ASSISTANT MATRON.

The Infirmary, Bermondsey.—Miss E. M. Houghton has been appointed Second Assistant Matron. She was trained at the Lambeth Infirmary, where she has been Ward Sister and Assistant Matron, and is a certified midwife.

NIGHT SUPERINTENDENT.

The Infirmary, Camberwell.—Miss K. Rawlings has been appointed Night Superintendent. She has previously been Ward Sister at the Infirmary.

SISTERS.

The Infirmary, Rochdale.—Miss Edith Wilson has been appointed Sister. She was trained at the Dewsbury and District General Infirmary, where she has held the position of Ward Sister and Night Sister. She has also done private nursing in Harrogate.

The Infirmary, Camberwell.—Miss K. Marsh, Miss Elizabeth B. Elgar, Miss Muriel Bell Everett, and Miss Margaret Rose Noakes have been appointed Ward Sisters at the Infirmary. They all received their training at Camberwell Infirmary, and were afterwards promoted to be Staff Nurses.

The Misses Elcock, Rawlings and Marsh have each obtained the medals awarded for their respective years.

The Sanatorium, Bridge of Weir, Renfrewshire.—Miss Margaret Muir has been appointed Sister. She was trained at the Royal Alexandra Infirmary, Paisley, and the Public Health Hospital, Camelon.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies to be Staff Nurses:—Miss Mary Nicholson (Jan. 4th, 1912), Miss Christine Sandbach (Jan. 12th, 1912), Miss Emily Helena Cole (Jan. 15th, 1912), Miss Minnie Wood (Feb. 1st, 1912), Miss Mary Valerie Bonallo (Feb. 8th, 1912), Miss Florence Margaret Jackson (Feb. 21st, 1912), Miss Cecilia Alice Stevens (Feb. 24th, 1912), Miss Ellen Wilhelmina Bond (Mar. 8th).

QUEEN VICTORIA'S JUBILEE INSTITUTE.

Transfers and Appointments.—Miss Louise Aronovich is appointed to Sick Room Helps; Miss Hester Dickson to Gloucester; Miss Robina Foote to Southall-Norwood; Miss Louisa Robinson to Deerness Valley; Miss Mary Mulroy to Leicester.

LONDON COUNTY COUNCIL.

The Establishment Committee of the London County Council, at its meeting on Tuesday, recommended that the salaries of the Assistants to the Superintendent of Nurses in the Public Health Department should be increased to £110 per annum from August 26th, in accordance with the approved scale, and that the increase in the salaries of the nurses should take effect from the same date. It also recommended the employment of four additional nurses pending an increase in the permanent staff.

NURSING ECHOES.

We have to thank Miss A. Lee-Smith, Superintendent of Queens' Nurses at Torquay, for the charming snapshot of Miss Mollett, with Miss Sutherland and Miss Creighton, delegates of the National Councils of New Zealand and India respectively, taken at Cologne. The delegates are carrying the beautiful sheaves of Mary lilies presented to them by Sister Agnes Karll, President of the International Council of Nurses, on behalf of the German Nurses' Association.

It has been known for some time that the Local Government Board have under consideration a Draft Order which may affect the position and work of the Matrons under their direction — expert officials, who, by the bye, have not been consulted concerning suggested regulations relating to their department. It is to be hoped that before any new regulations are adopted, which affect the important department of nursing, that an opportunity will be given to those who know most about the matter, to express an opinion.

While the State maintains its policy of inaction in regard to the standardization of nursing education, the units which compose it are feeling the need for such standardization so acutely that they are endeavouring to cope with the problem themselves. At a Conference of Poor Law union representatives held last week at Newcastle-on-Tyne, eight Poor Law unions in Northumberland, ten in Durham, and two in Cumberland were represented. Mr. John Davidson, Chairman of the Newcastle Board of Guardians, presided, and Mr. Gladstone Walker, Clerk to the Guardians, suggested that the unions in the four northern counties should combine and appoint a committee to

formulate a plan of training, and appoint an examining body, whose duty it would be, within its area, to define the particular subjects necessary for the efficient training of nurses and hold examinations for the nurse's final certificate. It was well known that, owing to the different standards set by examiners, a probationer would fail to pass the test at Newcastle and yet gain the qualification in another district. It was ultimately agreed "That this Conference approves of the standardization of certification of Poor Law nurses within the four northern counties." The opinion of the Matrons of the training schools was apparently not invited.

Nothing has done so much to remove the dread which the poor at one time entertained—

and with justice —of Poor Law infirmaries than the entry into their wards of trained nurses. Now they readily enter the wards of a well-managed infirmary for treatment and care. Indeed, Mr. J. Sumner - Dury, who read an instructive paper at the annual Poor Law Conference for the South West District on The Use and Abuse of Poor Law In-



MISS SUTHERLAND, MISS MOLLETT, MISS CREIGHTON.

firmaries, said that he looked forward to a still fuller use being made of them by the sick poor, and urged that there should be compulsory power to remove old-age pensioners to the infirmary when the state of their homes and their condition rendered it desirable. He went on to show that infirmaries might be abused. "When the deterrent aspect of Workhouse infirmaries is thoroughly removed," he said "the danger will be that there may be less difficulty in getting suitable cases to use them than in keeping others out. Indeed, if we believe some of the statements made to the Royal Commission on the Poor Laws, that difficulty has already arisen in some Unions, and unless the State makes medical treatment a free and national service, like elementary education, to which everyone is equally entitled, there appears to be

a rather wide door open for the abuse of infirmaries." The natural evolution of Poor Law Infirmaries is that they should become Municipal Hospitals.

The West Riding Nursing Association, together with the Leeds Babies' Welcome, are arranging a Baby Land and Health Exhibition in aid of the two institutions, to be held at the Leeds Town Hall on November 13th, 14th, 15th, and 16th. The Nursing Association is responsible for the following sections:— (1) Infant Care; (2) Model Clothing Exhibits; (3) Food and Cookery; (4) Nursing Inventions and Contrivances; (5) General Hygiene; (6) Historical Exhibits; (7) Tuberculosis Exhibits; (8) Work done by the blind, cripples, invalids, &c. The Association will also have a literature stall. There will also be a market for linen, stationery, plants, bulbs, china, fancy work, household goods, provisions, clothing, toys, &c. The section organized by the Committee of the Leeds Babies' Welcome will be "Concerning Babies and their Mothers," and will include model rooms, cradles, perambulators, &c. The ordinary weekly meeting of the Welcome will be held on the premises, and the public will be admitted, for a charge of 6d., to watch the proceedings. Entertainments, competitions, and lectures complete a very full programme. The Hon. Secretaries are Miss V. Thurstan, Superintendent of the Association, and Miss Curtis, Superintendent of the Leeds Babies' Welcome, and the former writes: "I must most gratefully acknowledge my indebtedness to the very fine Nursing Exhibition at Cologne for some of our ideas."

A branch of the Nurses' Social Union has been started in Portsmouth, where the need for something of the kind has been felt for some time. It is being taken up very keenly by members of the profession. Several matrons of the various institutions have expressed great interest, and two of these have already joined it, while school nursing and health visiting are well represented on the provisional committee. An inaugural meeting will be held shortly, at which a programme for meetings during the winter will be discussed. Applications for membership and all particulars should be made to the Branch Secretary, Miss Shackelford, Matron, Children's Convalescent Home, Auckland Road, Southsea.

An investigation into the working conditions of the nursing profession in Germany, the result of which was laid before the National

Council of German Women, reveals, says the *Standard*, an almost incredible absence of system and organisation, which seems quite foreign to the orderly German nature. City councils, women's unions, and the general public seem to have entirely ignored the bad conditions prevailing among this valuable body of workers, while the women themselves have not yet learned the value of co-operation as a means of redress, for out of 30,000 or so qualified nurses but few belong to any union. In public hospitals working days of 13 and 14 hours are the general rule, with no proper provision for night and day shifts. Private institutions are much worse, in some instances 27 to 48 hours being worked straight off without a break, while both food and salaries are of a meagre description. The organisation of nurses into a national union is the solution offered to this problem, with a fighting committee who would lay before the proper authorities the nurses' demands for a ten-hour day, a general overhauling of hospitals, institutions, and private nursing homes, and a three years' training instead of one.

The meeting of the National Council was held in Gotha from October 2nd-5th. Sister Agnes Karll, valiant as ever, was there to voice the views of the German Nurses' Association, which, we believe, conducted the investigation above referred to, and which is a forceful body of some thousands of nurses. It is the fourth Congress she has attended in 12 months.

The National Association of Trained Nurses of India holds its annual Conference in Bangalore on November 4th, 5th, and 6th, when many questions of special interest to nurses in India will be discussed. Prizes are offered for the best paper on Hospital Etiquette, and for the best padded splint.

Miss Charlotte Mill, Matron of St. George's Hospital, Bombay, has just left England for India after six months' leave. When in London she expressed her great satisfaction that the National Association of Nurses of India had entered into international relations with the nurses of the world. She thinks it will give great encouragement to those striving for better nursing throughout India, and will tend to raise the status of the Indian training schools, and the fact that there is in London an international centre at 431, Oxford Street, London, where nurses coming from India can call and receive advice and help will knit closer the relations of nurses trained in India and at home.

THE HOSPITAL WORLD.

THE ROYAL HOSPITAL FOR DISEASES OF THE CHEST.

The progress of scientific knowledge affects not only the treatment of disease but the buildings in which disease is treated. Amongst other things it has revolutionized our ideas as to the environment necessary for the tuberculous patient. It is within the memory of the writer that the Royal Hospital for Diseases of the Chest, City Road, E.C., was provided with double windows, and the patients regarded somewhat in the light of hothouse plants, which a breath of cold air would cause to wilt and fade. Now as one journeys down the City Road one notes the wide open-air balconies thrown out in front of the hospital, filled with patients, who, if it happens to be a visiting day, wave a gray adieu to their friends who pass out of the hospital when time is up.

So, in the days gone by, every possible care and attention was given to the patients helplessly ill, and in an advanced condition of phthisis, as, of course, is always right; but little or no thought was given to the ever-increasing army of infected persons who filled up beds in hospital wards as quickly as they were vacated by those removed by death. And so the steady stream poured into the consumption hospitals, and the plague was not stayed. Now we know that the first essential of the consumptive patient is cool, pure, fresh air, and that a most important branch of the work of the hospitals receiving such patients is to get into touch with "contacts"—those who have lived in close proximity to infection and may have contracted the disease. This is really the hopeful side of the work of to-day. By this means the recently infected are brought under medical observation and care when the disease is in its early stages and may be checked or cured, instead of their being undiscovered, untreated, and at last brought to hospital only when it is obvious that their days are numbered, and the possibility of alleviating the pain and weariness of those last days alone remain.

The Royal Hospital for Diseases of the Chest has rendered excellent service to the community for nearly a century, for in two years' time it will celebrate its centenary, and the Council and staff of the hospital will certainly add to its laurels by their recognition of its duty, as a special hospital, to provide training for medical officers of tuberculosis dispensaries and sanatoria, and for general practitioners. This has been rendered possible by the

generosity of an anonymous donor, who, fully realizing the value at this juncture of affording facilities for such training, has enabled the authorities to build an entirely new out-patient department, equipped with all the details for research work, and scientific instruction on modern lines, with special accommodation for a tuberculosis dispensary, also a lecture hall, an operating theatre, and a waiting hall. Further, the hospital is to be a special training centre for tuberculosis nurses.

A special room is allotted for the use of the Medical Officer of Health, and there is a very complete system for keeping the records of the cases, so much so that Sir William Osler, who presided at the opening ceremony last week, and was most enthusiastic over all he saw, expressed the opinion that the methods of filing cards which has been instituted might be adopted as a model throughout the country, and seem to solve the problem of the tuberculosis dispensaries under the Insurance Act. For unquestionably these dispensaries should be associated with the hospitals in the different districts, and by the system of records adopted at the Royal Chest Hospital the full notes of the case of each patient and a record of those who have been brought in contact with him can be filed together and any individual case can be easily turned up at any moment.

THE NURSING DEPARTMENT.

Most interesting to the readers of the JOURNAL is the scheme for the training of tuberculosis nurses formulated by the Matron, Miss M. S. Rundle, to which we referred at some length in our issue of October 12th, which has been sanctioned both by the Council of the Hospital and the Medical Council, and which won Sir William Osler's warm approval. Sir William is one of those who appreciate the importance of the work of nurses, and, in connection with the campaign against tuberculosis, expressed the opinion: "Our work is useless unless the nurses are going to be specially trained to help us," and in the course of his opening remarks as Chairman, he said that he was glad to hear that the hospital was making arrangements for the training of nurses in this special work, for the nurse took a most important part in the campaign against consumption, and it was essential that she should be specially trained for it.

Here, then, is an opportunity for rendering social service of the very first importance if nurses will appreciate its significance and qualify themselves for it by taking this or other courses which may be established.

THE INAUGURAL ADDRESS.

A most interesting and suggestive inaugural address in connection with the opening of the new Medical School was delivered by Professor Nietner, Secretary of the German Central Committee for the Prevention of Tuberculosis, who said that when the Central Committee was first established its efforts were mainly directed to the care for the still curable cases, the means for so doing being amply provided by the Invalidity Insurance institutions. But latterly the trend had become ever stronger towards prophylaxis. It is now also realized that prevention must begin with the child. This truth was practically ignored during the earlier history of the campaign against tuberculosis in Germany, partly owing to the fact that little was definitely known about the incidence of this disease in childhood, while the latent tuberculosis of infancy was almost an unknown factor.

The researches of the last ten years have brought to light facts that point to the conclusion that in a very large majority of cases infection occurs during childhood, and, indeed, in the first years of life. Dr. Hamburger declares that 90 per cent. of all children up to the completed twelfth year are infected. Dr. Schlossmann has gone so far as to say that tuberculosis is a true children's disease, is acquired during childhood, and must be prevented, treated, and healed during childhood. The fact stands beyond a doubt that in by far the greater number of cases the source of infection can be traced to the human subject's suffering from "open" tuberculosis, and that infection is acquired through the close intercourse resulting from family life within the walls of the home. Only those preventive measures can, therefore, hope for success which take this fact consistently into account.

THE WORK OF THE SCHOOL DOCTOR.

Professor Nietner denied that tuberculosis was a "school disease," and maintained that the school could not justly be held responsible for the spread of infection. He attaches the utmost importance to the careful organization of the school medical service in the battle against tuberculosis, and said that to the school doctor alone was the power given to prevent latent tuberculosis from developing into active disease in the children examined by him and kept under his watchful supervision. He said that with a complete State organization of school medical supervision the discovery and recovery should be possible of a large number of children, who might otherwise become later on a serious strain on the economic resources

of the nation through developing active tuberculosis during the wage-earning period of life.

The following is the form which the out-patient nurses are required to fill in for the information of the Medical Officer of Health:—

TUBERCULOSIS DISPENSARY.

NURSE'S REPORT.

No. in Register Date
 Name Age
 Address Married or Single ?
 Occupation Has Patient changed Occupation ?
 Able to work full time ? Or part time ?
 If unable, confined to bed ?
 How long ill ?
 Situation of House (area, ground floor, 1st, &c.) ?
 Character of neighbourhood ?
 Number and Ages of Inmates ?
 Number and Description of Rooms (fireplaces) ?
 General aspect of House (clean, damp, dirty, smelly, verminous) ?
 Number of Windows ? Can they open ?
 Are they kept open—(a) by day ?
 (b) by night ?
 Have they always been kept open ?
 Does Patient sleep alone—(a) in bed ?
 (b) in room ?
 How is washing and drying of Clothes done ?
 How long in present House ?
 If has moved within two years, previous Addresses ?
 Have there been Illnesses or Deaths in House ?
 (a) in own time ?
 (b) in previous occupancy ?
 Exposed to infection—(a) at home ?
 (b) at work ?
 (c) among friends ?
 Present health of other members of Household ?
 What precautions taken to disinfect ?
 General Dietary (including Alcohol) ?
 General Condition (well-to-do, poor, destitute) ?
 Proximate income of Household ?
 Assisted by Societies, Church, Friends, Rates ?

REMARKS :

Signed

This is excellent training for nurses who are increasingly required by public authorities to furnish them with written reports, in the drawing up of which few nurses are adepts.

M. B.

SOCIAL SERVICE VALUED.

Miss Lillian D. Wald, Head and Founder of the Nurses' Settlement, New York (graduate of the New York Hospital), was called to Mount Holyoake College, in Massachusetts, October 9th (the oldest American College for Women), to receive the degree of LL.D., in recognition of her public work in nursing and social service.

In conferring the degree the President addressed Miss Wald as follows:—Lillian D.

Wald, friend of those who need friends, originator of far-reaching municipal and national movements for the care of the sick and the poor and little children, a citizen of whom our greatest American city may well be proud, we confer upon you the degree of Doctor of Laws, and admit you to all its rights and privileges.

THE CATHOLIC NURSES' ASSOCIATION.

At the first annual meeting of the Catholic Nurses' Association, held in the Club Room, 4 Mountjoy Square, Dublin, the following officers were elected:—

President, Miss Barrett (Mater Nurse); *Vice-President*, Miss Spellissy, Matron Verville Private Asylum; *Trustees*, Miss Corless and Miss Spellissy; *Secretary*, Miss M'Loughlin, Lourdes House, Mountjoy Square (who was re-elected).

The rules were submitted and adopted, and the Annual Report presented. It stated that the membership of the Association is now 268.

REFLECTIONS

FROM A BOARD ROOM MIRROR.

On the occasion of the laying of the foundation-stone of the British Home for Incurables, at Streatham, Lord Strathcona, who performed the ceremony, read a telegraphic message from Queen Alexandra, expressing Her Majesty's sincere and heartfelt thanks to him, and to all those who had contributed to the object, for their generosity.

The Duke of Bedford, President of University College Hospital, has accepted the chairmanship of the special committee for establishing a memorial to Lord Lister, the great surgeon having been a student at that institution.

We are asked by Mr. E. A. Attwood, secretary of the London Homœopathic Hospital, Great Ormond Street, W.C., to say that the young women—sometimes in nurse's uniform—who have recently been calling upon supporters of the hospital collecting for a "Cosmopolitan Homœopathic Institute" are in no way connected with the London Homœopathic Hospital.

An anonymous donor has given £500 to the fund for establishing a nurses' home at York as a testimonial to the aged Dean, Dr. Pusey-Cust.

The members of the Board of Guardians of the North Dublin Union have adopted a unique method of retaliating upon the medical profession for "refusing medical assistance to members of friendly societies, and the excessive demand made by them." They have directed the Master of the Union not to permit any dead bodies in his charge

to be sent to the colleges and schools of anatomy. Irishmen evidently believe in suiting the punishment to the offence.

MM. Vishnak and Shub, of Moscow, have sent a donation of 40,000 roubles to the building fund of the Jaffa Hospital, the money to be devoted to the erection of a children's department.

THE STRAIN OF MENTAL NURSING.

Miss Ada Mary Gertrude Missenden, formerly Head Night Nurse at an Asylum under the London County Council, pleaded guilty at the recent East Sussex Quarter Sessions at Lewes, to stealing evening gowns from the house of a doctor where she was engaged. It was stated that she had borne a good character for many years, but had given way to drink and drugs. The chairman, in postponing sentence, said that the strain of association with lunatics for a number of years had evidently had a harmful effect upon her.

Whatever may be the cause of her downfall, and all nurses are aware of the strain attendant upon nursing the insane, especially if combined with excessive hours, it is unfortunately true that she is an unfit person to nurse in private houses, and equally so that she will be able to obtain such work with ease, as there is no Register of Trained Nurses from which her name can be removed.

A CASE FOR GREAT CARE.

The death of a newly-born child occurred recently at St. Mary's Hospital, Manchester, under unusual circumstances. At birth, artificial respiration had to be performed; and the Sister was sitting with it on her lap, about a yard from the fire, when she noticed that one of its hands was scorched; she at once applied remedies, and reported the matter to the doctor. The doctor, who gave evidence at the inquest, gave the primary cause of death as insufficient expansion of the lungs, the child never having thrived properly. The circulation was very poor, and a slight injury was sufficient to cause serious results. An ordinary child would not have been injured, under such conditions.

In returning a verdict of accidental death, the jury expressed the opinion there had been some carelessness on the part of the nurse.

SYNONYMOUS WITH EXCELLENCE.

The preparations of Messrs. Allen & Hanburys, Ltd., 37, Lombard Street, E.C., are synonymous with excellence; and their milk foods, in three varieties of graded strength, are found invaluable when an infant's natural food is unavailable. The "Allenburys" Diet, a partially predigested milk and wheaten food, is much appreciated by nursing mothers, and their nurses, who find that it increases the flow of milk and conduces to restful sleep in their patients.

PROFESSIONAL REVIEW.

HYGIENE FOR HEALTH VISITORS, SCHOOL NURSES, AND SOCIAL WORKERS.

The above book by Mr. C. W. Hutt, M.A., B.C. (Cantab.), D.P.H. (Oxf.), Senior School Doctor to the Brighton Education Committee, is most opportune at the present time, when health visiting and school nursing are comparatively new branches of social service, and the literature dealing with these subjects is very limited. The book is published by Messrs. P. S. King & Son, Orchard House, Westminster, price 7s. 6d., and is a very complete manual of instruction in the things which it is important for health visitors and school nurses to know. Not the least of its charms are the clear printing and excellent illustrations. The first chapter deals with the elements of physiology, considerable attention being given to the care of the teeth, which is now recognised as of much importance in dealing with school children, and the necessity for children brushing the teeth daily should be impressed on parents by health visitors and school nurses.

TOOTHBRUSH DRILL.

Toothbrush drill is performed in a certain school in Kent as follows—

"Each child is provided with a mug, toothbrush and tooth-powder. The toothbrushes are numbered and kept in perforated cardboard boxes with each slot numbered. The mugs are filled before school and the brushes got out. The children lead out according to their number and take their toothbrush and mug.

"Standing in a semi-circle their orders are given: (1) Brush the teeth up and down; (2) Then from side to side; and (3) Brush inside the teeth. The children then march round and empty their mugs into a pail. The mugs are replenished with clean water for rinsing the mouth. This done, again the children march round, empty their mugs, and rinse their brushes. Two girls then wash the mugs and put the brushes away." (Dr. Howarth.)

FOOD.

A very valuable chapter is that on food, which gives the classification of food principles, the general principles of diet, and explains the relative value of certain foods, besides giving a model cheap dietary. It is interesting to learn that "a tall thin man requires more food than a short stout one. This is due to (1) The greater surface of the former allowing of the loss of a greater amount of heat; (2) The fat of the fat man being less capable of forming heat than the muscle of the thin man. Women require about four-fifths of the food of men, owing to their smaller body weight consisting of a larger proportion of fat, and to their performing less muscular work."

Again, "persons who are underfed are less resistant to cold and infectious diseases. An example of the lessened resistance to infection is seen in the large number of cases of tuberculosis

occurring among ill-nourished persons. Epidemic ophthalmia occurs especially among the underfed. The young are less able to withstand the effects of underfeeding than others." The remarks on alcohol will repay careful study.

CLOTHING.

The remarks on clothing are the outcome of much knowledge. A necessary "word of warning is given as to the danger of wearing celluloid collars, combs, &c. If exposed to a high temperature, such as may occur on sitting near the fire, they may burst into flames causing serious burns."

The most suitable outfit for a boy of school age is given in some detail, and would be most useful to mothers and to health visitors or school nurses advising them.

PERSONAL HYGIENE.

Under this heading the importance of cleanliness is insisted on. It is pointed out that the most common cause of lead poisoning occurring among painters, &c., has been proved to be the habit of eating without having previously washed the hands. The importance of attention to the action of the skin and bowels is also insisted on.

"The daily consumption of food results in the formation of a certain amount of solid excreta daily, consisting of the undigested portion of the food and digestive juices. If this be not passed regularly constipation occurs. In some cases poisons are formed in the bowel causing a feeling of weakness and tiredness, lowering of the spirits, headache, loss of appetite, and a furred tongue.

"The advantage of a regular action of the bowels is shown by the rarity of appendicitis in India. This is thought to be due to the habit of the natives in ensuring a daily evacuation of the bowels, if necessary by means of purgatives." It is urged that children should be got into the way of relieving the bowels at a certain time of the day. On the other hand, "any straining is to be condemned."

Water forms the subject of another chapter. It concludes with a warning against the use of drinking cups in common by school children, as liable to spread such diseases as diphtheria. The school nurse or health visitor who assimilates the chapter on ventilation, warming and lighting will be well equipped for her work in these important subjects. She may also obtain sound knowledge on the disposal of refuse, drainage, the selection of a house, and the conditions of soil affecting health.

ARRANGEMENT OF SCHOOL BUILDINGS.

In regard to the arrangement of school buildings, we are glad to read that a demand has been made of late for schools of a *semi-permanent type*, one reason suggested being that owing to probable advances both in sanitation and education schools may become out of date.

The chapter on the care of infants and young children is full of valuable instruction, as also are those on the common ailments of school children and the prevention of communicable disease. We are reminded that the mere presence of the

appropriate disease germ in the body is not sufficient to cause the disease; e.g., persons may carry the germ of diphtheria in their throats and yet not have the disease. A very important factor is the resistance of the individual.

The chapters on the duties of health visitors and school nurses, the institutions of use to them in their work, and useful sanitary legal knowledge, are quite invaluable. In short, the book is one with which no school nurse or health visitor can afford to be unacquainted.

A WELL-DESERVED HONOUR.

A well-deserved honour has been conferred on Messrs. Newton Chambers & Co., Ltd., of Thorncliffe, near Sheffield, by the issue of a royal warrant appointing them manufacturers of disinfectants to His Majesty the King. The business was founded in the days of George III by ancestors of the present principal proprietors. For nearly 120 years it has progressed from strength to strength until to-day it employs upwards of 6,000 workers in its coal mines, in its iron foundries and in the manufacture of Izal. A feature of the concern is the cordial understanding which exists between the directors and their workmen. As long ago as 1890 the provisions of the Workmen's Compensation and the National Insurance Acts were anticipated at Thorncliffe, and by the joint contributions of the Company and their employees benefits have been enjoyed for twenty-two years and a reserve fund exceeding £50,000 has been accumulated.

Newton Chambers & Co. first turned their attention to the making of disinfectants in the days when carbolic acid was still regarded as satisfying the utmost requirements of sanitarians. It is constantly said of British manufacturers, that, unlike their German competitors, they have been slow to adopt scientific methods. That reproach certainly does not apply to the makers of Izal, who for many years past have conducted patient research work, chemical, physical and biological, in their laboratories at Thorncliffe. In addition to their permanent staff they have also sought the advice of the ablest consulting chemists and bacteriologists in perfecting their products. It is worthy of note that the Company were the first manufacturers of disinfectants to insist that the testing of germicides must be by bacteriological as well as chemical methods. Judging by the extensive use of Izal in its various applications, medical, surgical, sanitary, veterinary and horticultural, the public have shown a proper appreciation of its merits.

The Trained Maternity Nurses of Birmingham are beginning to feel the need of co-operation, and one of their number suggests the formation of a "mutual benefit association," similar to that in London. We should suggest rather the formation of a branch of the same association. Union is strength.

OUTSIDE THE GATES.

WOMEN.

It is almost impossible to express the sorrow of thousands of the women who form the W.S.P.U., at the announcement that Mr. and Mrs. Pethick Lawrence have, upon Mrs. Pankhurst's request, resigned their membership of that militant body. We never write one word which might injure the Woman's Suffrage cause, but both Mr. and Mrs. Lawrence are held in such warm affection that to regret their loss is permissible. The whole case has for days been so widely discussed (with gusto, of course, by the venal press of the day) that we need not repeat its details. We presume the difference of opinion is on the degree of militancy, which shall be the policy of the Union. After the gross brutality at Llanytumdwy, and the screening of the would-be murderers of innocent women by the authorities, we condemn no one whose discretion is overpowered by burning indignation, as we know it is not always possible for the just of soul to realise that discretion is the better part of valour. Anyway, both parties will carry on the struggle for the emancipation of women in the manner which appeals to their individual consciences; and, as nothing of truth and courage is ever wasted, it will be garnered for good—God knows how.

The Parliamentary Committee which is at present considering the Government Bill for the better control of the feeble-minded, have adopted an amendment, which has been accepted by the Home Secretary, providing that two women, one paid and the other unpaid, shall be members of the Board of Control. Of course, there was strong opposition to even this infinitesimal representation of women.

In view of the demand for training in the knowledge of civic duties and in the carrying out of philanthropic work on a thoroughly businesslike basis, the Executive Committee of the Women's Institute have arranged for a series of classes on "Committee Work and the Conduct of Public Business," on Tuesday afternoons at 5.30 p.m., the first of which was held last Tuesday. *October 22nd*, Committee Work; *October 29th*, Committee Work—Resolutions, Amendments, and Riders, Miss H. Reinherz, M.A. (Junior Bursar of Girton College); *November 5th*, Societies—their Formation, Constitution and Conduct, Mr. W. E. Greaves (Barrister-at-Law); *November 12th*, Finance—Methods of Banking and Investing, Miss Lucy E. Yates (author of "The Management of Money"). The fee to members is 1s. each lecture or 3s. the four, and to non-members 1s. 6d. each lecture, or 5s. for four. The full syllabus may be obtained on application to the General Secretary, the Woman's Institute, 92, Victoria Street, S.W.

The Fancy Dress Dinner, to be organised by the Women Writers' Suffrage League, and which

promises to be so amusing, will probably be held in London early in December.

The Englishwoman will hold an Exhibition of Arts and Handicrafts at the Maddox Street Galleries W., from November 6th to 16th. All the exhibits will be of a very high standard—and it is a good opportunity of seeing what women are doing in the region of applied art.

THE BOOK OF THE WEEK.

"DARNLEY PLACE."*

Full of engrossing incident is this work of Mr. Bagot, and when we find the *mise en scène* is divided between a charming Buckinghamshire villa and Rome, we need not fear tediousness or want of local colour. Moreover, we can be thankful that the controversial element which so often has precluded Mr. Bagot's works from universal popularity is almost if not quite absent in this book, though it is of course written from the standpoint of the Roman faith.

The old man, Mr. Darnley, who owns the Place, has lived for many years under the terror of the vendetta, and this little village is the retreat where he feels most at peace. Many years before he had carried off the legal wife of Baron Campofranco on the eve of the day on which the ecclesiastical ceremony was to have been performed, so that though legally she was a wife the Church had no power to annul her marriage, and therefore Darnley could never repair the wrong he had done her. The vengeance of the Negrini family shadowed him all his days, and eventually he fell a victim to a dagger thrust from their hand.

So much intrigue, mystery, and wheel within wheel is there in this book that it would not be possible in a limited space to do more than quote from some of its most striking passages, and readers cannot do better than unravel its complicated and clever plot for themselves.

Giovanni Roscono, of a noble Roman family, and who afterwards marries a grand-daughter of this illicit union, makes the acquaintance of Mr. Darnley in his Buckinghamshire home. "He had come to the place on the recommendation of a compatriot in London who had taken it as a subject for more than one of his rural pictures."

Dreaming along the country lanes, he first sees the man who was to play such an important part in his life. "A shabby vehicle crossed the bridge, and a figure suddenly leaned forward, and Giovanni saw a man's face gazing at him fixedly out of the window. The eyes were bent upon him with a look that had surprise and suspicion in it, and almost, he thought, something of fear." This was Darnley, who imagined he saw in the young Italian visitor one of the dreaded Negrini.

Not of the least interest is the fact that this Darnley, alias Wendover, alias Morley, is a

powerful and successful medium, and one of the most thrilling incidents is where he re-enacts for Giovanni's edification the scene of his mistress's death.

"Giovanni was conscious of drawing two or three long breaths, of shivering a little from a strange coldness, and then he realised that he was standing in Mr. Darnley's library, many paces away from the chair in which he had been sitting, and that the great dog was frantically licking his hands as they hung down by his side." Darnley tells him: "You assisted at the mental reproduction of a scene which happened many years ago. I confess I did not cause you to assist at it without having a good reason for doing so, without, indeed, being moved to do so." He rather quaintly tells Giovanni that the young girl he had conjured up was a relative of his, "but a much nearer one of Mr. Wendover—who was also related to me."

Shortly after, when Giovanni meets and marries the grand-daughter of this man, they both being in ignorance of the relationship, the plot becomes deeply interesting, and it is only when he has fallen a victim to the vendetta that Wendover, who years ago carried off Donna Adèle, Darnley, of Darnley Place, and Mr. Morley, guardian of Marcella, are discovered to be one and the same person.

H. H.

COMING EVENTS.

October 25th.—Drawing Room Meeting, by invitation of Lady Horsley, at 25, Cavendish Square, W. Dr. Anne L. Kann will speak on "The Work of the Baby Clinic." Chairman, Mrs. Hylton Dale. 3.30 p.m.

October 29th.—November 2nd.—Cookery and Food Exhibition, Royal Horticultural Hall, S.W.

October 31st.—The Territorial Force Nursing Service (City and County of London). Reception at the Mansion House by the Lady Mayoress. 8 to 10.30 p.m.

November 2nd.—Matrons' Council of Great Britain and Ireland. Quarterly Meeting, Royal Albert Edward Infirmary, Wigan. 3.30 p.m. Tea. Open Meeting, 5 p.m. Discussion: "The Bill for the State Registration of Nurses."

November 2nd.—Sale of Work in aid of the Nurses' Missionary League, Sloane Gardens House, 52, Lower Sloane Street, S.W. 10 a.m. to 6 p.m.

November 6th and 13th.—Nurses' Missionary League. The Autumn programme. Lectures on Hinduism and Islam, University Hall, W.C., by Canon Weitbrecht. Lecture on Nov. 6th at 10.30 a.m.

November 7th.—Subscription Ball at the Mansion House in aid of the British Red Cross Balkan Fund.

WORD FOR THE WEEK.

"Injustice is no less than high treason against heaven."—*Marcus Aurelius*.

* By Richard Bagot. (Methuen & Co.)

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 INCREASED COST OF LIVING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In spite of the increased cost of living, I am of opinion that trained private nurses would suffer if fees were raised. As it is they cost their employers more, as food, rent, taxes, &c., have all risen of late years. As long as they are in work that is the great need, but many are so long between cases, owing to the competition of the semi-trained, and hospital staffs, that until there is a prescribed standard there is no hope even of getting the work they ought to have. The Nurses' Homes may have to raise their charges, as since I opened a Home my expenses have risen enormously, and the rates nearly doubled. All food costs more, also service and washing. This nurses do not take into consideration. As competition is so keen in the nursing world, the question is, what shall we all do in the future if living in this country continues to rise? The young should emigrate; women are still wanted in the colonies, as it is difficult for men to make money without women to do the drudgery, and that, it would seem, is all we workers are fit for. One grows very dour in these days—the constant insult to one's sex in every newspaper one opens and the seeming hatred of men for women who are not dumb dependants, is having a very serious effect upon one's spirits and belief in human justice, and as the clergy as a cloth are more narrow and intolerant than any other class of men, where the uprising of women is concerned, one has no real spiritual consolation from them to help to bear this weight of oppression.

Yours truly,

A TIRED WOMAN.

NATIONAL CANINE DEFENCE LEAGUE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—We thank you most heartily for urging your readers to help us to secure the release of dogs from vivisection, and trust that many will write to us for copies of our Petition to Parliament, and also for leaflets on this subject, which will be sent post free anywhere.

We want to deliver dogs from their martyrdom in the laboratory, and everyone who sympathises with our object should write at once to

Yours truly,

C. R. JOHNS,

Secretary.

27, Regent Street, London, S.W.

REPLIES TO CORRESPONDENTS.

A. M. W., Leamington.—The British Nurses' Association was the first Association of Trained Nurses in any country to organise for registration. Its organisation was proposed by Mrs. Bedford Fenwick at her private residence in November, 1887, and the Royal Charter was won in 1903, giving the nurses very wide powers for professional organisation—powers of which they were practically deprived by the medical members in 1907—when at their instigation the 13c-Laws were altered by the Privy Council. The first Registration Act was passed in 1891, since which time forty-one Acts of Parliament have been passed for the State Registration of Nurses—in our colonies, United States of America, Germany and Belgium. We were the first to work and plead for professional organisation. It is probable, owing to the unjust legal disqualifications from which women suffer in this country, that we shall be the last to receive legal status. Nothing could have been more sordid and tyrannical than the manner in which trained nurses have been treated by the anti-registration party in England, many of them wealthy hospital managers, who, unlike other employers, have unrestricted powers over the work and lives of the women they employ, and whose labour in many instances they exploit to a scandalous degree. You will find the Almanack of Registration in the Annual Report of the Society for State Registration of Nurses. Price 2d. Order from the Office, 431, Oxford Street, London, W.

OUR PRIZE COMPETITIONS.

November 2nd.—In nursing a patient in a private house, what minor details would you observe in regard to the personal care of the patient in his or her surroundings in order to add to his comfort?

November 6th.—What would you prepare for an intravenous infusion, and what precautions would you take if assisting in its administration?

November 16th.—State successful methods of treatment for constipation?

November 23rd.—How should a nurse care for her hands so that they are kept in the best condition for use in the sick room?

November 30th.—What form of infection is likely to follow the retention of a piece of the placenta after delivery, and what are its characteristics?

NOTICES.

The Editor hopes that every reader who values THE BRITISH JOURNAL OF NURSING, will get one or more new subscribers—so that its constructive work for the profession may receive ever increasing support.

It is the only journal which demands efficient educational and economic standards for trained nurses through an Act of Parliament, providing for their State Registration.

The price is 1d. weekly. Abroad, 9s. per year, post free. Office, 431, Oxford Street, London, W.

The Midwife.

THE MATERNITY WARD AT ST. THOMAS'S HOSPITAL.

Dr. John S. Fairbairn and Dr. James M. Wyatt contribute to the *British Medical Journal* an interesting account of the work of the Maternity Ward at St. Thomas's Hospital during 1911. The ward, which is named "Mary" after Her Majesty the Queen, was opened in October, 1910.

We can readily believe that, as the authors state, the conversion of a large 28-bed ward into a small lying-in hospital is a problem which presents many difficulties, and they therefore describe in detail the alterations and furnishing of this small hospital within a hospital, and give a sketch of the way in which the teaching work of the hospital has been brought into accordance with the recent recommendations of the General Medical Council.

The usual plan of having small wards of 8 to 10 beds, which could be emptied and cleaned after each batch of patients, was discarded as impracticable, and it was ultimately decided that under modern conditions closing the wards for disinfection after each batch of patients was no longer so essential as in former days, and that there ought to be no difficulty in keeping a lying-in ward in continuous service, like an ordinary surgical ward, and accommodating as many as 20 patients at a time.

A small ward was converted into a receiving-room, which has "a floor space of 224 square feet, including portions cut off for a cupboard for patients' clothing and a w.c., and is floored with terrazzo mosaic, cored to the wall and channelled to take the waste of the bath and sink. The walls are lined to the height of 6 ft. with 6-in. cream tiles with green borders, and the upper portion finished in Parian cement and painted with Gav's enamel. It contains a white enamel bath on wheels, an earthenware sink fixed on cantilevers, set clear of the walls, and a bedpan sink, fitted with elbow-action taps, placed here for emergency use in case of the large labour room being used for lying-in patients, when the ordinary sink room is unapproachable during the cleaning of the main ward. The only other furniture in the room is an examination couch and a few screens. Patients on arrival at the hospital are not seen in the casualty like ordinary patients, but are sent straight up in the lift to the receiving room. There they are examined, and if in labour, or to

be admitted to the ward, are given a bath, put into hospital clothes, and sent to the labour room or the ward, as their condition requires. The room is also used occasionally for the examination of advice-patients, who may come for measurement or determination of the time for induction and such like."

A large and a small labour room, and a baby room or nursery, have been cut off from the main ward, leaving the remainder as the lying-in ward.

"The nursery contains a double babies' bath, consisting of an enamelled iron top 3 ft. 8 in. by 3 ft. 3 in., with two oval-shaped basins 2 ft. 2 in. by 1 ft. 3 in. by 9 in. deep, with hot and cold taps between the basins to serve both. The whole is fixed on an enamelled iron stand 2 ft. 2 in. from the floor, the most convenient height for a nurse to sit at, with a knee-action waste to discharge to a channel on the floor. There is a hot coil by the side of the bath, and the only furnishing is a weighing machine and a small cupboard in the wall fitted with pigeon-holes, numbered for each cot, to contain the washing materials for each baby.

"The ward bedsteads are like those in the labour-room, except that they are without the zinc cover (provided in the former bedsteads), and have a wire spring mattress and ordinary castors; at each end of the foot are detachable standards which can be arranged to carry the cots. The cots are of wire caging, with a flat bottom, so that they rest on the floor. In the ward are also a number of collapsible stands in which the cot can be swung when in the nursery. The bedsteads were specially designed, and, having an increased height, stays are provided from leg to leg, practically forming a double frame. As they have large rubber castors, each bedstead is a perfect ambulance.

"At the river end of the ward is a door opening on to the balcony (which commands a magnificent view of Westminster and the north of the river) and on each side are doors leading on the left to the sanitary annexe and on the right to the isolation ward. Each annexe is cut off from the main ward by a short corridor with cross ventilation."

The sanitary annexe contains three earthenware sinks. "The first one is the patient's washing sink, and the next is used for washing basins and utensils, and the third is a mackintosh sink, and is also used for soiled linen, and

is fitted with a wringer. Fitted to its side is a mackintosh table for scrubbing mackintoshes. There is a bedpan sink fitted with elbow action taps, and a white enamel bath on wheels, which discharges to the channel on the floor. The water-closet is cut off by a wood partition 7 ft. high. It is heated by a hot-water radiator, above which is an aluminium rack for bedpans, the hot-water pipes forming the bottom shelf for these pans. The one other item of interest in this annexe is the specimen cupboard, which is fitted into the wall above

referred from the medical and surgical side. Indeed, a striking difference between the patients in Mary Ward and in a lying-in hospital is the greater percentage with renal, cardiac, and pulmonary complications, as might be expected from the association with a large general hospital. For instance, there have been patients with such medical complications as pneumonia, acute rheumatism, pericarditis, and so on, and surgical complications ranging from sarcoma of the jaw to fractured limbs. Besides these there are the emergencies



THE MATERNITY WARD AT ST. THOMAS'S HOSPITAL.

the sink, and is arranged like a larder with perforated zinc outside, and glass doors in iron frames inside; it is lined with marmorite and fitted with marmorite shelves. It is used for keeping placentae, dressings, and specimens of any kind that may be wanted for inspection or demonstration.

"The sterilization of dressings, towels, gowns, &c., being carried out in the hospital basement, as for the rest of the hospital, no provision was necessary for this.

Included among the recorded cases are "patients with a previous history of difficult or complicated labour and patients

taken in from the district or sent in by doctors because of some serious complication."

We are indebted to Dr. Fairbairn for permission to print the accompanying picture of the maternity ward.

◆ ◆ ◆
FOR MIDWIVES AND NURSES.

There are few maternity nurses who would willingly be without "King's Patent Cooked Oatmeal," for they know that, with a minute "S" boiling, a delicious cup of gruel can be prepared for a patient. It is also a very favourite beverage with midwives, before retiring again to rest after a disturbed night. It is supplied by the Albion Food Mills, Sycamore Street, E.C.

MIDWIFERY IN THE PHILIPPINES.

Miss Consuelo Gloria, writing in the *American Journal of Nursing*, concerning the introduction of visiting obstetrical nursing in Manila by the American Government, gives an interesting account of the practice of midwifery there. She writes:—

"Midwifery in the Philippines has been in practice since the days of our earliest ancestors, and the same customs are passed on from generation to generation, and are still practiced by most of the poor people, especially in the provinces. Most of the midwives are mean, unclean, and ignorant old women, who have had experience in delivering one or two cases only. There are men also, who act as midwives; I myself saw two of them practicing midwifery. Midwives are paid very poorly, and sometimes get only a chicken or a bunch of bananas for their work. They believe in many superstitions, one of which may interest you a little.

"A pregnant woman's mind always is worried and confused, for it is believed that at nights in nipa houses, the 'asuang' goes under the houses, and tries to eat the fetus in the mother's abdomen. When the 'asuang' is nearest to the pregnant woman, a bird, called 'tic-tic,' announces its coming, by singing many times 'tic-tic,' so that the victim may prepare for her fate. In most houses is found the 'buntot-pagui.' They say that it is used for whipping the 'asuang,' to terrify him. Some people put a lamp under the house, so that they may see the coming of the 'asuang.' When the patient is near to full term, the midwife puts garlic to her axilla, and other folds of the body, for it is thought to be an enemy of the 'asuang,' on account of its characteristic odour. When the pregnant woman goes out to the fields at night, she hangs her hair down, because it is thought that the 'asuang' fears the hair. She is not allowed to eat much rice, for it is believed that this practice makes the abdomen large, and the baby will be born covered with excess vernix caseosa.

"'Asuang' is a Tagalog name, given to an imaginary human being, who is credited with having eaten the liver or body of a human being. This is a very real superstition to many of the old people, and to some of the young people, till a few years ago. The characteristics of the 'asuang' are: (1) It goes without clothes; (2) puts oil in its axilla, as its symbol; (3) It can transform itself into any animal, except the sheep; its custom is to fly at nights watching for pregnant women.

"During labour the midwife puts a very tight binder around the patient's waist, for the purpose of easing her breathing, and to increase the strength of the uterine contractions. She rubs the folds of the patient's body with some cocoanut-oil mixed with crushed garlic, which has been

passed over fire, and gives her as much food as possible; such as 'basa-basa,' a Tagalog word for rice cooked with plenty of water. She examines the patient internally, without any preliminary antiseptic precautions, not even washing her dirty hands.

"In the first stage of a labour, a forcible downward pressure over the fundus is made by the midwife, who, at the same time, utters words calculated to expel the fetus at once, even though it is not yet time for the delivery to take place. This practice, when carried to extremes, often is the cause of bad cases of prolapse of the uterine cervix. The parturient is given a decoction of spices, mainly canela a native plant bark, which is supposed to increase uterine contraction; and her hair is knotted up by the midwife with a handkerchief.

"The child is delivered under a dirty covering, for it is believed if air should come in contact with the internal genitalia it will be crazy.

"If, at the end of five minutes after the child is born, the placenta is not expelled, the midwife pulls the cord, which sometimes breaks, and the placenta remains inside the uterus. I can recall cases in which the mother was dying of the bleeding when we arrived, as a result of this practice.

"During the puerperium, the parturient is told not to drink cold water, but warm water, or some decoction of zarzaparilla. She is not allowed to nurse the baby during the first four days. The midwife gives a douche once daily with a decoction of guava leaves, which is an astringent; but the patient is not allowed to take a bath, until the fortieth day after the delivery, when she is given a full bath of tea made from the leaves of 'sampaloc,' a native tree commonly known throughout the islands. In some towns, leaves of twelve kinds are used in the bath, each variety having its meaning, such as happiness, good fortune, &c. . . . The parturient is allowed to walk around the day following confinement. Many of our patients, delivered in their homes and carefully instructed, are found at the next day's visit to be up and washing the baby's diapers. It is necessary to repeat our instructions again and again, with much patience, and smiles, in order not to antagonise the patients, their friends, and relatives.

"The baby is not allowed to take the colostrum of the mother, but is given instead honey, tied up in a round cloth, shaped in the form of a nipple, which it sucks. When the baby has hicough, the mother makes a kind of ball of some threads from his diaper. This ball is stuck on its forehead with saliva, and is considered an infallible cure for this affection. In spite of the superstitions and bad practices of the midwives, our work is beginning to be appreciated by these poor women, for many of them, who have had the assistance of the department in one confinement, call us again for their next. When once they have become accustomed to our nursing, they cannot say enough in its praise."

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EDITORIAL.

THE VALUE OF TRAINED NURSING IN WAR.

In spite of the meagre details which are available from the seat of war as to the arrangements for the sick and wounded, one thing is clear, that the services of trained nurses must be imperatively needed. For in the countries now engaged in strife, the training of nurses is not to any extent carried on, and although, from Royalty downwards, patriotic women are endeavouring to cope with the situation, and to give their services to the sick, no one can be an efficient substitute for the trained nurse.

For it is at such times as the present that training, with the discipline, knowledge and skill resulting from it proves of paramount importance, and nothing is so essential to the efficiency of a military hospital, and to the comfort and the safety of the sick, as a staff of thoroughly trained nurses.

With the experience of many years behind her, with a body of trained nurses, competent and devoted, with the example of the Lady of the Lamp as inspiration, England stands pre-eminent, as to nursing, amongst the nations. Both as to capacity and devotion her nurses are in the front rank.

It is therefore inexplicable that the Committee of the British Red Cross Society, which is the official channel of aid in this country to the sick and wounded in the Near East, should in organising its units, have ignored the existence of this splendid body of devoted women. We are sure that this arises from no lack of willingness on the part of trained nurses, and, indeed, we have been officially informed that many have volunteered for service should nurses be employed, but that, so far, the Committee has decided to send out no women nurses.

The British Red Crescent Society is, on the contrary, including women nurses in

the staff of its hospital which leaves London on Friday, November 1st, for the seat of war. The staff includes four surgeons, four dressers, five women nurses with Miss Amy Stuart who has had Army Nursing experience in charge, and six male nurses.

On enquiry at the Grecian Consulate, we find that the money collected by the Hellenic Red Cross Society is being sent to the British Red Cross Society which is making all arrangements.

The Servian Legation is not engaging nurses in this country, but states that Russia and France have sent Red Cross Nurses to the seat of war.

The Consul-General for Montenegro has been officially informed that no female nurses are desired.

From the Bulgarian Legation, on the contrary, we understand the hindrance is solely that Bulgaria has no money to expend on nurses, otherwise it would thankfully send them out. If any nurses—*thoroughly trained*—would go at their own expense, "in the service of humanity," they would receive introductions, and be most welcome, for it is realised at the Bulgarian Legation that there is "no such thing as an English nurse."

As we go to press we learn, on the best authority, that the statement issued in the press, on Wednesday morning, on the authority of the Secretary of the British Red Cross Society, that "with regard to female nurses nothing has as yet been done for we are awaiting reports from our directors on the spot" is misleading, as the Society despatched a contingent of nurses to Greece, all selected from the London Hospital, on the same day.

On asking for information at headquarters the officials declined to corroborate this statement, so we give it for what it is worth. But why this secrecy? Is it because the nursing profession as a whole will consider that it has not had fair play?

MEDICAL MATTERS.

HOW SLEEP IS PRODUCED.

PELLAGRA.

Dr. Louis W. Sambon, F.Z.S., and Dr. Albert J. Chalmers, F.R.C.S., contribute to the *British Medical Journal* an interesting article on "Pellagra in the British Islands." They say in part:—

"Of all known diseases pellagra is certainly the one which escapes recognition most easily, not that it lacks individuality, because few diseases are better characterized in their full manifestation; not that it is of little importance, because few diseases are more harmful and deadly, but because it varies greatly in the nature, sequence and intensity of its symptoms; because it may remain clinically latent for years in the patient and epidemically dormant for long periods in a given region; because it avoids crowded cities and, as a rule, strikes the uncared-for peasant in remote country districts; because it principally affects the young with manifestations usually so mild that it is either overlooked or unheeded; because it breaks out in the mature and elderly under the stress of lowered resistance following in the wake of poverty and famine and engrafting itself on to other diseases; and because, in most countries, it is concealed with shame as the brand of destitution and madness. . . .

"Sociologically, the disease calls for the most urgent attention. Pellagra is an insidious disease, either rapidly fatal or of long intermittent course, leading to insanity. The pellagrous psychical disturbances are as many-sided and as obscure as the somatic manifestations of the disease, but the salient feature is an intermittent and progressive amentia, often assuming a semblance of melancholia and exhibiting from time to time regular outbursts of maniacal excitement. In some cases there may be all the appearances of progressive paralysis. Dementia is the invariable termination, unless the patient be cured, or carried off sooner by some intercurrent disease or mere exhaustion of the vital powers."

Dr. Sambon believes pellagra to be a germ disease and that the germ is a protozoal organism conveyed by a special kind of insect, a *Simulium*. It is interesting to learn that in countries in which malaria and pellagra occur, where malaria is, there, with occasional overlappings, pellagra is absent. Malaria, the mosquito-caused disease, is a disease of countries of stagnant waters, the haunts of the mosquito; pellagra is a disease of swift-flowing streams haunted by *Simulium*.

By Miss M. THERESA BRYAN.

Sleep that knits up the ravelled sleeve of care,
The death of each day's life, sore labour's bath,
Balm of hurt minds, great Nature's second course,
Chief nourisher in life's feast.

SHAKESPEARE.

Thomson may groan in verse about "losing half the fleeting moments of too short a life," but most of us are thankful indeed that our days are broken and rounded by sleep; that we can lay aside the affairs which often threaten to overwhelm us, and indulge in a spell of forgetfulness; in a manner, too, which recuperates our mental and physical energies. Puppets of perpetual motion as we mortals are, it is not a little wonderful that these regularly recurring periods of unconsciousness should overtake us, and the way in which the condition is brought about is quite simple and interesting.

For centuries the subject was a problem which exercised the minds of great men. So akin did it seem to the greater mystery of death that literary men were constantly associating it with that gaunt image. But if the subject received scant justice at the hands of the literary profession, it fared little better from the scientists. While those associated it with death, these confounded it with stupor. For a long time the commonly accepted theory was that sleep was produced by a fullness of the blood-vessels of the brain, which formed a sanguineous nightcap enveloping the brain. But, although this opinion was largely held, it was by some felt to be unsatisfactory, for the reason that a condition resembling sleep could not be artificially produced by pressure on the brain. This condition, though often identical with sleep, was really its counterfeit, coma or stupor, a state distinguishable from true slumber by the great difficulty of arousing the subjects of it. The question was eventually solved by Dr. Fleming, a professor in Cork, to whom it occurred to try pressure of the carotid arteries. He tried the experiment on a friend, and the result was a state of complete unconsciousness, in which, however, the subject had vivid dreams, with great activity, a few seconds seeming like many hours from the number and rapid succession of thoughts passing through his mind. The effects passed off on the removal of the pressure from the vessels. This was clearly a condition different to that of stupor and one not distinguishable from ordinary sleep. Dr. Fleming therefore cautiously sug-

gested that possibly, after all, sleep might be connected with an opposite cerebral cause to that commonly held. In a few years this was placed beyond doubt, and a number of subsequent experiments proved that during ordinary sleep the brain is practically in a bloodless condition.

This discovery was at once found to coincide with everything known concerning the causes of sleep and the conditions which tend to produce it. For example, great loss of blood predisposes to sleep; heat has the same effect because it draws the blood to the surface and lessens the supply to the brain; a hearty meal will also have the same effect, for the simple reason that a greater quantity of blood is drawn to the gastric region to assist the work of digestion. Extreme cold has an opposite effect. It drives the blood from the surface to the internal organs, including the brain, in which it accumulates, and the consequence is a state of coma. Monotonous sounds are conducive to slumber because they weary the brain and thus diminish its activity, rendering a less supply of vital fluid necessary. On the other hand, mental excitement of any kind banishes sleep, because activity of the brain requires a supply of blood to that organ inconsistent with the physical conditions of sleep. The discovery of the comparatively bloodless condition of the brain during sleep brought out also a perfect harmony in the law of nutrition of the different parts of the system. Every one of the bodily organs exercises its functions at a considerable expenditure of its own substance. Its period of activity is for itself one of constant wear and tear. During its activity the blood goes to help it to perform its special work. When it has done its work the supply is drained away to another organ whose periodic activity is commencing. Then begins its season of rest, and it is during this time that the organ itself is nourished. So that to deprive any organ of rest is also to deprive it of nourishment.

But, though the discovery of the anæmic condition of the brain during sleep satisfactorily explained some things which were before inexplicable, the cause of the bloodlessness was itself a problem. Dr. Fleming's experiment showed that sleep is at once produced by partly stopping the supply of blood to the brain; it would therefore appear that some special mechanism is required to secure at the proper moment the lessening of the streams flowing to the organ. This can only be accomplished by a natural contraction of the vessels which supply the brain. The walls of the blood-vessels consist of several coats, one of which is

of muscular fibres encircling the whole artery or vein. When these contract they necessarily narrow the channel, and they are connected with nerves which regulate their contraction and belonging to the sympathetic system. The brain itself has no control over the supply of fluid which reaches it. The key of the position is, so to speak, in the ganglia of the neck—a chain of small knots of nerve matter lying in front of the spinal column. They have only to exert their force on the muscular walls of the arteries when the contraction of the latter renders the brain powerless. But, although the ganglia have such a power, it can only be used under certain conditions. The accepted theory is that, while the primary force of the ganglia tends always to contract the arteries, their power is held in abeyance all the time that the brain is in a state of activity. But when the brain becomes fatigued, the opposing force is first diminished and then ceases, and the ganglia, set free from all control, put forth their native power, with the almost immediate result that the supply of blood to the brain is so lessened that sleep overtakes the subject. But there is sometimes something of a battle before perfect sleep supervenes. The brain resumes, by snatches, a temporary sway over the ganglia, until it is no longer able to continue the conflict.

During sleep the brain throws off the matter which had given rise to the feeling of weariness, and assimilates new material for the repair of its own substance. In this way it is invigorated and put in a position to reassert its power over the ganglia. Dreaming is a state of imperfect sleep, in which some of the faculties, notably the memory and the imagination, are in active operation, while others lie dormant. Lying on the back with a pillow under the shoulders instead of under the head will sometimes give rise to a "nightmare" not easily forgotten. Sleeping with the mouth open, too, will produce the same result, because the air we breathe should be warmed and purified by a special apparatus with which Nature has provided us, and which is not used when inspiration is performed through the mouth.

Properly approached, Morpheus is not a difficult god to woo, and as to how long we ought to remain under his spell, that is another story, as Rudyard Kipling says.

Nurses have exceptional opportunities "through the long night watches" of observing the phenomenon of sleep. They are also skilled in the small devices which bring rest to the restless.

OUR PRIZE COMPETITION.

IN NURSING A PATIENT IN A PRIVATE HOUSE WHAT MINOR DETAILS WOULD YOU OBSERVE IN REGARD TO THE PERSONAL CARE OF THE PATIENT AND HIS (OR HER) SURROUNDINGS, IN ORDER TO ADD TO HIS COMFORT?

We have pleasure in awarding the prize this week to Miss Ména M. G. Beilby, Cranford, Middlesex, for her paper which we print below.

PRIZE PAPER.

When nursing a patient in a private house, two axioms should be kept in the forefront of one's mind: firstly, that no act of service which will conduce to his restoration to health should, failing another to perform it, be considered as being beyond one's duty; secondly, that happiness and personal comfort are the finest restoratives that we can secure to the sick. The exact measure in which that happiness and comfort can be supplied depends not so much on the circumstances of the patient as on the amount of resourcefulness, imagination, and tenderness which the nurse can offer to his needs.

It is essential that the organization of the nursing should be such as to minimize to the rest of the household the inevitable anxiety and discomfort caused by illness in the home; for an atmosphere of discomfort is a very tangible thing to the sick, and it reacts forcibly.

Servants, especially old servants, often constitute a point of difficulty; but this may generally be overcome by enlisting their co-operation, and enabling them to feel that, without their help, the best cannot be done for the patient. Nor should one forget to give them their meed of praise when an excellent recovery crowns the efforts of all.

Often there is much apprehension on the part of the patient and his family as to what the nurse will, or will not, allow. A good general rule—and it will engender confidence at the outset to make it clearly understood, is that anything and everything, if not unattainable, that the patient may desire will be allowed him, provided it will not in any degree retard recovery. Such a rule disarms any suspicion of autocracy or arbitrariness on the part of the nurse.

In a case of illness extending beyond a few days the arrangement of the furniture often demands alteration. The bed should be placed so as to get the maximum of fresh air round it, without draught. The centre of the room, with the window behind the bed and a screen placed round the head, usually secures this. If possible a small bed should be used; it is in

every way the most comfortable, and better still are two small beds of equal height for all cases of illness, which allow of the patient's rolling gently into a freshly-made bed in the morning and again at night, all bed clothes being aired out of doors in the interval. Personal linen should be changed or aired twice in the twenty-four hours.

The *mis-en-scène* should be arranged with due regard to the patient's personal tastes and idiosyncrasies, and the exigencies of the type of illness. But the room should be as little as possible suggestive of a hospital ward, and on every hand should be a piece of beauty for the eye to rest on; a favourite picture, a plant or flowers, a beautiful cushion, an appreciated bit of china or silver, or lovely Chippendale. Discover the patient's interests and minister to these—even if they be only chiffons. If the days are filled with interest when the acute stage of illness is passed, time will fly instead of lagging, and the patient will all unconsciously gather up returning health and strength.

A fire should be kept going when practicable, as it not only assists ventilation, but adds greatly to the cheeriness of the room. When literal sunshine cannot be secured it should be suggested, mentally and physically. Adequate, unintermittent warmth is absolutely necessary. Sick people are easily chilled in mind, body, and soul; and it is sometimes difficult for a person of healthy circulation to realise how very much help some patients need in maintaining such warmth. Unless there is an ample supply of really hot water and several hot water bottles, hot fire bricks are more satisfactory as bed warmers. Bed clothes should be light, as weight is tiring. Bed-rest and bed-table should be obtained, or, if necessary, improvised.

The patient's wishes regarding his or her toilet should be ascertained and carried out. In severe illness the skin must be hardened on points of pressure by the use of spirit after washing and drying.

Meals should be dainty, punctual, and as varied and as surprising as can be managed. Perfect cleanliness, without any fuss, should be observed, and a restful condition of quiet.

To make the patient happy and comfortable in his or her own way, in addition to bringing him technical skill, would turn many an illness into a time of quiet pleasure instead of a misery to be somehow endured.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Emily Marshall, Miss A. M. Smith, Miss C. Ryder, Miss F. Harvey, Miss M. Bradshaw, Miss J. Lupton.

Miss Emily Marshall writes :—

Sick people are dependent upon their nurses for practically everything, and an observant nurse can often discover the cause of much mental suffering, anxieties, imaginary or otherwise, which so often retard recovery.

Both doctors and nurses are confided in by their patients, and professional etiquette binds them to silence in the interests of their patients. Very great help and comfort can be given and difficulties often smoothed away, relieving the mind of the invalid.

Some minor details adding to the comfort of a patient are :—

1. Consideration of the patient and friends.
2. Consideration for servants.
3. Special attention to cleanliness, neatness, and order.
4. Fresh air and ventilation without draughts.
5. Attention to patient's tray and food.
6. Cheerfulness, with quiet, using discretion.
7. Accommodate yourself to the rules of the household, giving as little trouble and expense as possible.

It is the little things which count, and nurses should be quiet in their movements, taking care not to knock against the bedstead in passing, to avoid noisily closing a door, sitting in a creaking chair, allowing the light to fall on the patient's face, or a looking-glass to stand in front of a patient; the rattling of window frames, rustling of paper, and clicking of knitting pins are often the source of great irritation.

Above all, be conscientious, reliable, punctual, courteous, firm, but kind and gentle, follow the doctor's instructions carefully, keep a daily report book and temperature chart, and do not trust to memory.

Miss C. Ryder mentions cleanliness as the chief thing which adds to anyone's comfort. The hair should be always tidy, the nails clean and cut neatly, and the teeth brushed after every meal. When changing the nightdress, to warm the fresh one is another little detail. The bed must be kept tidy and comfortable. If the case be abdominal, a pillow should be placed beneath the knees supported by tapes from the top of the bed; hot bottles must be refilled as often as required. A cosy dressing-gown, jacket, and shoes should always be to hand, and a bottle of eau de Cologne is nice to have. A few good flowers always make a room look bright. The water should be changed every day.

Miss A. M. Smith points out that often (especially at night) in chronic cases massage (subject to the doctor's approval) is soothing.

A hot-water bottle, a sponge bath, complete change of bedclothes, or even a hot drink given at the right moment are useful for restless cases.

Miss M. Bradshaw mentions that a nurse should be careful to regulate temperature and light. She should feel it a reproach if the patient has to ask for the light to be screened at night, or the blind to be drawn down by day. She should know if the room is too warm or not warm enough, if the patient wants more air or more heat. She should also avoid the use of scents, nor should she consume onions or other articles of food which scent the breath. For the same reason she should not indulge in cigarette smoking, nor should she wear creaking corsets or shoes.

QUESTION FOR NEXT WEEK.

What would you prepare for an intravenous infusion, and what precautions would you take if assisting in its administration?

THE NATIONAL COUNCIL OF NURSES OF GREAT BRITAIN AND IRELAND.

The Grand Council of the above Society will hold its Annual Meeting on Saturday, November 23rd, at the Offices, 431, Oxford St., London, W. Tea will be at 4 p.m., the meeting at 4.30.

A notice will be sent to each member; but those who have a right to be present are the Hon. Officers, the Presidents, and the accredited delegates from each of the sixteen affiliated Societies; so that, as all are busy women, it is well to reserve the 23rd inst. for this particular engagement.

There will be a very satisfactory report presented of the part taken by the Council at the Meeting and Congress of the International Council of Nurses at Cologne, for which help a special letter of thanks has been sent from Germany.

As one of the Vice-Presidents and two of the Directors retire annually, nominations to fill these vacancies may be sent to the Hon. Secretary, Miss B. Cutler, before the date of the meeting.

Owing to the lamented death of Mrs. Kildare Treacy, one of the three Vice-Presidents, a member of the Irish Nurses' Association should be elected, as England is represented by Miss E. M. Musson, of Birmingham, and Scotland by Mrs. Strong. The two Directors to retire in rotation this year are Miss H. L. Pearse and Miss L. Morgan (the former of whom has an *ex-officio* seat as President of the School Nurses' League).

THE NEW PRESIDENT.

It will gratify the members of National Councils affiliated to the International Council of Nurses to know that its new President, Miss A. W. Goodrich, R.N., appreciates both the honour and the responsibility of the position conferred upon her. Holding a position in the front rank of importance in the American Nursing World—that of Inspector of Nurse Training Schools under the Regents, Education Department, of the State of New York—Miss Goodrich brings to the service of the organized nurses of the world professional knowledge of the highest order, while all those who met her in Berlin in 1904 and London in 1909 know that she will exercise both dignity and charm in discharging the duties of her office. Moreover, Miss Goodrich seems ever to look beyond things as they are, and to see the vision of things as they should be; therefore her ideals are high and she has the power of raising those of others to a high level also. We may be proud as a Council to have secured a President of so fine a type, one who will safeguard its honours and advance the objects for which the members are associated.

Miss Goodrich and Miss Dock will soon discuss plans for the meeting in San Francisco in 1915, for they realize that three years is none too long in which to organize a Meeting and Congress which will carry on the traditions of the International Council.

Like Miss Nutting, Miss Goodrich is a great educationalist, and the report she presented at

Chicago, in June, at the Annual Conference of the American Nurses' Association, "A General Presentation of the Statutory Requirements of the Different States," was a model. In Miss Goodrich's opinion there appear to be four dis-



MISS ANNIE W. GOODRICH, R.N.,
PRESIDENT, INTERNATIONAL COUNCIL OF NURSES.

tinct lines of legal requirements for nurses—preliminary education, professional training, licensing tests, and registry. Those are the lines on which the profession of nursing can

alone make secure and stable progress all over the world.

Reviewing the inspiration which demands efficient nursing education, Miss Goodrich says: "That our educational system is defective none can dispute; . . . whatever her field, I think we must unanimously admit that the nurse is more entirely excluded from outside interests—social, civic, educational—than the members of almost any other profession, and we cannot but ask wherein lies her power, to what is due this ability to organize so forcefully, progressively, and harmoniously. The nature of our calling, developing as it does all the highest attributes in human nature, unquestionably plays the greatest part; but I am inclined to think that two very potent factors in this development have been certain features of our institutional preparation, features that we are at present striving to modify, if not abolish—the militarism, that splendid drilling in the subordination of self to the machine, and the over-demand in work and responsibility, which is so wonderful a developer of resourcefulness, executive ability, and indomitable courage."

Miss Goodrich is the ardent advocate of such modification; so are we all in theory, and yet, to be quite honest, we must own that we have not yet evolved a system of training which can compare results satisfactorily with that produced by the strict discipline of the past. The system which turned out from poorly educated material fine, forceful, devoted, and successful administrators. The women who lead the great reform movement for higher education, and legal status for the units of the profession, even to this day.

THE MATRONS' COUNCIL MEETING.

Members of the Matrons' Council will leave Euston on Saturday morning for Wigan by the 10 a.m. train, on which a carriage will be reserved and labelled for "Miss Mollett's Party." The return week-end fare is £1 1s. 7d., available for return to London by any train on Sunday. No doubt there will be a very merry party.

THE COOKERY EXHIBITION.

The 23rd Universal Cookery and Food Exhibition was opened on Tuesday, at the Royal Horticultural Hall, S.W., by the Duchess of Teck. The exhibits of principal interest to nurses, *i.e.*, the invalid trays (Section III., Class 38), are on view only from October 31st to November 2nd, but there are 45 entries in this class from nurses in London hospitals and infirmaries.

NURSING AND NATIONAL INSURANCE.

As the Insurance Act comes into practical force, it is more and more detested by the nursing profession as a whole, especially by trained nurses in private practice, and many have signed a Petition for exemption.

No class of worker has been more unfairly treated under this Act than trained nurses. Classed as domestic and not as professional workers, they are compelled to pay for a pittance towards treatment in sickness which has been generously given them, as associate workers, by the medical profession as a whole. Their relation with the medical profession has thus been rudely shaken. Moreover, as trained nurses have no legal status, they were denied just representation on the Advisory Committee by Parliament under the Act, and most unjustly discriminated against by the National Insurance Commissioners when the Advisory Committee was formed.

Every other class of worker compulsorily insured—male and female—together with every class of employer was given through its Unions and Societies direct representation. Trained Nurses were alone excluded. Why?

For the following reason, without a doubt:—

Because nursing was made a benefit under the Act, and the Commissioners were determined that nurses themselves should have no power to define the standard of the nursing given to the insured sick.

Already the disastrous result of no representation is evident.

County Nursing Associations, governed entirely by lay social influence, are claiming the monopoly of supplying nursing to the poor insured sick, and the standard of their workers we know to be totally inadequate to meet these needs justly.

The nursing profession, devoid of legal status through State Registration, realises bitterly its impotence in this question of national health. Every species of quack may be employed, and so long as they are cheap they will be employed by lay monopolists, lay Health Committees, and ignorant Friendly Societies.

Here is a question of great national importance, in which the dependent poor, compelled to insure, are at the mercy of those supplying inefficient nursing. Who is going to rise up and instruct them and make them claim what is their just due?

We have seen how manfully the registered medical profession have stood together, not only

to save their noble profession from depreciation and disaster, but to make it possible to give an efficient quality of treatment as medical benefit under the Act. Unjustly ignored as we are by a negligent legislature, our duty to the sick poor is still paramount. We have got to claim a standard of nursing for them under the Act which they are too ignorant to claim for themselves; and to prevent their exploitation by so-called Benefit Nursing Societies through ignorant, untrained and inefficient women who are a growing danger to the whole community.

It is high time a Public Meeting was called to protest against cheap and shoddy nursing being provided under the so-called National Health Act, especially as it is only provided for the poor.

NURSES' MISSIONARY LEAGUE.

At the third of the lectures on Hinduism, delivered at University Hall, Gordon Square, W.C., on October 22nd, Canon Weitbrecht dealt with some of the forces which have been influencing India in recent years. He spoke first of the spread of the rule of a Christian Power. This, he said, had made the various peoples of India regard themselves as one people; and, by means of increased facility for communication, equal justice for all, economic and commercial development, impartial toleration for all religions and care for material interests, had profoundly affected the whole life of the people, even in its small outward details. More especially had the spread of education influenced India, and the use of the English language in this education had had a wide-spread effect in welding together the mind of educated India. The second great force with which he dealt was the preaching of the Gospel, particularly through educational missions, and by systematic Christian philanthropy, such as famine relief, the care of orphans, and, above all, medical missions. In dealing with the effect of the preaching of the Gospel upon the higher classes in India, the speaker mentioned first the small body of converts won by Alexander Duff and others, whose descendants are now the backbone of the Christian Church. He then described two of the reform movements which are going on in Hindu circles—the first, the Brahma Samaj, which is favourable to Christianity; and the other, the Arya Samaj, which is bitterly opposed. In closing, the lecturer described the effects of the Gospel upon the uneducated masses, amongst whom the "mass movements" have recently won hundreds to the Christian faith.

THE POOR LAW INFIRMARY MATRONS' ASSOCIATION.

The First Annual Meeting of the Poor Law Infirmary Matrons' Association was held on October 26th at 7 p.m., at the Inns of Court Hotel, Lincoln's Inn Fields. Miss Stansfeld, Superintendent Lady Inspector, presided.

Miss Barton, Hon. Sec., in a short report, explained that the inaugural meeting of the Association had been held in July, 1907, at Chelsea Infirmary. The Association had grown so much in size and importance that it was felt advisable to reorganize its rules and regulations and place it on a self-governing basis. A ballot of the Association had been taken to elect the Hon. Officers and Committee. Miss Barton said that much work lay before the Association, as, beside other things, they had been informally asked to make suggestions as to the position of the Superintendent Nurse and also as to the proposed syllabus for the training of probationers brought forward in the north.

Miss Cockrell read a financial statement of the funds of the Association. Miss Stansfeld then announced the result of the ballot. It was as follows:—*President*, Miss Barton, Chelsea Infirmary; *Hon. Treasurer*, Miss Cockrell, Marylebone Infirmary; *Hon. Sec.*, Miss Todd, St. James's Infirmary, Balham; *Assistant Hon. Sec.*, Miss Alsop, Kensington Infirmary; *Committee*, Miss Elma Smith, Central London Sick Asylum, Hendon; Miss Hannaford, Poplar and Stepney Sick Asylum; Miss Griffith, Hackney Infirmary; Miss Dodds, Bethnal Green Infirmary; Miss Dowbiggin, New Edmonton Infirmary; Miss Mowatt, Whitechapel Infirmary; co-opted to represent Provincial members, Miss Smith, Chorlton Infirmary; Miss Masters, Leicester Infirmary.

Miss Stansfeld gave an interesting address, after which all repaired to the hall to welcome the guests for the first annual dinner.

FIRST ANNUAL DINNER.

Altogether 68 sat down. The guests of the Association were Sir A. Downes, Dr. Fuller, Miss Stansfeld, Miss H. Todd, Mrs. Andrews. Other guests included the Dowager Lady Loch, Lord and Lady Plunket, Miss Gibson (of Birmingham), Dr. and Mrs. Bond, Dr. and Mrs. Grimsdale, Dr. and Mrs. Dixon, &c.

Miss Barton (as President) presided. There were no speeches. The toast of "The King" was given, and a delightful selection of music was played during dinner.

After dinner Madame Maggie Inglis, Mr. Joseph Dodds, and Dr. Dixon sang.

APPOINTMENTS.

MATRON.

Sanatorium for Infectious Diseases, Huddersfield.—Miss A. Dutton has been appointed Matron. She was trained at the Hospital for Women, Liverpool, the Borough Sanatorium, St. Helen's, and the Royal Southern Hospital, Liverpool; and has held the position of Sister at the Huddersfield Sanatorium.

Cottage Hospital, Bridgend.—Miss Florence Warner has been appointed Matron. She was trained at the Prince of Wales' Hospital, Tottenham, where she has held the position of Sister in various wards. She has also held the position of Sister-Housekeeper at the Nurses' Co-operation, London, W.

El Hospital Ingles, Huélva, Spain.—Miss Agnes M. MacBean has been appointed Matron. She was trained at the East Dulwich Infirmary; and has held the positions of Staff-Nurse at the National Hospital, Queen Square, W.C., and at the Fulham Infirmary.

ASSISTANT MATRON.

Mental Hospital, Croydon.—Miss Mary F. Wallace has been appointed Assistant Matron. She was trained for four years at the Royal Devon and Exeter Hospital, and has done private nursing in London in connection with Netley House. She has also been Night Superintendent for one year and Assistant Matron for three and a quarter years at the Royal Berkshire Hospital, Reading, and Sister Housekeeper at Charing Cross Hospital for fifteen months.

NURSE MATRON.

The Cottage Hospital, Great Torrington.—Miss A. Evelyn Rhodes has been appointed Nurse-Matron. She was trained at the Royal Infirmary, Gloucester; and for six years was on the staff of the Brook Hospital, Shooter's Hill, S.E., under the Metropolitan Asylums Board; and for eight months on that of the Kensington Infirmary. She has also done holiday duty at the Cottage Hospitals at Lynton and Great Torrington.

Kingsbridge and District Cottage Hospital, Kingsbridge, Devon.—Miss E. M. Norton has been appointed Nurse-Matron. She was trained at the Great Northern Central Hospital, the Heart Hospital, Soho Square, and Queen Charlotte's Hospital, London, and has been Matron of the Chalfont Cottage Hospital, Buckinghamshire.

NIGHT SISTER.

Royal Hospital for Sick Children, Edinburgh.—Miss Mary H. Kemp has been appointed Night Superintendent. She was trained for three years at the Royal Hospital for Sick Children, Glasgow, and for a similar period at the Royal Infirmary, Dundee, and has held the position of Ward Sister at the Children's Hospital, Glasgow, the General Hospital, Nottingham, and the Royal Infirmary, Dundee, and in the last institution she has been

alternately Home Sister and Night Superintendent for the last two years.

Cameron Hospital, West Hartlepool.—Miss M. W. Bannister has been appointed Night Sister. She was trained at Sheffield Royal Infirmary, and has been Sister at the County Hospital, Lincoln. She holds the C.M.B. certificate.

OUT-PATIENT SISTER.

Royal Hospital for Diseases of the Chest, City Road, E.C.—Miss Theresa M. Hayes has been appointed Out-Patient Sister. She was trained at St. Bartholomew's Hospital, and subsequently worked on its private nursing staff. She has also acted as Night Superintendent at St. Bartholomew's Hospital and the Royal Free Hospital, and has had surgical work at a private clinique in Paris, and for ten weeks last year did the Assistant-Matron's duties at St. Bartholomew's Hospital. During the present year Miss Hayes has made herself familiar with the working of Dr. Philip's Tuberculosis Dispensary in Edinburgh.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

Transfers and Appointments.—Miss Annie Aldridge is appointed to Mytholmroyd; Miss Isabel Lever to Leicester; Miss Elsie Noel to Liverpool (Williamson Home) as School Nurse; Miss Kate Robinson to Ancaster; Miss Matilda Sarsent to Lancaster; Miss Catherine White to Handsworth.

LONDON COUNTY COUNCIL.

The Establishment Committee of the London County Council recommended at Tuesday's meeting that the title of Miss H. L. Pearce, Superintendent of Nurses, should, in future, be Superintendent of School Nurses; and that Miss E. Parkman and Miss A. G. Layton should be designated Assistant Superintendents of School Nurses.

The experiment begun in May last of employing four school nurses in the Public Health Department, on the night inspection, on one night a week, of common lodging houses occupied by women, has proved so very satisfactory that the Public Health Committee are of opinion that it is most desirable that the inspections should be continued for a further period of six months, when it is anticipated that the experience gained by working the scheme will be sufficient to enable them to form an accurate judgment as to its utility. This opinion is endorsed by the Establishment Committee, and a recommendation, in this sense, was made to the Council.

IRISH NURSES' ASSOCIATION.

The following lectures have been arranged by the Irish Nurses Association, to be delivered at 31, St. Stephen's Green, Dublin, at 7.30 p.m. :—*November 6th*, "Massage in Nervous Diseases," Dr. Moorhead; *November 20th*, "The Health of the Child," Dr. McVittie (illustrated by lantern slides); *December 4th*, "Flies and Disease" (illustrated by lantern slides), Dr. McDowel Cosgrave; *December 17th*, "Poor Law from the Twentieth Century Standpoint," Mrs. Dickie.

NURSING ECHOES

The feeding-cups which are being sent out to Turkey, Greece, and the Balkan States for the use of the sick and wounded of the various armies are being presented by Messrs. Goode & Co., of South Audley Street, W., the pattern having been selected by Her Majesty the Queen. The feeders are of the ordinary shape, with curved spouts, and handles at the sides, and on the top of each is a scroll inscribed in black lettering with the name of the Army for which they are designated — Greek Army, Turkish Army, &c. Below the scroll is a medallion, bearing, in the case of Greece and the various Balkan States, the Red Cross, and for the Turkish Army the Red Crescent, with the date 1912 below. We hope that some other kind donor will present the brushes with which to clean the spouts, for feeder spouts, if not kept thoroughly clean, may become very foul, and a source of infection from patient to patient.

The accompanying snapshots, taken during the International Nursing Congress Week at Cologne by Miss Tait McKay, and Miss Downing,



MISS LYDIA SINISALO, OF FINLAND.

are both of great interest. The one shows a religious Deaconess, and Sister Maria Koellner, R.N., of Dresden, a member of the German Nurses' Association, engaged in conversation, typical of the good fellowship which was apparent throughout the week between the religious Orders, as typified by the Kaiserswerth Deaconesses and the modern Free Sisters. Developed along different lines, each believing that they can best serve the community in the way they have adopted, they have a strong bond of union in their common devotion to the sick and their desire to fit themselves for service as perfectly as possible.

The other picture is that of Miss Lydia Sinisalo, a Finnish probationer, with a Danish nurse in the background. Miss Sinisalo is wearing the undergraduate's cap of the University of Helsingfors, at which she has matriculated, and which she has the right to wear as evidence that she has attained a certain standard of education.

Miss Sinisalo was not a delegate from the Finnish National Council of Nurses, for the ukase went forth that if the Finnish nurses attended the Congress as delegates it must be



SISTER MARIA KOELLNER, R.N., A GERMAN DEACONESS.

as Russians, not Finns; and they therefore elected to attend as individuals. Even so, it was quite apparent that agents of the Russian secret police were closely watching their movements, as they were ordered by the police in the streets of Cologne to remove their armlets on which "Finland" was inscribed.

An interesting petition (says the *Standard*) has just been submitted to the Berlin Council from fifteen women's societies of that city, requesting that salaried women nurses shall in future be appointed to the public schools. The petition points out that although much has been done to improve the physique and health of school children through medical inspection and the distribution of free meals, the home life of the children has not been touched. By appointing school nurses to visit the children in their own homes, giving special attention to those whose names are on the medical or free meal lists, the Council could be sure that the doctors' orders were being correctly carried out, while the nurses could report on the home conditions, and, where necessary, give advice to the mothers on the care of the children.

Miss Polly Peele gives a delightful account in a Canadian contemporary of a Forest School for the delicate children of Toronto. She tells how a private street car starts at a quarter to eight from a certain street with half a dozen or more children—delicate, ill-nourished, or anæmic little boys and girls—who watch eagerly for the corners where other little groups wait, all wearing bright red badges, which act as an "Open Sesame" to Fairyland. For the car which picks them up carries them away to the old Victoria Park, wherein is situated the "Forest School"; and is not the Forest School only another name for a whole summerful of daylong picnics?

The children sit at long tables in an open space among tall trees, whose shadows on the grass are fringed with golden sunlight; the teacher at a little table, and behind her, from tree to tree stretches a blackboard, upon which she draws fascinating things with coloured chalks. School hours last only $1\frac{1}{4}$ hour in the morning, and $\frac{3}{4}$ hour in the afternoon, but the children learn very quickly out of doors. Playing, sleeping, ablutions, and tooth-brushing all take place out of doors, under the superintendence of Miss Hatch, the capable nurse.

From first to last the Bush Nursing question has aroused controversy in Australasia, and

the nursing profession have been very determined not to permit any system analogous to that in force in rural districts in England. The cabled news brought to the notice of the Premier at Melbourne that Dr. J. W. Barnett, of Melbourne, has been engaging nurses in England for Bush work in Victoria, has elicited the expression of opinion that English nurses could know nothing of Bush life in Australia, and that those born in the country are better qualified for the work, and that when more information was received steps would be taken to stop Dr. Barnett from proceeding further in the matter, or at least the Government would signify its disapproval.

With reference to the protest evoked from Australian nurses on Dr. Barnett's action, Dr. Edith Barrett, Secretary of the Victorian Bush Nursing Association, says the difficulty of obtaining nurses for service in the Bush is becoming so serious as to menace the progress of the Association's work. For several months the management has been unable to fill posts in new districts, in spite of advertisements in the daily newspapers and nursing journals, and the assistance of the Royal Victorian Trained Nurses' Association. In the circumstances Dr. Edith Barrett considers that she is justified in trying to obtain English trained nurses when Australians are not available.

The salary offered to the Bush nurse is £135 per annum, with transport and equipment provided. If nurses are not obtained from elsewhere, Dr. Edith Barrett states, some of the districts must do without them, and that is not desirable when there are highly-trained nurses in England and Canada willing to do the work. Should anything interfere to prevent these nurses from coming it will be a blow to Bush nursing, a movement which is the best attempt yet made to mitigate the hardships of life in the country.

GERMAN RED CROSS EXPEDITIONS.

Three expeditions, organized by the German Red Cross Society, have left Berlin for the seat of war. Two doctors, four dressers, and two nurses go to Constantinople; two doctors, two dressers, and eight nurses to Greece; and two doctors, two dressers, and four nurses to Bulgaria. Each party will be equipped with all the requisites of an operating-room.

Professor Bier, for many years body physician to the ex-Sultan Abdul Hamid, has been summoned to Turkey to take over the direction of the Red Crescent organization in the field.

EXAMINATIONS AND PRIZES, ST. BARTHOLOMEW'S HOSPITAL, E.C.

The following nurses have successfully passed their Final Examination and been awarded certificates after a term of three years' training at St. Bartholomew's Hospital, E.C. Miss Helen Thompson Baines gained the Gold Medal.

CANDIDATES.

- | | |
|--------------------|------------------------|
| 1. Baines, H. T. | 15. Scott, M. |
| 2. Faulder, C. J. | 16. Jarvis, S. |
| 3. Gibson, H. D. | 17. Northwood, F. |
| 4. Eager, F. | 18. Hirsch, B. |
| 5. Cryer, E. | 19. Jones, A. M. |
| 6. Ironside, M. | 20. Edwards, I. Lloyd. |
| 7. Tice, N. | 21. Atkins, M. H. |
| 8. Nicholson, F. | 22. Spiers, B. |
| 9. Cole, A. F. | 23. Dutton, J. S. |
| 10. Cole, D. | 24. Prior, M. T. |
| 11. Smith, E. A. | 25. Jones, M. A. |
| 12. Fryer, H. | 26. Dey, H. |
| 13. Mudie, D. | 27. Harrison, F. M. |
| 14. Pilling, G. H. | 28. Lewis, R. |
| 15. Perkins, G. M. | |

PRIMARY EXAMINATION.

Thirty-eight probationers passed the Primary Examination after one year's training. Miss A. M. Kendal, who passed first, was awarded the Clothworkers' Prize.

THE CHILDREN'S HOSPITAL, BRISTOL.

Miss Rosa Pease presented the prizes and certificates to the successful nurses at the Children's Hospital, Bristol, at the annual distribution, on the 23rd inst.

The list of the following awards was read by Miss Mattick, the matron:—Nurse Burrough, first prize, presented by the president; Nurse Ware, second prize, presented by Mr. William Garnett. Certificate of merit, Nurse Davis. Prizes awarded for surgery and anatomy.—Second year nurses: First prize, Nurse Burrough; second prize, Nurse Ware, presented by Miss Phillips; certificates: Nurse Davis, Nurse Sully, Nurse Trim, Nurse Davey. First year nurses: First prize, Nurse Clarke, presented by Mrs. Melville Wills; second prize, Nurse Blandford; certificates: Nurse Fox, Nurse Brend, Nurse Taylor, Nurse Avery, Nurse Edmunds, Nurse Nield. Prizes awarded for medicine and physiology.—Second year nurses: First prize, Nurse Davis; second prize, Nurse Ware, presented by Miss Phillips, and Nurse Burrough, presented by the matron; certificates, Nurse Trim, Nurse Davey, Nurse Sully. First year nurses: First prize, Nurse Clark, presented by Mrs. Melville Wills; second prize, Nurse Brend, certificates: Nurse Nield, Nurse Edmunds, Nurse Fox, Nurse Blandford, Nurse Avery, Nurse Taylor.

JOHN BOND'S MARKING INK.—No one knows better than nurses the value of a good marking ink, the annoyance of a bad one. Those who use John Bond's "Crystal Palace" variety say that it is a most satisfactory and reliable ink, and that they would never be without it.

REFLECTIONS

FROM A BOARD ROOM MIRROR.

At the meeting at the Mansion House in support of a memorial to Lord Lister, Lord Haldane paid a tribute to his services to humanity. A scheme to put up a medallion in Westminster Abbey, to erect a monument in a public place in London, and to found an International Lister Memorial Fund for the advancement of surgery was adopted.

Sir Ernest Hatch, the treasurer of the University College Hospital, has received a contribution of 100 guineas from a visitor, as a mark of appreciation of the care and attention accorded to the patients in the hospital.

The late Miss Louisa Twining has bequeathed £500 to the Metropolitan and National Association for Providing Trained Nurses for the Sick Poor; and £500 to the Kensington District Nursing Association.

The Duchess of Argyll will on Friday, November 15th, open the new wing of the Miller General Hospital at Greenwich. The extension gives accommodation for 51 more patients. It also includes a complete operating theatre unit on the top floor, and a new X-ray department in the basement. The existing kitchen and the nurses' dining-room have been enlarged, and other much-needed improvements carried out. The new building is costing, with equipment, about £23,000, and of this sum a further £7,000 is required. The trustees of the Zunz Bequest have, however, promised a generous donation of £3,000 when the remainder has been collected.

The new wing of the Bury and West Suffolk General Hospital, built with the funds provided by a legacy from the late Mr. Riley Smith, whose name it bears, and which was opened last week, provides every nurse in the institution with a separate room light and airy, and comfortably furnished, at the expense of Mrs. Riley Smith. The Matron (Miss Brown), and the nursing staff, are delighted with these new quarters, which were opened last week, the Chairman of the Board of Governors (Rev. J. S. Holden), and others, being present. The mortuary, the mortuary view room, and post-mortem room, have also been restored by the kindness of Lady Naesmyth and other friends of the hospital.

LECTURES ON BABIES.

A course of lectures on Babies will be delivered at the Infants Hospital, Vincent Square, Westminster, by Dr. Ralph Vincent, at 3.30 p.m. on the following Tuesdays:—November 5th, Human Milk; November 12th, Substitute Feeding; November 19th, The Chemistry of Milk; November 26th, The Bacteriology of Milk; December 3rd, The Effect of Boiled Milk on the Infant and Child; December 10th, Intestinal Toxæmia. Fee for the course, 5s.

WHAT NURSES SHOULD KNOW.

THE SURGICAL MANUFACTURING CO.

The Surgical Manufacturing Co., which under the management of Mr. J. Edwards is now doing business at 85, Mortimer Street, London, W. (two doors from Great Portland Street), is most centrally situated for private nurses, who are likely to find the advantages offered a great convenience.

The firm make a speciality of sterilized dressings in sealed tin drums, ready for surgical operations, at moderate prices, which can be obtained at any hour of the day and night. The sterilization is carried out under the personal supervision of an experienced nurse. Dressings to meet the requirements of almost any operation, as well as huck-a-back towels, surgeon's overalls and veils can be supplied out of stock. But if required, special drums of dressings can be prepared and sterilized



THE PARAGON BED-TABLE.

at sixty minutes' notice. Three of the sets are especially designed to meet the requirements of an accouchement case.

Operation outfits are supplied at a cost of 21s., including collection and delivery within four miles. No. 1 set includes a portable operating table, instrument table, sterilizer for instruments with lamp, trays, bowls, graduated jug, and No. 4 drum of sterilized dressings, overall and towels. It is an immense convenience, when an operation has to be performed at short notice, for the nurse to be able to take this comprehensive outfit.

The firm also make a feature of supplying invalid furniture, and water beds and cushions on hire, and in the event of the patient desiring later to keep them, the price charged for hire goes towards the cost of purchase.

A very convenient bed and library table, which can be put to a variety of uses is the "Paragon," constructed of weldless steel tubing and walnut finished wood. The cost, without side table, is only 22s. 6d., and it can be packed flat in a specially prepared case for export. The "Paragon" secured the only medal awarded to such a table at the Turin Exhibition.

At the present time the firm will send to nurses a most useful case book, post free, on application.

THE SETSNUG SANITARY BELT.

It would be difficult to commend too highly the simplicity and utility of the Setsnug sanitary belt for ladies manufactured only by Messrs. Burnet & Temple, Ltd., 4, Fitchett's Court, London, E.C., and obtainable through all drapers and chemists. We believe that nurses and others have only to see it to appreciate its advantages, and that the more widely it is known the more widely it will be used. It is made of soft surgical webbing, 2½ inches wide, so shaped that it fits comfortably over the hips. Attached to the belt at right angles, back and front, are two short tabs provided with strong safety pins, by means of which any sanitary towel can be readily attached. The price of the belt, which is porous and washable, is 1s., but those nurses who take advantage of the offer on page iv of our advertisement column can obtain one free. The belt is made in three sizes, small, medium, and large, and the size required should be mentioned.

NURSING NEWS FROM AMERICA.

REPORT OF COMMITTEE ON NURSING EXHIBIT.

In response to a request from the General Committee of the International Congress on Hygiene and Demography for suggestions regarding plans whereby nurses in America might participate in the Congress to be held in Washington, September, 1912, Miss Nutting and M. S. Wald offered two suggestions. First, that a paper on the relationship of nurses to the public health movement in America be read before a general session of the Congress; second, that an exhibit be prepared, showing graphically the relationship of nurses in various movements included in the term "public service nursing."

As the result of the second recommendation, a Committee on Nursing Exhibit was organised, which met in Chicago, June 6th, 1912, in session with the Council of the American Nurses' Association. After discussion it was decided not to prepare and send an exhibit to the International Congress on Hygiene and Demography because of the cost, lack of time to raise additional funds and to assemble desirable material for such an exhibit.

After further discussion it was decided to retain the Committee, with additional members, as a permanent committee, authorised by the Council of the American Nurses' Association to prepare a permanent national exhibit to be available for use throughout the country by state nursing associations and others desirous of doing propaganda work in the field of public health nursing. The hope was also expressed that permission might be secured from the directors of the Panama

Exhibition, to be held in San Francisco in 1915, to display this exhibit there, and the Committee was directed to have the exhibit ready for that date.

The Committee as finally organised is most representative. Miss Jane Delano was appointed Chairman, and Miss F. Elisabeth Crowell, Secretary of the Committee.

Owing to the size of the Committee and the difficulty of getting any considerable number of the members together at any one time, it was suggested that a meeting be held in Cleveland of such members as were present in the city for the purpose of attending the National Conference of Charities and Correction. Accordingly, on June 14th the following members met at the office of the Nurses' Association in Cleveland:—Miss Beard, Miss Crandall, Miss Crowell, Miss Delano, Miss Johnson, and Miss Samuel.

After considerable discussion it was decided to apportion the work of preparing material for the permanent exhibit amongst a number of sub-committees, the chairmen of which should be members of the General Committee, with power to appoint the members of their particular sub-committee. It was decided to classify the exhibit material according to topic rather than location. The following sub-committees were appointed, with power to add to their membership:—

- I. Preliminary and Undergraduate Education, Miss Goodrich, Chairman.
- II. Post-Graduate Education, Miss Nutting.
- III. Registration, Miss Giles.
 1. Nurse Practice Act.
 2. Campaign Methods.
- IV. Organisation, Miss Dock.
 1. Alumni.
 2. State Associations.
 3. International.
- V. Literature, Miss Palmer.
- VI. Private Nursing, Miss Le Lacheur.
- VII. Public Health Nursing, Miss Wald.
 1. Visiting Nursing, Miss Johnson.
 - (a) Urban.
 - (b) Rural, Miss Harriet Butler.
 2. Tuberculosis, Miss La Motte.
 3. School Nursing, Mrs. Hickey.
 4. Infant Hygiene, Miss Leet.
 5. Hospital and Dispensary Service, Miss Cannon.
 6. Welfare Nursing, Dr. Lucy A. Bannister.
 7. Inspection, Mrs. J. von Wagner.
 8. Statistics, Miss Crandall.
- VIII. Red Cross Nursing Service, Miss Delano.

IX. United States Nursing Service, Miss Delano.

1. Indian Service.
2. Alaska Service.
3. Philippine Service.
4. Hawaiian Service.
5. Porto Rico Service.
6. Panama Service.

X. Army and Navy, Miss McIsaac.

XI. Missionary, Miss De Witt.

In order to facilitate the work of the Committee, it was decided to appoint an Executive Committee of seven from the membership of the General Committee as follows:—Miss Crandall, Miss Crowell, Miss Delano, Miss Gardner, Miss Goodrich, Miss Wheeler, and Miss Wilkinson. It was further decided to request Miss Wald to serve as Chairman of the Finance Committee.

The Secretary was instructed to notify the members of the original Committee of the decision to continue the Committee as a permanent organisation, also to notify the new members of their appointment to serve on the General Committee.

The Secretary was further instructed to notify the chairmen of the various sub-committees of their appointments with a request that they submit to the Executive Committee a brief outline of the plan and scope of an exhibit on the particular subject assigned to them.

Respectfully submitted,
F. ELISABETH CROWELL,
Secretary.

It will give general pleasure that Miss L. L. Dock has consented to accept the chairmanship of the Sub-Committee on Organisation, including Alumni and State Organisations, and representation of the International Council of Nurses.

OUR BABIES.

A preparation which for eighty years has held its own as a food for infants of 6 months and over is Dr. Ridge's Patent Cooked Food which, prepared from a formula written by Dr. Ridge after carefully analysing the milk of a healthy mother, has won for itself so high a place in public esteem that the same ingredients are still used in the preparation of this food. It has thus stood the test of nearly a century. It can be obtained from chemists throughout the world, or from Ridge's Royal Food Mills, London, N.

Ridge's Dessicated Milk is a new preparation, an analysis of which shows it to contain fat 26.88, protid 22.12, sugar 42.46, ash and moisture 8.54. It will be seen that there is no starch whatever in this preparation, which is thoroughly pasteurised, thus providing a valuable substitute food for delicate infants of any age.

Ridge's Dessicated Milk has been introduced for those who require a Starch Free Milk Food, it is perfectly soluble in hot or cold water, and the price is 1s. 6d per tin.

OUTSIDE THE GATES.

WOMEN.

"The Girlhood of Queen Victoria," based on the journal kept by her in her teens during her youth at Kensington Palace, will be published this month, and will be eagerly read.

One of the most significant and hopeful features of the Woman Suffrage movement is that men are organising not only nationally but internationally, to obtain this reform, and that distinguished delegates from European countries, the United States, and Japan should have attended the Congress organised by the Men's International Alliance for Woman's Suffrage, opened in London last week.

Sir John Cockburn, who presided, and who spoke from personal experience in Australia, said that when the influence of woman found its full expression in the management of affairs of the world would be a happier and better place. We were witnessing the end of the patriarchal age in which men claimed the sole qualification for the management of affairs. True, there were still emphatic supporters of the doctrine, but their voice was a dying one.

Mr. J. du Breuil de St. Germain told the Congress that the Municipal Council of Paris and other local authorities had voted in favour of Woman Suffrage, and the movement had much support amongst Deputies, and Dr. A. Munch-Petersen, of Denmark, said that they had the best reason to expect the immediate grant of the vote to women in Denmark, as the Danish Government had introduced a Bill with this object, and no party in the State dared oppose it.

A memorial has been sent to the Prime Minister from the Women's Local Government Society, of which Lady Strachey is president, urging that advantage should be taken of the opportunity afforded by the Franchise Bill to place the local government franchise for women on a just and uniform basis throughout the whole country. The memorialists point out that the Bill will supersede all existing local government franchises and will set up simpler machinery, but that unless amended it will perpetuate in England and Wales a sex disability for women owners and women lodgers, and will create a disability for married women in England and Wales outside London.

The number of women candidates who have been nominated for the municipal elections in London this week is not so large as in some previous years. "Too busy working for suffrage" we are told by the best type of women.

The "Pass the Bill" Committee of the Criminal Law Amendment (White Slave Traffic) Bill is organising a great united demonstration in the London Opera House, Kingsway, in support of

the Bill on the evening of Tuesday, November 12th. Many important societies are uniting in giving further publicity to the strong determination already expressed that the Bill shall be passed without the weakening amendments made in Grand Committee, as it is believed that the Bill, in its original form, is the smallest measure which can deal effectually with the trade, which is a disgrace to humanity and on the increase, with organisations in all countries, but whose clearing-house is said to be London. Lady Bunting is hon. treasurer, and Mrs. Percy Bigland hon. secretary of the committee. Particulars of the meeting can be obtained from the secretary, "Pass the Bill Committee" 19, Tothill Street, Westminster, S.W.

Dr. Florence Willey and Dr. Barbara Tchaykovsky draw attention to the work of the Women's League of Service, which has been founded to unite women in a common bond, to further the interests of motherhood, and to improve the conditions under which children are brought into the world, and under which they exist during the first few months of their lives. They state that eminent authorities are agreed that loss of nutrition during the prenatal period and the first nine months of life can never be wholly made up. The work of the League is threefold: (a) To feed ill-nourished mothers; (b) to befriend and instruct the ignorant; and (c) to train social workers. Further information can be obtained from the Secretary, 31A, Mortimer Street, W.

COMING EVENTS.

November 2nd.—Matrons' Council of Great Britain and Ireland. Quarterly Meeting, Royal Albert Edward Infirmary, Wigan. 3.30 p.m. Tea. Open Meeting, 5 p.m. Discussion: "The Bill for the State Registration of Nurses."

November 2nd.—Sale of Work in aid of the Nurses' Missionary League, Sloane Gardens House, 52, Lower Sloane Street, S.W. 10 a.m. to 6 p.m.

November 6th and 13th.—Nurses' Missionary League. The Autumn programme. Lectures on Hinduism and Islam, University Hall, W.C., by Canon Weitbrecht. Lecture on Nov. 6th at 10.30 a.m.

November 6th.—Irish Nurses Association. Lecture on "Massage in Nervous Diseases," Dr. Moorhead, 34, St. Stephen's Green, Dublin. 7.30 p.m.

November 7th.—Subscription Ball at the Mansion House in aid of the British Red Cross Balkan Fund.

November 14th.—General Meeting, League of St. John's House Nurses, 12, Queen Square, W.C. 3 p.m.

WORD FOR THE WEEK.

"A grain of glorie mixt with humbleness,
Cures both a fever, and lethargicknesse."

—George Herbert.

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.

STAFFORDSHIRE COUNTY NURSING ASSOCIATION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—My attention has been called to a paragraph in your number of the 12th inst. headed "Passing Rich on £50 a Year," in which you state that the work of our village-trained Staffordshire nurses comes under the designation of sweated labour.

Allow me to state some considerations why this term of opprobrium is undeserved by either the Stafford County Council, or by my association, and also why it is eminently desirable to increase the number of village nurses.

In the first place, it is an incorrect and unfair way of putting it to write that "when trained the midwife will receive a salary of 16s. per week." The fact really is that in consideration of our giving a pupil a year's training—which, as you correctly say, costs us £50—we guarantee that she shall, during the three years for which she is bound to serve us, receive a salary of *not less than 16s. a week* during the first year, and not less than 18s. a week during the second and third years. At the end of the three years she makes her own terms, which are usually £1 1s. a week, and if she remains for a further year she gets a bonus of £5 in addition.

Moreover, if she is capable and diligent, and has the good fortune to serve a local association where there is a lady bountiful (and there are many such) she often gets more than the 16s. or 18s. during her three years of service.

It surely is not unfair that the nurse should, to some extent, repay the cost of her training by a lower wage.

In this county 10s. a week will cover her board and lodging, so that a girl of fair education and good conduct and character who gets her C.M.B. certificate and six months' general training free, gratis and for nothing, begins her profession with some £15 or £16, rising to £28 for her clothes and personal pleasures.

I should like to see larger salaries paid; but compare this condition with that which obtains with a bank clerk, or a lad in a shop or in an office, whose education has cost far more, and you will see that Staffordshire girls are by no means "sweated" or hardly used.

In the second place, these village nurses are some of the most useful persons in the community, and it would be nothing short of a crime to stop the creation of them. In how many labourer's homes, both in the rural districts and in the bad conditions which exist in our Black Country, do

these women bring sweetness and light, and relief from suffering, help to teach the ignorant and carry with them cleanliness, order and comfort?

Is not this a better profession for a girl than to go into a mill or a manufactory or a shop?

I am tempted to suggest that the writer of the par in question has had no practical experience, but, like so many journalists, seeks to teach the public from some impossible peak in Dreamland.

No doubt everybody ought to have £100 per annum, payable quarterly in advance, but, failing that Utopia, why not encourage us to do the best we can with the resources at our disposal, rather than sneer at our efforts?

I am, Madam,

Your obedient servant,

H. R. BRUXNER, Hon. Sec.

Chasleley House, Rugeley.

[As there are many points in this letter to which we wish to refer, and for which we have no space this week, we propose to deal with it in our next issue. In the meantime, Mr. H. R. Bruxner may rest assured that as this is a professional journal, only professional nurses speak editorially in its columns. As justice to the insured sick is the crux of the question to which this letter refers, we hope our readers will express an opinion on it.—ED.]

CAUSE AND EFFECT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The interest aroused by your editorial of the 5th ult. shows how quickly people are stirred when their personal interests are touched, as against a matter of mere principle. For twenty-five years you and a few others have been preaching in season and out of season, by word and pen, the absolute necessity of State Registration if trained nurses are to be protected and a minimum standard of training instituted and maintained.

Save for a far-seeing minority, the rank and file of trained nurses have been either indifferent or lethargic. Their attitude can be summed up in the following dialogue: I had been talking State Registration to a group of nurses, and a young nurse said, "Do you really believe we shall ever get it?" "Yes," I replied. "Then there is no need for me to trouble about it," was the response. Her own responsibility and duty to her profession did not occur to her.

Many of those who believe that State Registration is the right basis for their profession will not exert themselves, will sacrifice nothing to get it. It will come, why trouble? Now they can see the effects of their indifference. The Chairman of the London Hospital has always been opposed both to a three years' training in the wards, and State Registration, and is on the Nursing Committee of the Q.A.I.M.N.S., in which we find that three best paid posts are given to London Hospital nurses, who hold only a two years' certificate of training. They may or may not have had further

service in the hospital, but service is not the equivalent of a third year of *training*.

If every nurse who believes in State Registration had really worked for it and explained its objects, I cannot but think there would have been such an universal demand, not only from trained nurses, but also from the general public (whom it will benefit even more than nurses), that long before this State Registration would have been an accomplished fact. It is the personal interest, propaganda, and contributions which tell.

Now that the results of past indifference can be shown to affect the advancement and pockets of the rank and file, let us hope there will be a great awakening to the benefits which accrue to the whole profession when *each works for all*, so that every believer in State Registration will become a *worker* for it, willing to sacrifice herself, time, and money for that which, whilst helping the profession, may not appear to directly benefit herself, and that every nurse will begin to realise that everything she does, good or bad, all her enthusiasms and indifferences, affect more or less the whole body, and that nothing can be done for the whole profession without affecting each individual. It is the pull *altogether* which gets work of any kind *done*.

This winter strenuous efforts are to be made to obtain State Registration; it rests with each individual to make these efforts a success. Apart from any particular united effort, let each one first acquaint herself with the reasons for State Registration; secondly, talk State Registration on every suitable opportunity; thirdly, persuade *men as voters* to write to their Members of Parliament asking their interest and support for the Bill, and influence to have it made a Government measure; fourthly, persuade their nurse friends to join the Society for State Registration of Nurses, to subscribe to its funds, and to take THE BRITISH JOURNAL OF NURSING, which is its official organ, and so keep in touch with the progress of the movement; fifthly, persuade their unprofessional friends to contribute to the funds, if only 6d. or 1s.—every little helps. If every nurse would do this we should soon gain our legal status, and nurses would speedily begin to feel the benefits of working for the good of the profession as a whole instead of for themselves alone. "Two are better than one. A threefold cord is not quickly broken."

Apologising for the length of my letter, and hoping it may touch the hearts and energies of some,

I remain, dear Madam,
Yours faithfully,
MARY BURR.

Villa Valaisanne, Montreux.

NURSING INSPECTORS NEEDED.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The President of the Local Government Board did very well when he

appointed trained Nursing Inspectors, but at present they are a drop in the ocean, many more are required. I have worked in a country work-house infirmary, and the terrible ignorance of some of the young women selected as nurses could not be believed unless one worked with them. It was work I was obliged to give up. Imagine the following condition of affairs:—Sixty beds, one nurse sole charge, with nearly all beds requiring to be made. This is her staff: one certified lunatic, one lame and deformed, one chronic invalid, one imbecile from an asylum, and two suffering from fits, one under observation for lunacy, and a very old woman. Is this not cruelly wrong for the patients and nurses also? Ichabod indeed!

Yours truly,

SORRY FOR THE POOR.

REPLIES TO CORRESPONDENTS.

C. F. T., Liverpool.—We fear there is no escape. The Insurance Commissioners are advised that a trained nurse working on her own account is ordinarily employed under contract of service. Insurance contributions are, therefore, payable in respect of her so long as she is employed at a rate of remuneration (inclusive of the value of board and lodging) not exceeding £160 a year. The person by whom, or on whose behalf, she is engaged is to be regarded as the employer. Many private nurses intend to stamp their cards rather than ask patients to do so for them.

A Queen's Nurse, Carlisle. must send name and address, as no anonymous information can be inserted.

OUR PRIZE COMPETITIONS.

November 9th.—What would you prepare for an intravenous infusion, and what precautions would you take if assisting in its administration?

November 16th.—State successful methods of treatment for constipation?

November 23rd.—How should a nurse care for her hands so that they are kept in the best condition for use in the sick room?

November 30th.—What form of infection is likely to follow the retention of a piece of the placenta after delivery, and what are its characteristics?

OUR CHRISTMAS COMPETITION.

TOYS FOR TINIES.

Four Five Shilling Prizes will be awarded in December for the best toys made at the cost of not more than 6d. The toys must be sent to the Editorial Office, 20, Upper Wimpole Street, London, W., by December 14th, with the coupon which will appear in the issue of December 7th. All the toys will be distributed to poor children under the age of five years of age, so they should be made to meet the tastes of tinies.

The Midwife.

THE BABY CLINIC.

The sufferings of little children and their alleviation—this really was the theme of Dr. Anne L. Kann's address on "The Work of the Baby Clinic" at a drawing room meeting held at 25, Cavendish Square, W., on Friday, October 25th, on the invitation of Lady Horsley. As most of our readers know, the Baby Clinic, located at 12, Telford Road, North Kensington, is the memorial of the Women's Labour League to two noble women, the late Mrs. Ramsay Macdonald and Mrs. Middleton, whose hearts were full of sympathy for these suffering little ones, and to whom it forms a peculiarly appropriate memorial.

The Baby Clinic is in no sense a crèche, but is designed to afford an opportunity for medical advice for the ailments, serious and trivial (but which may become serious if not treated in time), to which babyhood is subject. To effect this end, the Clinic is located in a poor neighbourhood, a mile and a half from the nearest hospital, and Dr. Kann and Dr. Ethel Bentham attend on regular days. A mother therefore knows when to find the doctor who has seen and treated her baby before, and thus understands its constitution in a way which is impossible when the child is taken to a different hospital—or, if to the same hospital, is almost certainly seen by a different doctor—on each occasion.

It is pathetic to learn that the ailments of the babies—for the Clinic is essentially for babies from a few days up to five years of age—are nearly all the diseases of malnutrition; that the need of most of the children is more and better food. Rickets is very prevalent, teeth very defective, enlarged tonsils and adenoids frequent, and the usual eye and ear troubles, and the skin eruptions so frequent amongst ill-nourished children are common.

It is a pitiful record, and the record of North Kensington is without doubt repeated in that of other Metropolitan Boroughs and provincial towns. But in North Kensington at least, at the Clinic, skilled medical aid is freely at the disposal of suffering babyhood, and the nurse in charge gives daily care to these suffering mites, who need the most careful observation, because they are so tiny that they cannot make their troubles known, and the food-medicines, such as cod liver oil and malt, administered by her accelerate the recoveries of the little ones in a way which is impossible in connection with the out-patient departments of hospitals, where this daily watchful care is out of the question.

No one realises better than nurses and midwives the amount of preventable suffering of little children, and therefore they should aid the good

work by every means in their power. Those working in the localities by directing the attention of poor mothers to the advantages of the Clinic, and others by bringing its needs to the notice of those who are able to help it financially.

Mrs. Hylton Dale, who presided at the meeting last Friday, said that if any of those present visited the Clinic they would be so touched and moved by all they saw that life would never be quite the same again. The Clinic could not get on without—"I know the word you think I am going to use," said Mrs. Dale—"money—but I am not going to mention it just now. The Clinic cannot get on without *love*—love in action, which proceeds from the Divine. That love is in all hearts and can be stirred up."

The Clinic was a memorial to two women who did splendid work inspired by love. Confucius said that all disease was ignorance of law. The 119th Psalm was an illustration of the law of God—the law of love. Probably most of us had at one time or another lain awake at night troubled by the world's problems. Then some influence enveloped one, an influence she believed to be an emanation from the Divine Spirit, and one became composed and went to sleep. But in the morning the sense of that emanation was still present, and one pondered, "What can I *do* to help?" One wanted a lead. Meetings such as the present afforded such a lead. One might open a Clinic, or support a going concern such as that in Telford Road, and so help the very poor children of the neighbourhood. She then called on Dr. Anne L. Kann to address the meeting.

Dr. Kann invited her hearers to picture themselves walking down Ladbrooke Grove, and then turning off the main thoroughfare into Telford Road. The Baby Clinic did not differ much from the other houses except that the shop window was painted green to render the glass opaque. There was a little door for doctors and tradespeople, and there was also a romantic door through which the little patients and their mothers pass in and out.

The speaker then enumerated the various forms of medical assistance available for the children of the locality. A private doctor might be called in at a cost of 1s. 6d. a visit. That probably represented the expenditure on meat for the whole family for the week, for they usually only had it once, and that was a serious matter. Or they could go to the dispensary of a neighbouring doctor where they paid 1d. per month sick or well, and 6d. a bottle for medicine when ill. Or the child could be taken to an Infirmary, but in that case there were various formalities to be gone through, and if the baby became ill after 4 o'clock it must wait till 10 the next morning before the relieving officer could be applied to for an admission order, unless the child was really dying when

it would be admitted. Or the parish doctor could be called in, but he was a very busy man, and it was impossible that he could give a great deal of individual attention to each case.

The Clinic aimed at supplying the place of the family doctor, and it was found that the mothers greatly appreciated the opportunity of consulting the same doctors. The children were weighed, individual attention given to them, and they were thoroughly examined, dressings, if necessary, were done every day. There was no liveried porter, no cards or letters. The mothers could come and go freely. If necessary, the children were sent on to a hospital. It was found in practice that the mothers regarded a visit to a hospital as a great occasion. In the case of one child, who had a curious manner, disordered mentality, and suffered from fits, this course was suggested, when the mother's reply was: "If you think she ought to go, doctor, if you'll give me a fortnight's notice, I'll knock up a few things and take her."

The Clinic was popular with the children because in the waiting-room there was a rocking horse and a doll's house. In illustration of this Dr. Kann told that one day when a mother had brought a child for treatment an urgent message was sent in: "Mrs. A. is that your baby on the pavement?" No. Mrs. A. did not own to it. Back came the messenger again: "They say it is your baby." And sure enough it was. The little brother left in charge had remembered the delights of the waiting-room, put the baby into the pram and brought her up to the Clinic and left her outside, while he indulged in the luxury of playing with the toys. An over-turned pram and a bruised baby were the result. Dr. Kann described a number of the cases treated at the Clinic, which illustrated more forcibly than anything else could do the urgency of the need. One child, seven months old when she was brought to the Clinic, weighed only five pounds. She was one of twins, and the mother, who was young, had eight other children. She had a sore groin, and then developed a rash which proved to be measles. Now she is doing well.

The nurse-children were a class with which the Clinic had to deal. Some of these nurse-mothers were wonderfully kind. In the case of one child whose mother was a laundress, and went out to work from Tuesday to Friday, the child thrived well with the nurse-mother, but when it went home to the mother from Friday to Tuesday sores which had been healed broke down again.

Then there were the illegitimate children. One which was just ten weeks old when first brought to the Clinic, and was the child of a servant girl of sixteen, had the sweetest smile, but there its beauty ended. It had a huge birth mark, a double rupture, and developed bronchitis.

Another little boy of four with bronchitis had a most affectionate and conscientious foster mother. He had a large head, a rickety body, suffered from bronchitis, required an operation for adenoids and also circumcision, and would probably be a cretin, but the foster mother was devoted to him.

In the out-patient department of a hospital seventy or eighty children were seen within an hour, so that a detailed examination was impossible. At the Clinic every child was overhauled from head to foot, including the throat, eyes and ears. Thus two children brought for treatment for quite different complaints were found to be suffering from serious heart disease. That condition would probably have remained unsuspected in a crowded hospital out-patient department.

The chairman remarked at the conclusion of Dr. Kann's interesting address that the Clinic needed £400 per annum, whilst its income was £75. Some of those present could help in one way, some in another, by gifts of money or personal service, or by giving publicity to the needs of the Clinic through the Press.

Mrs. Chitty then spoke, taking for her subject, "The Mothers in the Waiting Room." There was, she said, an etiquette of the waiting room which was strictly observed. Twins were always welcomed, and she believed that if she could only say she had reared twins the mothers would even discard baby comforters on her suggestion. She described the advent of the nurse in the waiting room with a dose of castor oil, and the question, "Where is Gladys?" Gladys being discovered, there was a gurgling sound, and all was over. It was a manipulation which never failed to fill her with amazement and admiration.

At the conclusion of the speeches questions were invited, and Dr. Ethel Bentham spoke feelingly of the desire of the majority of the mothers to do their best for their children under difficult conditions. Lady Horsley elicited the fact that their preparation for the responsibilities of maternity before marriage is generally inadequate. In connection with the custom of clothing children in a good many layers, instead of in one or two warm, light garments, a working woman present explained that they could only afford to buy cheap material, and a little garment, after it had been washed several times, probably became very thin. But the mother could not afford to discard it—not likely—and so another was put on the top of it. If they could afford to buy good material in the first instance, then they would use fewer garments.

A hearty vote of thanks to Lady Horsley concluded the proceedings, after which those present adjourned to the dining room, where tea was served. M. B.

We learn, from a contemporary, that Russia has the distinction of possessing the largest and most famous foundling hospital in the world. It is located in Moscow, and receives no less than 14,000 infants annually. The writer describes a visit to the hospital, when he passed between double rows of nurses all standing like soldiers at attention, each holding up an infant for inspection, neat and clean and tightly swaddled up like a little sausage, each nurse dressed alike in a bright cotton apron and cap. He seems to pass through miles of babies.

THE MATERNITY BENEFIT.

In the House of Commons last week Mr. Charles Bathurst asked whether the Health Insurance Commissioners had issued or proposed to issue provisional regulations for the uniform administration of maternity benefit under the National Insurance Act, or whether it was open to each Insurance Committee to make its own arrangements and regulations in reference thereto. Mr. Masterman said that the Commissioners were not authorised to issue such regulations, but they proposed to issue model rules for the administration of benefit by Insurance Committees to deposit contributors. The maternity benefit of members of approved societies was administered by the societies.

The *British Medical Journal* reports that it is uncertain as yet how far the working of the Midwives Act in Manchester may be modified by the administration of maternity benefit under the Insurance Act, as it is probable that a very large proportion of the women dealt with under the Midwives Act will be either insured themselves or the wives of insured persons, and so will be eligible for maternity benefit. At present the town council pays the fees of medical practitioners summoned to the assistance of midwives in the case of women whose family income is below a fixed limit, but when maternity benefit comes into force such fees will be payable out of the insurance funds under Clause 18 (i) of the Act, and in this way there will be a saving to the city rates of several hundred pounds a year. Thus the above figures are of interest.

During 1911 there were 18,583 births registered in a population of 716,734. This is a birth-rate of 25.93, which is the lowest on record. Of these, 10,937 were attended by midwives, and, of the remainder, most were attended by general practitioners, though probably some only received attention from neighbours and relatives, and a considerable number of births occurred in institutions, such as the workhouse infirmaries. The number of cases in which medical practitioners were summoned to the assistance of midwives in accordance with the rules of the Central Midwives Board was 2,720, of which 1,514 were in the private practice of midwives and 1,215 were in connection with the various lying-in charities.

During the year 135 cases of puerperal fever were notified, of which no fewer than 24 occurred after abortion or premature labour. The date of onset of the fever was in 88 cases within the first four days after delivery, while in 39 cases the attack began from the fourth to the tenth day, and in 8 on or after the tenth day. In 44 cases midwives alone were present at the confinement, in 63 doctors alone, and in 28 both doctors and midwives were present. During the year two special nurses were appointed to assist medical practitioners and midwives to attend to the mothers and infants, and also two other special nurses to visit cases of ophthalmia neonatorum.

CENTRAL MIDWIVES' BOARD.

EXAMINATION PAPER.

October 22nd, 1912.

The following are the questions set at the recent examination of the Central Midwives Board:—

1. What are the measurements of the fetal skull? What is the importance of each of them in relation to the pelvis?

2. How would you make sure that a woman is six months pregnant? Describe your examination of such a case in detail.

3. What is the average duration of the first stage of labour (a) in a primigravida; (b) in a multigravida? Under what circumstances may the first stage of labour be (a) shorter; (b) longer than the average?

4. What is the position of the uterine fundus: (a) directly after the child is born; (b) directly after the placenta is delivered; (c) twenty-four hours after the confinement?

5. Describe the umbilical cord; what abnormalities of it may you find, and how may any of them affect the mother and the child?

6. What is "Ophthalmia neonatorum"? What are its causes, and how may it be prevented? What are you ordered by the rules of the Central Midwives' Board to do (a) to prevent it; (b) in case it arises?

MEDICAL FEES IN MIDWIVES' CASES.

Dr. Major Greenwood draws attention in the press to the letter sent by the National Health Insurance Commissioners to Clerks of Boards of Guardians throughout the country, stating that the Commissioners desire to avail themselves of the experience of these Boards as to the existing practice as to the payment of fees to a medical practitioner when summoned by (it should more accurately be, on the advice of) a midwife, to attend a confinement case. Dr. Greenwood thinks this application may be regarded by the medical profession with just suspicion, particularly as both the recent reports of the Royal Commission on the Poor Laws severely commented on the general inadequacy of the payment in the Poor Law Medical Service.

HEALTH REQUISITIES.

MRS. EVALINE'S HEALTH REQUISITES for ladies deserve the attention of nurses and midwives, as these Towellettes are noted for their comfort, their perfect softness and their high absorbent qualities. They are sold in a variety of sizes in packets of one dozen from size E1 at 1s., to E4 at 2s., and E6 at 2s. 6d., which are provided with an additional hank of specially absorbent cotton. They can be obtained from all leading drapers. The hospital or accouchment sheets from 1s. to 2s. are also to be commended.

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EDITORIAL.

THE STATUS OF POOR LAW NURSE.

In converse with several Poor Law Infirmary Matrons, we are pleased to find they are fully alive to the danger of the proposed scheme for adopting a central examination and certificate for nurses trained in Poor Law institutions. It is indeed a fundamental mistake to stamp these nurses as a class apart, by setting up a separate standard for them, instead of drawing closer the ties which unite them with their professional sisters trained in general hospitals.

Nowhere has greater advance been made, during the last half century, in the training of nurses than under the Poor Law. One has but to go through the wards of one of our great London or provincial infirmaries at the present day, to mark their orderliness and brightness, the smart alertness of the nurses, the contentment of the patients, to realize that the quality of the nursing will bear comparison with that maintained by the general hospitals. Indeed, the true nursing spirit which embraces in its outlook all the sick, whether interesting or uninteresting, simply because of their need, is perhaps developed at its best in a well-ordered Poor Law Infirmary, where destitution gives the right to admission, whether the patient is pleasant or cantankerous, the case interesting or uninteresting. To exhibit to all such patients the gentleness, tenderness and consideration which, superimposed upon technical skill, are infallible tests of a good nurse, needs the devotion of women of high quality, and those who successfully pass the test are entitled to rank with the best.

Yet still the taint of the bad old days, so graphically portrayed by the late Miss Louisa Twining in "Workhouses and Pauperism," clings to the Poor Law

Infirmary, and in the public mind its nurses certainly rank a semi-tone lower than the hospital-trained nurse, and, we are afraid, we must add, the hospital nurse is still sometimes somewhat superciliously inclined towards her infirmary-trained sister.

The best method of breaking down a barrier which is purely artificial is to organize the education of hospital and infirmary nurses on the same lines, to subject them to the same examinations, to confer upon successful candidates the same State certificate.

The value of a certificate given under State authority is demonstrated in the case of that from the Central Midwives Board, by means of which, wherever trained, a woman receives the status of "certified midwife," a uniform qualification recognised throughout the country.

We are therefore opposed to any system of examination and certification which places Poor Law nurses in a class apart, believing that the interests both of the patients, and of the nurses themselves, are best served by the maintenance of one minimum standard which all must attain, and beyond which all can progress, as circumstances and their individual capacity permit.

We believe that any other course would prove a set back to the movement for the efficient care of the sick, to secure which women of the type of Agnes Jones laid down their lives, and others, of whom this supreme sacrifice was not demanded, have devoted their work, their energy, their ability through a long series of years.

Those who have the welfare of the infirmary nurse at heart will be well advised to promote by all means in their power the Bill for the State Registration of Trained Nurses, under which she will receive her rightful status.

MEDICAL MATTERS.

OUR PRIZE COMPETITION.

SOME PROBLEMS IN INFECTION AND ITS CONTROL.

Professor Simon Flexner, Director of the Rockefeller Institute, New York, who delivered the Huxley Lecture* at Charing Cross Hospital last week, gave a very interesting account of the investigation of poliomyelitis, or infantile paralysis. The parasite of this disease is invisible, ultra-microscopic, and filterable, and there is a close correspondence between the virus of the disease and those of ultra-microscopic organisms in general—for example, those of yellow fever and dengue fever. Recovery is produced by immunization, during which microbicidal substances, which can destroy the virus, appear in the blood. The virus is highly resistant to drying, light, and chemical action; in dust it survives for months, and in diffuse daylight indefinitely.

The Professor is of opinion that the site of infection in man is the nasal mucous membrane, from which the virus ascends first by the nerves of smell to the brain, multiplies in and around the olfactory nerves, and passes on into the cerebro-spinal fluid, by means of which it is carried to all parts of the nervous organs. But there are also other possible modes of infection, and the fact that poliomyelitis is commonest in the late summer and autumn indicates the probability of an insect carrier of infection. Thus house-flies may act as carriers, and in one instance infection has been produced in bed-bugs, but the result did not show that multiplication occurred within them or that they acted as the agents of inoculation. It is, however, significant, as showing that insects are capable of taking up the virus from the blood where it exists in minimal quantities, and of harbouring it in an active state for a considerable time.

The employment of the immune sera exercises a definite, though perhaps not very strong protective action. The disease, if not entirely prevented, is so modified as to be of greatly diminished severity, but at present scientists have only touched the fringe of the problem of the cure of the disease. So far as drugs are concerned, if the inoculation of virus and the administration of urotropin are begun together and continued for some days, paralysis is sometimes, but not always, averted. The modification of urotropin with other antiseptic groups in some cases renders it more efficacious than the original compound. In others this appears to promote the onset of paralysis.

WHAT WOULD YOU PREPARE FOR AN INTRAVENOUS INFUSION, AND WHAT PRECAUTIONS WOULD YOU TAKE IF ASSISTING IN ITS ADMINISTRATION?

We have pleasure in awarding the prize this week to Miss Elizabeth Martin, the Royal Halifax Infirmary, Halifax.

PRIZE PAPER.

Normal salt solution, for its purity, cleansing, resisting, and stimulating qualities, is considered to be the very best preparation procurable, which to a very great extent incorporates the properties and resembles the composition of human blood, and it is therefore universally used in both medical and surgical work.

Saline solution is given in several different ways, but for an intravenous infusion the requirements are as follows:—Instruments and ligatures, saline solution, aseptic dressings and iodine, sterilized dressing sheets or towels, mackintosh, and bandage.

The instrument packet should contain:—Two pairs artery forceps, one pair dissecting forceps, one pair scissors, one aneurism needle, one bulldog clip, two scalpels, two needles (both of which may be threaded with a strand of silk-worm gut when the instruments are sterilized).

A separate packet should contain:—One enamelled pint measure, one funnel, with tubing and cannula attached.

Both these packets may be "dry sterilized," and are therefore always ready for immediate use, and should be kept in the "ward emergency box."

When about to prepare for an intravenous infusion get a dressing table (a glass one if obtainable), and cover with a sterile dressing sheet or large towel, fix on the infusion rod for regulating the height of the funnel; then place the instrument packet on the table (after having taken off the outer cover), also the packet containing the measure funnel and tubing, &c.; a small jar of prepared catgut, a sterile gallipot containing iodine, saline solution in large sterile jug, thermometer, sterile towels, dressings, &c., receivers for soiled swabs and instruments.

The precautions to be taken when assisting with an intravenous infusion are:—Absolute aseptic surgical cleanliness; the careful mixing of the saline, testing the heat and regulation of the same; expelling all air from the tube: the solution should be flowing from the cannula when introduced into the vein; *never allow the funnel to run empty*, even at the end of the administration, or air may very easily enter the vein, and might prove a very serious matter.

When the dressing table is fully equipped, wheel to the bedside and commence to prepare the patient. Compress the veins by fixing on a firm bandage above the elbow; place the mackintosh under the patient's arm; clean up the area (the inner side of the arm in front of the elbow joint) with iodine, and put on sterile towels.

Then fix on the funnel to the rod, and test the tubing and cannula with the saline solution, and make sure the whole is without defect, and place in readiness for the injection.

The surgeon will now dissect the vein; usually the "median basilic" is chosen. The aneurism needle is then passed under the vein and withdrawn, leaving a double catgut ligature; the lower one is tied. The vein is now opened and the cannula inserted. The upper ligature is now tied (temporarily) over the cannula until the injection is finished, when it is carefully withdrawn, and the ligature tied in the usual way.

About two or three superficial silkworm gut ligatures are put in, and a dressing applied. (The bandage which has been previously fixed above the elbow must be removed when the cannula is introduced into the vein.)

The surgeon will decide upon the amount of saline infused, which will largely depend upon the patient's condition; but about four pints of saline should be prepared before the injection is commenced.

Make the saline 110° F., but it should be given at a temperature of 105° F., and should not be allowed to run into the vein quicker than one pint in ten minutes.

Prepare the saline solution in the following way:—One drachm of sterilized salt (sodium chloride) to one pint of sterile water.

The saline is regulated by the height of the funnel, and by the use of the bulldog clip on the tubing.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Jean Mould, Miss O'Brien, Miss Maude Cullen, Miss E. Marshall, Miss B. James, Miss M. Macfarlane.

Miss Emily Marshall writes that the temperature of the room should be as near as possible 70° F. for the patient's sake. An antiseptic dressing should be applied at a site selected by the doctor as that of the most convenient vein. She adds: "See that the patient is thoroughly warm, and direct your attention to the best means of supplying heat by providing hot-water bottles (covered with flannel) and light-weight clothing."

Miss Cullen, after mentioning the instruments required, says: "It is also necessary to have

a narrow bandage about two or three inches wide, to tie on the arm just above the elbow, where the incision is always made.

QUESTION FOR NEXT WEEK.

State successful methods of treatment for constipation.

SCHOOL NURSING IN TORONTO, CANADA.*

By LINA L. ROGERS, R.N.,

Superintendent of School Nurses, Toronto.

The Board of Education of Toronto, Canada, began Medical Inspection of its Public Schools in April, 1910, and asked the writer to organize a School Nursing Service. The first step taken was to locate the schools, beginning with those in the poorer localities; to visit all the hospitals, dispensaries, and relief societies; to find out where assistance could be obtained, at the same time to explain what the object of the work was. This interested many groups of people, and when the nurses started work they were cheerfully welcomed. A course of treatment was submitted which was adopted by the Board. In May two nurses were appointed, and twelve schools with an attendance of 6,457 children were visited regularly each day.

There being no Medical Inspectors at this time, the nurses made class-room inspections each week. This was done in the following manner:—The nurse, after knocking, entered the room and enquired if it were convenient to have the class inspected. She stood with her back to a window, having the children pass in front of her one row at a time. As each child came forward he was requested to hold out his hands, palms upwards, so that any desquamation might be seen, then to pull down the eyelids to note whether granulations or other form of conjunctivitis was present. At the same time the backs of the hands were inspected. The mouth was then opened for examination of teeth and throat; finally the head was turned to either side to see if the neck, ears and hair were in any way infected. All this was done quietly and quickly, the child unaware of any disease being discovered. Where any defect was found it was noted. A class card used for this purpose gives a record of the name of the teacher, the room and class, the name, age and address and disease in code of the child. A record is also kept on the back of the class card of the date of inspection and

* Presented to the International Congress of Nurses, Cologne, August, 1912.

the number examined. This routine examination takes about eight or ten minutes for a class of 50 children.

After all had been examined the nurse went on to the next room. When all inspections for the morning had been made, the nurse prepared her dressing-table in the Medical Inspector's room, and sent back to the classes for any children requiring treatment or instruction. Very simple dressings were used—only children who were neglected or very poor were treated in school. After school, the nurse visited the homes and explained to the parents what defects were found, or why the children were sent home, and asked them to consult their own physicians if the case required it.

In September of the same year two Medical Inspectors were appointed, and while the nurses continued to make the routine inspections, they sent all cases to the doctor for diagnosis. The principals of the schools sent requests for the services of a nurse, and two more nurses were appointed. This experiment with a Superintendent of Nurses, four assistants, and two Medical Inspectors thoroughly convinced the Board of Education that a complete system of inspection was absolutely necessary, and they set about it by appropriating 23,500 dollars for the following year. In February, 1911, Dr. W. E. Struthers, six Medical Inspectors, and one Dental Inspector were appointed.

The city was divided into districts, the schools (of which there were 80), with an attendance of 45,000 children, were formed into groups, one nurse being assigned to each group and one Medical Inspector to every two groups. In February of the present year the staff of nurses was increased to twenty-five and the Medical Inspectors to eighteen. This necessitated another change of system, and each Medical Inspector was given but one group of schools, with an average of 2,600 children. His duties are to make a complete routine examination of all children after vacation at Midsummer, Christmas, and Easter. The routine takes about one week, and when this is completed the daily duties consist in making morning inspections, to examine children for readmission referred by the teacher or nurse; and when this has been done to inspect those for diagnosis. When the Medical Inspector has completed his morning inspections in each school, the remainder of his time is devoted to making complete physical examinations. The Medical Inspector's hours are from 9—12 a.m. on school days. The nurses, who are on duty from 9—4 with 1½

hours off for lunch, make all the subsequent class-room inspections at intervals of two weeks.

When a class-room is reported having two or three cases of scarlet fever, measles, or diphtheria, a daily inspection of the class is made by the nurse until the period of incubation is over.

Each nurse has an average of 1,900 children under her care, but this varies in the different sections of the city.

Considerable time is spent by the nurses in taking children to the dispensaries.

When it is found that the parents are unable, through sickness or otherwise, to take their children to the dispensary, upon a written request the nurse is allowed to do so for them.

When a child is found with any disease or physical defect a reference card is filled in, stating the reason for referring him, and signed by the nurse. When the Medical Inspector arrives at the school he finds the reference cards left for him by the nurse, and sends for the children for examination. He in turn fills in the diagnosis, stating what is to be done with the child. If the nurse is to treat him in school, an indication to that effect is all that is necessary. If the parents are to be notified, a card is sent home stating what the defect is and asking to have the attention of the family physician called to it. This card is signed by the principal of the school before being sent to the parent. If the card is not returned within a stated period the nurse visits the home to find out the reason and to give further explanation if necessary.

If the children are found to have only unclean heads, the nurse gives the child printed instructions in a sealed envelope to be taken home to the parents, and examines the child regularly until thoroughly clean.

After these cases are disposed of the treatments or dressings are attended to and the children returned to their class-rooms as speedily as possible. This is a very important feature of the work, for the nurse can have work done at the dispensary much more quickly and effectively than parents. She can make appointments and keep them, and is not prevented because of home conditions. Possibly the father is dead and the mother has to go to work or *vice-versa*, or there are a number of small children, and the home is too far away from the dispensary to walk, and car fare is not always available for a whole family. Those and numerous other difficulties are found in every school in the poorer districts. The nurse follows up these cases and sees that they are

finished. She may possibly meet the mother at the dispensary if an operation is found necessary for nose and throat conditions and the mother is timid. Nor does she stop there. She feels that when the child has had his tonsils and adenoids removed that he must be sent to the country or some place where he can get fresh air and nourishment to get him back to normal condition of health.

Children with defective vision are examined at the hospital dispensary and a prescription given by a qualified oculist; and the Board of Education, on the recommendation of the Department of Medical Inspection, provides the glasses for the poor.

Where relief is required for the family, in the form of clothing, the School Board has provided centres in different sections of the city where clothes are given out on the order of the Truant Officer or the nurses. The supply is kept up by donations or is purchased by the Board of Education.

When the nurse has finished the class-room inspections, referred all cases for diagnosis to the Medical Inspectors, and treated or instructed any necessary cases, she receives a list of those absent, on account of illness, from the teacher. These she visits at the homes to ascertain the return of their illness. If it is a case of suspected scarlet fever, measles, or diphtheria, she reports it to the Medical Inspector, who visits at once and makes the diagnosis where a Physician has not been called in. If the case proves a positive infection, it is reported at once to the Health Authorities; if not, the child is allowed to return to school when able.

It is during these home visits that the nurse has such splendid opportunity for constructive work. She may find that the whole home is disorganized because the father cannot get work, or she may find one or both parents addicted to drink. There may be illness in the home, or there may be only one parent and that one struggling for a living for the family. No one in the family knows which way to turn to get the help that is temporarily needed. Many a whole family has been saved by the friendly advice and assistance of a nurse who cares, and the nurses feel that their opportunities and privileges are great.

(To be concluded.)

The authorities of the Victoria Hospital for Children, Chelsea, are concerned as to the disappearance of Miss Margaret Dale Scott, who has now been missing from the Hospital for a fortnight. So far all enquiries have failed to discover her whereabouts.

TERRITORIAL NURSES AT THE MANSION HOUSE.

The Reception given by the Lady Mayoress, President of the Territorial Force Nursing Service of the City and County of London, to the members of the Service, on Thursday evening, October 31st, was a most delightful function, which no one present would willingly have missed.

The guests, who were received by the Lord Mayor and the Lady Mayoress, included Major-General Bethune, Director-General of Territorial Forces; Surgeon-General Keogh, Sir George Wyatt Truscott, Colonel Hyslop, Sir Robert and Lady Perks, Sir Alfred and Lady Codrington, Lady Beacheroff, Mrs. George Byron, Lady Wynne, the Hon. Mrs. Charles Tufton, Miss E. S. Haldane, LL.D., Miss Cox-Davies, Miss Davies and Miss Barton, Principal Matrons, Miss Finch, Miss Amy Hughes, Miss Cutler, Miss Pearce, Miss Riddell, Miss Bird, Miss C. Todd, Miss M. C. Goodhue, and many others, including a large number of members of the Service in indoor uniform, many wearing its distinctive cape and cap. These were very trim and smart as well as decidedly becoming.

The Lady Mayoress was a most genial and charming hostess, making all her guests feel at home, and diffusing an atmosphere of enjoyment which was irresistibly contagious. And, indeed, who except "the man that hath no music in himself, and is not moved by concord of sweet sounds," could fail to enjoy the instrumental music of Mr. W. Atwood's band, or the charming singing of Miss Marie Hda and other artistes, who responded most generously to repeated encores? The clever whistling solos of Miss Belle Castle Smith and the amusing musical sketches of Mr. Cyril Broxholm all combined to provide a programme of the highest musical merit. The Egyptian Hall is exceptionally good for sound, and the wonderful gold plate of the Corporation came in for much admiration.

On occasions such as this friends meet who have not seen each other for years, and there was an animated and constant hum of conversation over the tea and coffee, which were specially welcome to those members of the Service who had hurried straight off duty in order to be present. The Lord Mayor proved a most kind host, personally looking after the comfort and pleasure of his guests, and, as they departed, on all sides were heard expressions of pleasure at the enjoyment the evening had afforded them.

NURSING NEWS AND THE WAR.

To the British Red Crescent Society belongs the honour of sending out the first hospital unit to the war which includes a staff of trained nurses. On Friday, Nov. 1st, by special train from Charing Cross, there left the *personnel* of the hospital organized by the above Society. Colonel Surtees, who is escorting the mission, genial and smiling, was in khaki, the Red Crescent conspicuous on the white band of his cap; the medical officers of the hospital are Dr. Calthrop and Dr. Bernard Haigh; the dressers, Mr. E. Copland (St. George's Hospital), Mr. G. Aspinall-Stivala (St. Bartholomew's), and Mr. H. F. Wight (Guy's). Most conspicuous were quite a little crowd of nurses, Sister Amy Stuart (trained at the General Infirmary, Salisbury) in charge, in black cloak and bonnet, the rest in brown circular cloaks and brown bonnets with veils, the Red Crescent forming a conspicuous point of colour on the left side of the cloaks. They were Sister Katherine Wheatley and Sister Gladys McKenzie, trained at Westminster Hospital; Sister Norah Dryhurst, at Kensington Infirmary; Sister Hilda Campbell-Ogg, at the Royal Infirmary, Portsmouth; and Sister Theresa Buckley, at the Mater Misericordiae, Belfast. The party also included four male nurses, Royal Navy and R.A.M.C. men. Photographers were busy taking groups of the party on the platform before the departure of the train, then last good-byes were said, and a hearty cheer was raised as the train steamed off. Amongst those on the platform were Mrs. Ameer Ali, Mrs. Montague, and other members of the Committee. The party travelled overland to Marseilles, and then on by boat to Salonika, which is their destination. They are taking everything required for the equipment of the hospital, the funds being supplied by public subscription by the Moslem community in this country. Miss Katherine Wheatley, who held the position of Massage Sister at the Fulham Infirmary, and who asked the Guardians to release her from her engagement, has had to forfeit a month's salary. We regret that the Guardians, under the circumstances, could not see their way to treat her more generously; still, a contract is a contract, and nurses must not complain if it is kept. We are glad to learn, however, that the British Red Crescent Society has paid Miss Wheatley the £4 which she forfeited, as she had signed her contract with the Society without knowing that this forfeiture would be required of her.

THE BRITISH RED CROSS SOCIETY.

Although dozens of trained nurses who have volunteered their services for work in the war

have been told at the British Red Cross headquarters that none were being sent, as we reported last week, arrangements were in progress at the time to send out a contingent from the London Hospital. The party—which is in charge of Sister Edith Tucker, includes Nurses Eleanor Church, Alice Smith, Zenania Boles, Alberta Barnes, and Mabel Webb, who are to be known as the Duchess of Sparta's Special Nurses—left for Greece on November 1st, and before their departure were received at Marlborough House by Queen Alexandra, who decorated each in turn with the Red Cross Badge.

It is to be hoped that as an exception has been made in favour of the London Hospital, trained nurses from other institutions will be added to all the Red Cross units sent from England to help the wounded, for the financing of which the public are being asked to find an immense sum of money.

The British Red Cross Society announces that since their appeal the public response has amounted to £13,900, and that £7,500 has been expended in equipping and despatching the six units to Montenegro, Greece, and Turkey, none of which have trained women nurses attached. The total cost to the Society of these units cannot fail to be less than £1,000 a week, and the pressing needs of Servia and Bulgaria are not yet provided for. The Committee draws attention to the intense suffering in the Balkan campaigns, and the inadequacy of the field hospital service. The result is that the battlefields are strewn with men left to die, or linger in agony, with the added torments of hunger, thirst, and exposure, while the hospitals themselves are choked—a condition of things too appalling for contemplation.

We note that the Marchioness of Lansdowne, Georgina Countess of Dudley, and Lady Wantage are on the British Red Cross Committee. Surely they as women must realize how the ministrations of trained nurses would minimize these terrible conditions. Why are there no Matrons associated with these sympathetic peeresses in the management of the British Red Cross Society? The grave omission of which we complain would not then have been possible. In these days to exclude experts from such a national organization as the Red Cross Society proves how little the skilled work of women is appreciated in this country.

THE WELSH RED CROSS.

Mr. Lyn Thomas, of Cardiff, at the request of a number of prominent Welsh people, has organized a Welsh Red Cross unit for service in the Balkans. It leaves London on or about the 7th inst.

THE MATRONS' COUNCIL AT WIGAN.

THE BUSINESS MEETING.

A meeting of the Matrons' Council of Great Britain and Ireland was held by the courtesy of the Governors at the Royal Albert Edward Infirmary, Wigan, on November 2nd. Miss Macintyre, the Matron of the Infirmary, and a Vice-President of the Council, was in the Chair. There was a good attendance of members from the surrounding district and from London. Miss Macintyre welcomed those present, and opened the proceedings in a brief and pertinent address. After the Minutes had been read and confirmed, letters of regret at their inability to be present were reported from the President, Miss Heather-Bigg, of Charing Cross Hospital, Miss Haughton, Guy's Hospital, Miss Wright, of Stobhill Hospital, and many others.

ELECTION OF MEMBERS.

The following ladies were elected members of the Council:—

Miss A. Livingstone Charteris, Matron, County Hospital, Bedford.

Miss L. G. Dalton, Matron, City of London Hospital for Diseases of the Chest, Victoria Park, E.

Miss J. W. Davis, Matron, The Royal Infirmary, Bradford.

Miss E. Reid Dobie, Matron, The Infirmary and Dispensary, Bolton, Lancashire.

Miss E. Edith Fowler, Superintendent, Nursing Home, 37, Beaumont Street, W.

Miss E. Steele Innes, Matron, Royal Halifax Infirmary, Halifax.

Miss F. McCartie, Matron, Fylde Joint Hospital, Lytham.

Miss M. A. Marks, Matron, Royal Infirmary, Preston.

Miss A. M. Osler, Matron, Swithland Convalescent Home, Loughboro'.

Miss M. Snell Rundle, Matron, Royal Hospital for Diseases of the Chest, City Road, E.C.

Miss E. Wilcock, Matron, Beckett Hospital, Barnsley.

REPORT OF THE INTERNATIONAL COUNCIL MEETING AND CONGRESS AT COLOGNE.

Miss Mollett, the Hon. Secretary, then presented her Report as representative of the Matrons' Council to the International Congress at Cologne. She stated that the party organised by her consisted of fifty-seven persons, and that the surplus, after payment of all expenses, was between £7 and £8. This it was suggested should be handed to the Hon. Treasurer, Mrs. Walter Spencer, to form a nucleus of a fund for sending a representative to San Francisco in 1915. The Hon. Secretary proceeded to give an outline sketch of the Congress, which has already been fully reported in the BRITISH JOURNAL OF NURSING, and concluded her report as follows:—

REFLECTIONS.

Your delegate has now attended every Congress of the International Council of Nurses but that

held in Paris, and it has been of much interest to her to note the general tendency and peculiarities of this Congress in comparison with those that have gone before. The following were the features that most struck your delegate:—

Firstly, the undoubted national note. The meeting was largely composed of foreigners—English and American delegates played very prominent parts, but the dominant note was unmistakably German. The groundwork of the International meeting was certainly national; it seemed to your delegate to be very characteristic and extremely creditable to the German organisation, which is so much younger than the English or American, that it should in no way be overshadowed by its elder sisters, but should be able to so thoroughly stamp its personality on the gathering.

It began at once with the Pageant. Instead of a translation or an adaptation of that so successfully carried out in London, the subject was treated from an entirely different standpoint, most effectively—but distinctly national—and very characteristic was a remark the talented designer made to your delegate: "We wished to show you that we also have ideas." And that sentence was the keynote to much of the Congress.

Turning to the papers read, your delegate considers that the majority of them were certainly as good as, if not better than, those given at previous Congresses, and it seemed to your delegate that, on the whole, the papers tended to be more concrete and less abstract, more practical and not so ethical as in past years. There was, perhaps, a greater frankness in exposing abuses and suggesting reforms and alterations. Many of the speakers defined their views with refreshing distinctness; and it is the first Congress your delegate has attended where one paper stands out very prominently as being *the* speech of the Congress—I mean Dr. Hecker's monumental address. I doubt if, when translated, it will quite convey to you all that it did to those German nurses who sat and listened to it. It irresistibly reminded your delegate of Uncle Bräsig and the Mecklenbourg serfs. It voiced a real, living and terrible grievance with simple directness, and Dr. Hecker produced an extraordinary impression by attacking the burning question of the day with the fervent fanaticism of a social reformer joined to the cold, calculating precision and overwealth of detail of a German man of science. For the sake of that speech or, rather, thesis alone the Congress was worth attending. The Congress showed a marked advance in the treatment of nursing as a factor in social reform—of the nurse as a social worker; that was another most outstanding point. It was interesting if only as showing how certainly, if slowly, public opinion is veering round to accept the truth of how infinitely more important is the prevention than the treatment of disease. The Cologne papers called special attention to the superiority of England and America over Germany in the

employment of nurses in that capacity, quoting with great appreciation the numbers of school nurses and district nurses, &c., employed in England.

There was a kind of Socialistic tendency in the air, and it was not to be wondered at, when one thinks that Cologne had just, for the first time, returned Social Democrats, and not Ultramontanes, to the Reichstag. Amongst the free German nurses there was certainly the feeling that they had the right to demand their "place in the sun" in return for their work.

Roughly speaking, the line of cleavage between those who regard sickness and disease as an infliction of Providence, to be met by the most boundless and unquestioning self-sacrifice on the part of the nurse, and those who regard sickness and disease as an aberration from the normal—frequently preventable—to be met on the part of the nurse with scientific and skilled humanity, was at times very palpable.

MRS. BEDFORD FENWICK moved the adoption of the Report, which was seconded and agreed to.

THE BANNER.

MRS. FENWICK then moved that the Matrons' Council should have a Banner; that it should be handsome and representative, and should include the beautiful motto of the Council, "Cogito Ergo Sum" ("I think, therefore I am"). This resolution was seconded by Miss Musson.

After some discussion as to cost, the resolution was agreed to, and the Hon. Officers were instructed to submit designs and prices at the next meeting of the Council.

DELEGATE TO NATIONAL COUNCIL OF WOMEN.

It was proposed and seconded that a delegate be appointed to represent the Council on the National Council of Women of Great Britain and Ireland, to which the Matrons' Council is affiliated, who could attend the Extraordinary Meeting to be held in London on November 20th to consider the position of women under the Franchise and Registration Bill now before Parliament.

The names of three alternative members were agreed to, and the Hon. Secretary instructed to invite them to act.

TRAINED NURSING IN WAR.

MISS MUSSON proposed: "That in the opinion of this meeting only nurses who are fully trained should be sent to nurse the sick and wounded in time of war, and that no base hospital can be considered properly equipped which has not a staff of such nurses."

This was supported by MISS JOLLEY, warmly supported by MRS. FENWICK, and carried unanimously. The Hon. Secretary was instructed to send copies of the resolution to the proper authorities.

This terminated the Business Meeting.

THE OPEN MEETING.

A most hospitable tea was then served in the Sisters' sitting-room, which was a bower of lovely

flowers. Mr. A. M. Lamb represented the Board of Management, and the following members of the medical staff attended:—Dr. R. Prosser White, Dr. E. Hodgkinson Monks, Dr. Brady, Dr. John Blair, Dr. Rees, Dr. M. Benson, Dr. Darlington, and Dr. Oag. Many ladies, friends of the Hospital, were present, amongst them the wives of the medical staff, and Lady Ratcliffe Ellis, Mrs. James Brown, Mrs. Kinch, Mrs. and Miss Rawcliffe, Mrs. Kenneth Marshall, Miss Edwards, Mrs. Hastings, Mrs. Brierly, Miss Brown, Mrs. Bryan, Mrs. James, and Mrs. Woods.

THE NURSES' REGISTRATION BILL.

After tea a well-attended open meeting was held in the beautiful rooms in the new Nurses' Home, the nurses' drawing-room and lecture rooms being thrown into one for the occasion, when Mrs. Bedford Fenwick delivered an address on the Bill for the State Registration of Nurses. She dealt principally with the educational and economic details of the question, emphasising the necessity for State organisation and protection for every large class of skilled workers, if high standards of skill and discipline were to be maintained, and just economic conditions protected.

Mrs. Fenwick said much had been accomplished in the twenty-five years the nurses had been demanding the standardisation of their profession, and as it took the medical profession, who had votes, fifty years to obtain just legislation, they—the nurses—need not be disheartened. She pointed out that under the chairmanship of Lord Amphilhull all the organised societies of trained nurses, together with the British Medical Association, formed the Central Committee for the State Registration of Nurses, and had agreed upon one Bill. The Bill was a sound one. It provided for the one portal admission to the register; granted a legal title of "registered nurse" to nurses admitted; provided for a full term of three years' grace, during which time all reputable trained nurses might register without further examination for the small fee of £2 2s.; for an examination fee of £3 3s., after the term of grace, a sum small in itself, but which would provide funds to place at the command of trained nurses the highest standard of medical and nursing examiners and inspectors, and in return for having, after three years' training, passed a prescribed examination, they would receive the hall mark of professional status.

Also the Act provided for a Central Governing Body, on which the registered nurses, once the electorate was formed, would vote for their own representatives, so that if they did not look well after the interests of the nursing profession they could be superseded by others.

Mrs. Fenwick alluded to the helpless position of trained nurses under the Insurance Act, presumably because their work was required cheap they had been excluded from direct representation on the Advisory Board and they were the only class of workers to be so

unfairly discriminated against. No doubt had they been registered by the State they could have demanded representation, and would have been accorded the power to protect the standard of nursing to be given to the insured sick.

Mrs. Fenwick's able address, which lasted over an hour, was of great interest, and was listened to with much attention and evident approval by the audience.

Miss Musson followed with a short but interesting speech. She dwelt more especially on the educational side of the question, and on the necessity for greater unity as to standards of instruction and examination in the various nursing schools. Miss Mollett then spoke, briefly stating that she also had been twenty-five years in the movement and emphasised the absence of any clear reason or sound argument in favour of the opposition to State Registration.

VOTES OF THANKS.

Dr. White, who next addressed the audience, thanked Mrs. Bedford Fenwick warmly for her speech. He mentioned that he had heard her on the same subject some years ago, and that her arguments then were as convincing as now. He thought it would be well if her excellent and logical words could be heard in a larger and more public meeting. He agreed with Mrs. Fenwick that great reforms required time to ripen, and stated his conviction that the present movement would be successful. He was afraid that many doctors, who were busy men, had not given as much time and consideration to the question as they might have done. He himself was in favour of the movement. Dr. Monks seconded the vote of thanks and agreed with his colleague, and spoke with appreciation of the improvement and advancement of nursing in late years.

After some questions had been asked, to which Mrs. Fenwick replied, a vote of thanks to Miss Macintyre for so ably filling the chair was moved and carried by acclamation, as was also a motion by Mrs. Walter Spencer, of London, to convey the thanks of the Council to the Governors for their courtesy and kindness in permitting the meeting to be held in the Infirmary. Mrs. Walter Spencer, in the course of her remarks, warmly praised the beautiful new nurses' home, and the charming appearance of the hospital wards. The meeting then terminated.

Since the inauguration of the Matrons' Council meetings in the provinces they have proved most successful, most delightful, and the hospitality extended to members has been most cordial, but nowhere has that hospitality been greater nor has any meeting been more successful and pleasant than that at Wigan. In Miss Macintyre the Council possesses a most loyal member and Vice-President, and she received her colleagues with the most charming and delightful hospitality. Not only was the meeting well attended and enthusiastically and obviously keenly interested in the proceedings, but the personal welfare of the visitors was the object of the kindest solicitude. Everyone seemed to vie in making them happy

and comfortable. From the moment they arrived in Wigan they were surrounded by that celebrated northern hospitality which they found no whit overrated. All who attended the meeting, and above all those who were the Infirmary guests for the night, must retain the very pleasantest recollections of a most delightful time. The "an revoirs" and "auf widersehens" came from the heart.

M. MOLLETT,
Hon. Secretary.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

Queen Alexandra has been pleased to approve the appointment of the following to be Queen's Nurses, to date October 1st, 1912:—

England.—Elsie M. Smith, Sarah E. Williams, Lizzie Porter, Clara Moore, Emily J. Smith, Mildred K. Wheeler, Ida M. Symonds, Rose Havers, Beatrice L. Jones, Jane Brazendale, Christina L. Carnegie, Olga R. Leknesund, Mabel Stocks, Adelaide E. Hrons, Lillian Butler, Margaret Gwynne, Hilda B. King, Gwendoline J. Denison, Matilda N. Sargent, Dorothy Cameron, Susan G. O'Flynn, Catherine Barry, Vera Calvert, Ruth W. Moss, Jane A. Padgett, Clara S. Morgan, Edith A. Wellens, Elizabeth Brooks, Martha Jennings, Margaret Lockett, Eliza A. Aaron, Annie B. Bower, Louise M. Robinson, Mary E. Adcock, Dora Cheverton, Annie Henrietta Murray, Jennie Stonehouse, Mary E. Cowlishaw, Robina E. Foote, Elizabeth A. Morris, Kate Brown, Isabel O. Torrens, Emily R. Howe, Mary E. Stoneham, Ann I. Tweedy, Mary G. Picken, Emily M. Adams, Margaret Dennis, Blodwen R. Jones, Isabel M. Lever.

Scotland.—Annie Ferguson, Flora Campbell, Christina Carvel, Jane F. Fleming, Margaret C. Graham, Margaret L. Hughes, Mary E. Imlah, Marjorie Leed, Janet Littlejohn, Elizabeth T. Ferguson.

Ireland.—Mary G. Biggs, Katherine Cullinan, Annie Quinlan, Mary E. Walshe, Anna M. E. Fry.

PROMOTION FOR SCHOOL NURSES.

The London County Council recently authorised the appointment of four additional Assistants to the Superintendent of Nurses, and at the same time reduced the number of school nurses by four. The Establishment Committee on Tuesday advised the Council that the work of the school nurses would be in no way reduced by the appointment of the new Assistants, whose work would be of a supervisory character in connection with the development of the work of medical treatment, and accordingly proposed that four additional nurses should be appointed to fill the vacancies caused by the promotion of the Assistants. For the four new positions authorised, the Committee submitted the names of Miss M. F. Horsfield, Miss R. B. Downing, Miss C. A. Padbury, and Miss M. Wilson, as those of school nurses best fitted for the positions, and they were appointed.

THE COOKERY EXHIBITION.

The Annual Cookery and Food Exhibition at the Royal Horticultural Hall, S.W., is something more than a demonstration of the art of the *chef*, although that art is exhibited in the very highest degree. The Universal Cookery and Food Association, by which the Exhibition is organised, desire that it should be of educative value, and encourage the advancement of the art of cookery in every grade among all classes of the community. So we find not only the highest culinary skill, but the work of little girls in elementary schools, and very good work, too, for they are taught to market as well as to cook, and to append the cost of the materials used to the menu for each meal. The boys from the schools in connection with the Technical Institutes of the London County Council also obtained most excellent and attractive results, and we are not surprised that Mr. Pease, President of the Board of Education, said on the opening day that the Government were greatly interested in the work of the Exhibition, which they thought would assist the Board of Education very materially.

INVALID COOKERY.

The class which is naturally of greatest interest to the readers of this JOURNAL is Class 38, open only to certificated nurses, or, more accurately, to professional nurses, trained and in training, as many of the exhibitors are probationers. There were 45 entries, and the coveted Gold Medal was won by Miss G. M. Hoskin, of Guy's Hospital, whose tray certainly was most attractive, the food being most excellently cooked, and the menu card beautifully printed by hand. The tray contained mutton broth, steamed whiting with *maître d'hôtel* sauce, a cream mould, pink in colour, and sherry whey of just the right consistency. The decoration of the tray, in common with the other Guy's exhibits, was achieved with a few sprays of pink and white heather in a silver vase.

The following is a complete list of awards:—

GUY'S HOSPITAL.

Gold Medal, Miss G. M. Hoskin; *Silver Medals*, Miss H. Wallis, Miss H. M. Marshall (Diabetic Tray); *Bronze Medal*, Miss M. Moore.

ST. BARTHOLOMEW'S HOSPITAL.

Silver Medal, Miss L. Heath. This tray excited a great deal of admiration, and as to daintiness of appointments certainly carried off the palm. The china was of rosebud design, soft pink satin ribbon replaced a table-napkin ring, the silver shone its brightest, and a few sprays of lilies-of-the-valley formed the decoration. The tray was marred by a somewhat carelessly written menu.

ST. THOMAS' HOSPITAL.

Silver Medal, Miss E. W. Green; *Bronze Medal*, Miss C. McNicol; *Certificates of Merit*, Miss W. Bartlett and Miss E. Parry Jones. The trays sent by this hospital, which were uniform in their

appointments, were daintily arranged. Little fireproof pots with lids were used for soups, and the flowers were arranged with an appreciation of both colour and form.

CHARING CROSS HOSPITAL.

Silver Medal, Miss Lilian M. Jeans; *Bronze Medal*, Miss Winifred Berry; *Certificate of Merit*, Miss E. Margaret Murley (Diabetic Tray). The Charing Cross nurses have always taken a keen interest in this Exhibition, and their exhibit, as usual, reached a high average standard of merit and attractiveness.

WESTMINSTER HOSPITAL.

Silver Medal, Miss Amy Gore Nicholls; *Certificate of Merit*, Miss Phœbe Ellis. The trays were decorated with scarlet geraniums and asparagus fern with excellent effect. All four trays had uniform white china soup bowls with lids.

ROYAL FREE HOSPITAL.

Bronze Medal, Miss Ettel Davey. The decoration was carried out in pale pink carnations.

BETHNAL GREEN INFIRMARY.

Silver Medal, Miss Alice Donnelly; *Bronze Medal*, Miss H. V. Simmonite; *Certificate of Merit*, Miss Chitson. The decoration of these trays was bronze carnations, pink roses, and bronze leaves and heather.

WHIPPS CROSS INFIRMARY, LEYTONSTONE.

Silver Medals, Miss S. Davies and Miss G. M. Taylor; *Bronze Medal*, Miss N. B. Randall. The flowers used in decorating the former were pink, and in the latter case bronze, carnations.

BRITISH RED CROSS SOCIETY.

There were 60 entries in this class, and seven Silver and sixteen Bronze Medals were awarded, but, frankly, the members of the Red Cross Society have a great deal to learn about preparing and serving diets for sick people. In the majority of cases the portions were far too large, the appearance most unappetising, and, indeed, calculated to put an invalid off his food altogether. In one instance the little breakfast biscuits on the tray for a typhoid patient in the fifth week appeared most unsuitable.

BEQUEST TO A NURSE.

A life annuity of £200 has been left by Mr. Frank Corbett, of Danehill, Sussex, and 148, St. James's Court, to Nurse Goggin, who attended him during his illness.

THE PASSING BELL.

We greatly regret to record the death at St. Bartholomew's Hospital, E.C., of Miss A. B. Davey, a nurse in her third year of training, on Monday last, after an illness of only a few days' duration. The greatest sympathy is felt for the relatives of the nurse whose career has ended so tragically.

APPOINTMENTS.

MATRON.

Victoria Hospital, Keighley.—Miss Martha A. Garner has been appointed Matron. She was trained at the General Infirmary, Leeds, and has held the position of Sister at the Grantham Hospital, and the Royal Hospital, Reading, and of Night Sister and Home Sister at the General Hospital, Bristol, where she is at present Assistant Matron.

Infectious Diseases Hospital, Kendal.—Miss J. H. Devlin has been appointed Matron. She was trained at Clyde Bank and Renfrew Joint Hospital, and has held the position of Sister and Assistant Matron at Bolton Fever Hospital, and of Assistant Matron at the former hospital.

Infectious Diseases Hospital, near Dunstable.—Miss Georgina Manning has been appointed Matron. She was trained at Guy's Hospital, and has held the following positions: Charge Nurse, Children's Hospital, Glasgow; Matron, City Hospital, Coventry, the Sanatorium, Canterbury, and the Isolation Hospital, Leighton Buzzard.

Fever Hospital, Owenstone, Fife.—Miss Marjory Nicol has been appointed Matron. She was trained at the City Hospital, Edinburgh, and at the Royal Infirmary, Edinburgh, and since 1904 has been Sister-in-Charge of Wards at the City Hospital, Edinburgh.

NIGHT SUPERINTENDENT.

General Infirmary, Worcester.—Miss M. Paterson has been appointed Night Superintendent. She was trained at the Royal Sussex County Hospital, where she passed first at the final examination, and was awarded the Butler Prize.

SISTER.

General Infirmary, Peterborough.—Miss Adelaide Keig has been appointed Sister. She was trained at the Royal Infirmary, Oldham, and has held positions at the Aldershot Hospital, the Infirmary, Kingston-on-Thames, and the Princess Christian Hospital, Weymouth.

SCHOOL NURSE.

Borough of Cambridge.—Miss Dora Karstadt has been appointed School Nurse. She was trained at the Hospital for Consumption and Diseases of the Chest, Brompton, for two years, and at the Royal Hospital, Portsmouth, for three years, and has been Sister at the Shirley Warren Infirmary, Southampton, School Nurse, under the London County Council, and at Luton, and Health Visitor, under the Nottinghamshire County Council.

HEALTH VISITOR.

Warwickshire County Council, Leamington.—The following ladies have been appointed Health Visitors:—

Miss E. G. Pakes, who for two years has acted as Supervisor of Midwives and Senior Health Visitor, in Devonshire.

Miss J. M. Abbott, trained at Brownlow Hill Workhouse Hospital, Liverpool, who has done

private nursing in Stockport and Salford, and has been Sister at Monsall Fever Hospital, Manchester, and Health Visitor and School Nurse, at Macclesfield.

Miss E. M. Gillard, trained at the South Devon and East Cornwall Hospital, Plymouth, who has been Charge Nurse and District Nurse, in connection with the same institution; Superintendent Nurse and Midwife, at the Infirmary, Liskeard, Cornwall; and School Nurse, at Colchester.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Sister Miss Mary E. Harper is placed on retired pay on account of ill-health (November 1st); Staff Nurse Miss Doris Mary Smith to be Sister (November 1st); Staff Nurse Miss Constance E. Aldridge resigns her appointment (November 1st).

QUEEN VICTORIA'S JUBILEE INSTITUTE.

SUPERINTENDENT OF IRISH BRANCH.

Miss A. M. Peterkin having accepted the invitation of the Scottish Council, to become Superintendent in Scotland, Miss A. Michie has been appointed Superintendent of the Irish Branch of the Queen's Institute. Miss Michie received her district training in Liverpool, was appointed Queen's Nurse, in 1894, was Superintendent of the Cornwall County Nursing Association for six years, and Superintendent of the Worcester City and County Nursing Association for nine years. In addition to her work under the Queen's Institute, she has had exceptional experience in other branches of nursing. Miss Michie was the second candidate in the selected list when Miss Peterkin was appointed.

INSPECTOR.

Miss Beatrice Olphert is appointed Inspector. She was trained in General Nursing at the Devon and Exeter Hospital; in midwifery at the East End Mother's Home; and in district nursing at Southwark. She has since held the following appointments:—Queen's Nurse, Norton and Bognor; Superintendent, Gloucestershire County Nursing Association; Inspector of Midwives for the Berkshire County Council; Superintendent for the Surrey County Nursing Association.

ASSISTANT SUPERINTENDENT.

Miss Martha Mearns is appointed to Cumberland as Second Assistant Superintendent and School Nurse. She received her general training at Brownlow Hill Infirmary, Liverpool; midwifery training at Cheltenham; and district training at Hull. She has since been Queen's Nurse at Hull, Newark, St. Leonards, Huddersfield (Queen's Midwife); and Senior Nurse at Bury and Barrow-in-Furness.

TRANSFERS AND APPOINTMENTS.

Miss Jane Brazendale is appointed to Bembridge; Miss Christine Carnegie, to Shrewsbury; Miss Winifred Flanders, to Loughton; Miss Jeanie Main, to Gloucester; Miss Lucy Marshall, to Sevenoaks.

NURSING ECHOES.

The Hon. Albinia Brodrick has been most cordially welcomed by the nursing world in New York. On the 21st October the Superintendents were entertained to tea by Miss Nutting to meet Miss Brodrick, and members of the Joint Executives of the Nurses' Societies were invited by Miss Wald, R.N., LL.D., to tea at the Nurses' Settlement, where Miss Brodrick was present. We have no doubt her sprightly Irish wit and warm sympathy for the sick poor will endear her to hundreds of American friends. We hope the rumour that Mr. Andrew Carnegie has become interested in Miss Brodrick's good work at Ballincoona may be true, and that it may result in relieving her of some of the financial burden which she has shouldered so courageously.

The accompanying picture of Miss Elma Smith, Matron of the Central London Sick Asylum, Hendon, represents her as Mrs. Elizabeth Fry, whom she personated in the Nursing Pageant at Cologne. We think everyone must agree that the presentation of the great philanthropist is a most charming one. The Germans were delighted with it.

A meeting of the Hendon branch of the Central London Sick Asylum Nurses' League was held on Friday, October 25th, when the members were favoured with a lecture by Dr. Metcalfe on Some Points in Modern Surgery, which was followed by a practical demonstration of an intravenous injection of salvarsan, and an illustration of CO₂ snow, a new treatment for the cure of naevi.

A goodly number of past and present nurses listened with keen interest to the more recent methods of present-day surgery, and the preparation and after-treatment of operations, so aptly explained by the lecturer, revealing vast improvements on the old method of even ten years back. How much more comfortable for the patient must be the present method of preparing the operation area to the old method of cleansing and rubbing the skin so many times to render it aseptic, and the uncomfortable wet compresses now forsaken. And what a much more comfortable and shorter road is necessary to recovery. Truly surgery moves with the times.

During the practical demonstration a newer and neater method of stitching wounds was seen, the mark of the needle being shown only at the beginning and end of the wound.

Nothing is more appreciated by League members who are not in hospital work than to have the opportunity of keeping in touch with up-to-date methods which is often afforded them through the kindness of the medical profession.

A Branch of the Nurses' Social Union has been formed for the City and County of Gloucester. A meeting will shortly be held for the purpose of electing members, and the Hon.

Secretary, 94, Southgate Street, The Cross, Gloucester, will be pleased to give any information to those interested.

A correspondent draws our attention to an advertisement for a probationer "to train as a hospital nurse," giving an address of a private house in a West End Square. Though the house is, we believe, used for the reception of



MISS ELMA SMITH AS MRS. ELIZABETH FRY.

the sick, we have no hesitation in saying that any girl who hopes to train as a "hospital nurse" anywhere but in a public hospital, will find herself grievously deluded.

And how about the patients who pay for trained nursing?

At the quarterly meeting of the Council of the Scottish Branch of Queen Victoria's Jubilee Institute for Nurses, the report on the past three months' work was submitted. It showed that the Council were directly responsible for eight Queen's nurses and twenty probationers receiving instruction in the Training Home. Six nurses had completed their training. Five nurses had received first appointments under the local Committees at Kilchoman, Galashiels, Greenock, Perth, and Turriff. Seventy-six visits of inspection had been paid and reports thereon submitted to the Executive Committee. The cases nursed in Edinburgh from the Training Home during the quarter numbered 1,457; visits paid, 30,080; cases remaining on books, 505. The resignation of Miss Cowper, Superintendent-General for Scotland, was received with great regret, the Council recognising the very valuable work and devoted service she had rendered during many years. Miss Cowper will be succeeded by Miss Peterkin, who was recently appointed Superintendent in Ireland.

We must own to considerable sympathy both with Nurse Hogan, the permanent nurse working under the Tullamore Board of Guardians, who objected to the temporary nurses employed in the fever hospital sleeping in her apartments, and also with Nurse Craig, who left the hospital, and, when leaving, stated that she had nowhere to rest after her night's work. As she could not rest she was unable to do her duty conscientiously. The Master told the Guardians that he understood the temporary fever hospital nurse always occupied Nurse Hogan's room in the daytime. There were two beds in it. Nurse Hogan stated that she objected to the nurse occupying her room because she did things she had no right to do in her absence. She considered it very necessary to provide a room for the night nurse. It was very unpleasant, and the nurse could not rest properly nor could the room be ventilated properly. The Board ordered Nurse Hogan not to lock her door on the night nurse. Such treatment is incredible. The management of the Guardians is as inconsiderate as it is disgusting.

Is there no Medical Officer of Health in the district?

A letter has been received at International Headquarters from Miss Maclean, the President of the Trained Nurses' Association of New Zealand, expressing her gratification and thanks for the kindness shown to the New Zealand delegates from their colleagues at home and in Germany, in which she says:—"I have written to Miss Dock, on behalf of the New Zealand nurses, to acknowledge her letter about our affiliation. I think it most kind of the nurses from the Old World to welcome this little country so cordially. Our nurses will very surely be proud and glad to belong to this great international organization." Miss Maclean adds that she is looking forward to meeting Miss Orr, who has been elected Matron of the Auckland Hospital.

Miss Orr sails on the "Athenic" from Tilbury Dock on the 16th inst., and will arrive at Auckland in the first week of the New Year. Warm good wishes for success and happiness in her new sphere of work go with her from the old country, and evidently a kind welcome awaits her in New Zealand, where her aim will be to prove her loyalty to the best interests of a profession to which she is devoted.

Miss Jessie Grant, who is leaving for India to superintend the Nursing Department of the hospital of the Zenana Bible and Medical Mission Hospital at Lucknow, having formerly worked at Patna, writes: "I have arranged not to lose one number of THE BRITISH JOURNAL OF NURSING on account of journeying. They will be waiting for me at Lucknow.

"For years in India I have had the journal, and I feel greatly indebted to it for having kept me so up-to-date in all the leading questions of reform and progress that I was not hopelessly behind the times when I got home. And the natural sequence is that, with this foundation, and similar influences since, I go back to India a keen suffragist and wearing the badge of the W.S.P.U."

We are always much encouraged by letters which prove that our readers appreciate and understand the principles which inspire this professional journal.

WELCOME HELP.

The President of the Society for State Registration of Trained Nurses acknowledges with many thanks the following donations:—Ella, Lady Simeon, £1 1s.; Miss Mary Breay, £1; and Miss C. E. Loder, 5s. 6d. The more money subscribed, the more publicity can be given to the question.

NEITHER ANGELS NOR LADIES.

I was driving on the top of a coach a few weeks ago, and found the man who blows the horn most attentive. He made it his business to point out all the little things of interest on the journey, and put folded horse-blankets for us to serve as footstools and to keep our feet warm.

At the end of the journey I thanked him for his kindness.

"That's all right, nurse, you need not thank me; I always do everything I can for nurses, and if the coach were mine they should ride for nothing. You see it's like this, nurse. I was ill last year in hospital for two months; poisoned my arm; couldn't wash myself, couldn't do nothing. Well, you know what that means, so I needn't tell you all those nurses did for me. I didn't like it, I can tell you, and I said so, and Nurse Agnes said to me, she says, 'Just you think that you are a little boy again, and I'm your mother. I never think of any of the men in this ward as "men," but just as children, and I'm mother to all of you,' and she was that. If ever an angel walked this earth it is Nurse Agnes. They were all good to me, but I liked her best. It beats me how they ever get any ladies to be nurses, for they work hard, and it ain't always nice work either, as you know yourself.

"Of course, it's very little a rough chap like me can do for a lady but I do what I can. I take them a bunch of flowers sometimes, and if ever any nurse comes on this coach I see as she is properly looked after."

"That is very kind of you," I said. "We have enjoyed ourselves very much—much more than we should have done if you had not been so kind to us."

"That's all right, nurse. I only wish I could have every lady out of that hospital and give 'em a drive once a week. Ladies I call 'em, but, of course, we know they're not, nor angels neither, but I often calls 'em both. Good afternoon to you, and if you are ever this way again I shall be glad to see you."

M. H.

 HEROIC DEATHS.

We regret to record the heroic deaths of five Sisters of Charity, said to be nurses at the Santa Rosa Orphan Home, San Antonia, Texas, who lost their lives in gallantly rescuing the children at an outbreak of fire. The Mother Superior, Mary Rossiter, a native of Wexford, Sister Stevens and Sister Nolan, of Dublin, are amongst those who succumbed. All except two of the hundred children were rescued.

SOCIAL DISEASES.

REPORT OF THE PROGRESS OF THE MOVEMENT FOR THEIR PREVENTION.

The Federation number of *Social Diseases*, published by the Society of Sanitary and Moral Prophylaxis, 105, West Fortieth Street, New York, is devoted to reporting the papers presented at the Annual Meeting of the American Federation for Sex Hygiene this year, held at Atlantic City. Many of the papers were of extreme value, and we quote from two of them, below, as fully as the brief space at our disposal will permit.

THE SITUATION.

Dr. Talcott Williams, Director of the School of Journalism at Columbia University, dealing with "The Situation," said that "No movement for social reform has made a more rapid and significant progress in five years than has the one represented by this gathering. A subject scarcely mentioned outside of technical journals, a topic whose discussion was shunned, a purpose which no one publicly avowed have, all three, become common public property."

OUR PROBLEM.

Dr. George R. Dobson (a doctor of divinity) took for the subject of his address, "Our Problem: a Survey and a Forecast." He pointed out that "Until recently men have spelled evil with a capital E. They have regarded it as a metaphysical principle invrought in the constitution of things, and consequently insuperable and eternal. Those who think in this way naturally assume the attitude of submission and resignation. The utmost they attempt is to palliate what they have no hope of being able to overcome. A more fruitful and hopeful view is now gaining acceptance. Evils are being dealt with in detail, their special causes are studied, and as they are discovered, controlled. Our men of science have won the victory over malaria, yellow fever, small pox, and the bubonic plague. Other great scourges of the race are doomed, it being now only a question of time, and in some cases—as in that of typhoid fever—success waits merely upon a better civil administration.

"Another discovery has recently been made which illuminates the whole situation and is profoundly encouraging. It has been found that vice in our great cities is not a necessary social phenomenon, deriving its inevitability from the unconquerable strength of the sex passion, but that in its main aspects it is a commercialised business, which is organised and promoted for the sake of gain. Neither poverty, nor love of finery, nor craving for affection, nor degeneracy, nor all the causes and influences making for the debasement of women which students of prostitution have ever noted are sufficient to secure for the promoters of vice an adequate supply of women. It has therefore been necessary to organise the white slave trade, and send agents out to scour the world for defenceless and unwary

girls, and to systematically entrap multitudes of mere children. On the other hand, to secure patrons for their houses, these men and women who are in the business for the money that is to be made out of it, find it necessary to make subtle appeals to the senses of young men, to lure them to vice by suggestions of gaiety and fun, and to break down their inner restraints by the use of alcohol. That is, the love of money rather than insurgent impulse is the root of much of this evil.

"This discovery is of capital importance. For it means that we are not in the position of having to fight nature or to deal with a volume of vice that is a fixed quantity upon which we can have no other effect than that of forcing it to change its location or form. We have to do, in a large part, with a disreputable business which flourishes only in concealment and which withers in the light. Mr. W. W. Hallam shows that whenever a city takes the profit out of vice it immediately reduces its volume, since this 'varies greatly with the presence or absence of temptation or opportunity, and the character of the men in a city.' During the recent police investigation in Chicago, 'when two-thirds or more of the vice districts of the city were closed, the remaining one-third was greatly disappointed to find a falling off of business, instead of the increased amount they had expected.'"

Another point brought out by the speaker was the tender ages of the little girls sacrificed to the supposed necessity for incurable vice. When a rescue home was opened recently in Chicago a number of the inmates wanted to play with dolls, and several of them brought dolls of their own which they had kept with them through all their vicissitudes. "Quite recently," said Dr. Dobson, "I visited a home for semi-delinquent girls, against each one of whom stood a grave charge involving the loss of her chastity. I had come to a home prepared to lecture the inmates. I remained to dress dolls for a handful of little girls, who eagerly asked questions about the dolls I had once possessed in a childhood which seemed to them remote." "Where," asks Dr. Howard Kelly, "shall we look to recruit the ever failing ranks of these poor creatures as they die yearly by the tens of thousands? Which of the little girls of our land shall we designate for this foul traffic? Mark their sweet innocence to-day . . . which of them shall we snatch as they approach maturity, to supply this foul mart?"

Again, Miss Jane Addams writes:—"A surprising number of little girls have first become involved in wrong-doing through the men of their own household. A recent inquiry among a hundred and thirty girls, living in a sordid red light district, disclosed the fact that a majority of them had thus been victimised, and the wrong had come to them so early that they had been despoiled at an average age of eight years."

We strongly advise our readers to procure and study for themselves this pamphlet and the most interesting papers it contains.

M. B.

THE INTERNATIONAL JOURNALS OF NURSING.

International sympathy is evidently very keen amongst the Nurses of the world, and nothing has done more to inspire it than the wonderful oneness of our National Nursing Journals. Throughout the professional Journals there is a quite remarkable unanimity of thought and purpose. We all stand for the same code of ethics, the same demand for efficient educational standards, the same power of self-government, so that it may be possible to do our duty. Wherever professional organisation takes place, such organisations must have an unbribable organ in the press to voice the best interests of the profession and the public it serves.

Thus each National Council of Nurses as it affiliates with the International Council, becomes through its official organ a far-reaching influence in support of professional solidarity. Let us, as editors of such journals, with one pen, be loyal to those high ideals for which internationalism stands.

OUR INTERNATIONAL ORGANS.

THE BRITISH JOURNAL OF NURSING

Great Britain and Ireland.

The American Journal of Nursing

United States of America.

Unterm Lazaruskreuz Germany.

The Canadian Nurse Canada.

Tidsskrift for Sygepleje Denmark.

Nosokomos Holland.

Epione Finland.

The Nursing Journal of India India.

Kai Tiaki New Zealand.

American nurses have also *The Pacific Coast Journal of Nursing*, supported by the nurses of the States of California, Oregon, and Washington, and ably edited by Miss Genevieve Cooke.

In France, *La Garde Malade Hospitalière*, edited by Dr. Anna Hamilton, stands for high professional standards.

The official organ of the Swedish Nurses' Association, *Svensk Sjukskötersketidning*, also voices the aspirations of professional nurses; so that the need for such journals is amply demonstrated.

What Miss Sophia F. Palmer, the editor of the *American Journal of Nursing*, in giving a short report of the life of the journal, states as its *raison d'être*, may be said of all the official organs.

"It was established in the beginning not to compete with other magazines in the field, not to try to run them out of business, not to interfere with them in any way, but that we might have a medium through which our own nursing standards and our nursing ideals could be placed before the world, and be distributed among ourselves unrestricted by the influences of any other body of people."

OUTSIDE THE GATES.

WOMEN.

The Society of Women Journalists are to be congratulated upon the success of their annual dinner, held at the Criterion Restaurant on the evening of the 2nd inst. Mrs. Charles Perrin presided, and was supported by 200 members and their friends. The dinner was excellent, the speeches brilliant, and the dresses charmingly attractive, so that altogether the function, it was agreed, was as delightful as any gathering organised by the society.

Mrs. Perrin, in proposing the health of "Our Guests," spoke of the *esprit de corps* of journalists as evidenced by the attendance of so many distinguished men, and said it must inevitably tend to the mutual benefit of both sexes. In reply, Mr. Sidney Low remarked that the employment of women in journalism was one of the most gratifying and advantageous developments of the Press which the age had witnessed.

Lord Northcliffe proposed the toast of "The Society of Women Journalists," and expressed the opinion that the reason why women were ideal journalists was because of their powers of quick observation, their sympathy, and pertinacity, and journalism was an ideal profession for women, because it is not necessarily one of the tedious forms of toil demanding long hours away from home.

Woman's influence in Fleet Street has been a good one. Lord Northcliffe concluded his speech:—"To the woman reader who has been created by the woman writer I attribute not a little of the elimination of crime, indecency, puffery, and mournful accounts of the last meals of the condemned which adorned the leading morning papers until very, very recently, as I can easily prove or you could see for yourselves. But perhaps old newspapers, like old love-letters, are best left unread, so I will thank you for your patience and ask you to join with me in drinking the health of this delightful society, and equal opportunity and equal remuneration for men and women in the field of journalism."

Mrs. Thompson Price, Vice-Chairman of the society, in a witty speech, thanked Lord Northcliffe for his complimentary remarks, and said she thought they were well deserved. The aim of the society was to raise the status of the woman journalist throughout the world.

The ceremony of presenting Mrs. Willoughby Hodgson, the late popular Hon. Secretary, with the gift of a diamond ring was charmingly performed by Mrs. Perrin. The toast of "The President" was proposed by Mrs. Herbert Cohen, who referred in high praise to her term of office.

A conversazione and delightful music concluded a very memorable gathering.

Mrs. Baillie Reynolds, the Chairman of Council, has been elected President of the Society of

Women Journalists in succession to Mrs. Perrin. The new President needs no introduction to the readers of this Journal, as for ten years she contributed in her own inimitable style the Review of "Books of the Week." Moreover, she is a sister of the late Miss Daisy Robins, who devoted some of the best years of her life to furthering the interests of trained nurses, as Secretary of the British Nurses' Association in its early and palmy days.

BOOK OF THE WEEK.

"YONDER."*

A devout nature-worshipper like S. H. Young can never be commonplace or dull. "Yonder" is a singularly well-chosen title for the latest work of this gifted author. Elusiveness is its most characteristic feature; and to be, rather than to do, the distinguishing mark of the delightful personalities with whom we are made acquainted. But we must confess that we are rather disappointed that so little is achieved. It is really seldom that one wishes to read a novel a second time but "Yonder" is an exception. When the last page was in sight, and we had nearly decided that we were disappointed, the knowledge came to us that this is something more than a charmingly told tale; and, perforce, we must re-peruse its pages, go far below the surface, and make its secrets our own.

Just study the description of Bessie, the general factotum in Edward Webb's family.

"On Sunday, Bessie, having washed up the dinner things by a miracle of speed, had emerged to the light of day. Theresa always tried to catch a glimpse of her on these occasions, for she never could feel that this was the same person who, moving amid dimness, clad in drab colours, besmirched with black, had cooked the breakfast. For, on Sunday and the weekly night out, she seemed to leave herself in her bedroom, and bring forth a cruder creature, gowned in bright-blue and shadowless. Theresa felt she did not know this person; that the real Bessie was upstairs in her room. She pictured a being without a body, but with the form of it; as much like a skeleton-leaf as a human body can be, sitting on the edge of the bed, until the blue girl should return; and when the dusk fell she avoided the topmost landing of the tall house, for she was afraid of what Bessie had left up there."

After these imaginings we must know more of fiery little Theresa.

When she was grown to years of discretion she could tangibly account for her loneliness as follows:

"She knew there was something in her nature which could not be easily satisfied, but she did not know how to feed it, it was always pitiously hungry, and even when she had drugged it with the sweet drink of gaiety and laughter she could hear its muffled weeping deep down in her heart."

* By S. H. Young. (W. Heinemann, London.)

Of course the love of a good man, as he happened not to be the right one, only accentuated this condition, and after a short engagement she reproaches herself after this fashion:—

"No, I don't want Basil back, but I want my wholeness back. I had no right to give him anything, poor soul, and I feel there are little bits of me strewed everywhere." She did not think this was fair on the possible other person. The other person was, of course, Alexander, who lived among the hills and loved them as she did.

Even at the dramatic scenes which mark the close of the book he cannot but tell her of his love.

"Here are my hands," she says to him. She put them shaking into his, then snatched them from him. "No," she said, and knelt beside the water. "Look, I am washing them in water from the hills, because I once lent them to someone else. I only lent them, Alexander. Oh, do you think they're clean?"

"Oh, my heather flower," he said, "my heather flower!"

There are many other persons and incidents the drawing of which deserves high praise. We commend to our readers a careful study of this book.

II. II.

COMING EVENTS.

November 12th.—The Infants' Hospital, Vincent Square, S.W. Lectures on "Babies." "Substitute Feeding," by Dr. Ralph Vincent. 3.30 p.m.

November 12th.—White Slave Traffic. Great United Demonstration of Men and Women, London Opera House, Kingsway, 8 p.m.

November 13th-16th.—Baby Land and Health Exhibition, in aid of the Leeds Babies' Welfare, and West Riding Nursing Association, Leeds Town Hall.

November 14th.—General Meeting, League of St. John's House Nurses, 12, Queen Square, W.C. 3 p.m.

November 20th.—Irish Nurses' Association, 34, St. Stephen's Green, Dublin. "The Health of the Child," illustrated by lantern slides, by Dr. McVittie.

November 20th.—National Council of Women of Great Britain and Ireland. Extraordinary Meeting "To Consider the Position of Women under the Franchise and Registration Bill now before Parliament." Central Hall, Westminster, 10.30 a.m.

November 23rd.—National Council of Nurses of Great Britain and Ireland, Annual Meeting of Grand Council. Tea, 4 p.m. Meeting, 4.30 p.m., 431, Oxford Street, London, W.

WORD FOR THE WEEK.

Then said Christian, "I must venture. To go back is nothing but death; to go forward is fear of death, and Life everlasting beyond it. I will yet go forward."

BUNYAN.

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 HISTORY OF NURSING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—I shall be indebted to you if you will give me a little space for bringing to your readers' attention the forthcoming final volumes of "A History of Nursing." Instead of a third volume there are two, third and fourth, bringing the details of nursing advance closely up-to-date.

What I wish to impress on your readers' minds is that these two last volumes have been given to the International Council of Nurses and are to be sold for the benefit of its treasury. All royalties from their sale will go to aid that treasury. Another thing important to remember is that the last two volumes may be bought separately from the first.

The price of the two final volumes is the same as that of the others—five dollars (£1)—and as this is beyond the means of many individuals, I make the following suggestions:—

Let all hospitals and training schools be asked and urged to buy the History for their libraries. All the nurses' clubs, homes and hostels should do the same. Then, training school directors might be persuaded to give their most meritorious pupils copies of it as a prize or reward when they receive their certificates. Medical, as well as general libraries also should possess it. If all these methods of pushing the sale of the third and fourth volumes were followed, especially in English-speaking countries, and if every year those nurses who are able to do so, would buy it, we should in time have a very fair income for our international treasury, which would enable us to maintain a paid secretary and to carry on international work more regularly and effectively than we can do now when all such work is volunteer, unpaid labour.

Another thing I will ask nurses to do is to have copies of the volumes of the History at all large meetings, so that it may be seen and thus advertised. This is an easy thing to do, and is useful.

The History will be procurable from all book-sellers, or the publishers, G. P. Putnam's Sons, London and New York.

LAVINIA L. DOCK,
Honorary Secretary,
International Council of Nurses

Henry Street Settlement,
New York.

(We are inclined to think that these four volumes of "A History of Nursing" should be classed as text books for study in nursing schools. As prizes they are invaluable.—Ed.)

THE FIRST-FRUITS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have been greatly surprised that the Bart.'s League of Nurses, with few exceptions, appear to take little interest in the progress of nursing education, and well remember two years ago, when it was proposed to raise a fund in memory of our dear Matron, Miss Isla Stewart, how few appeared to appreciate the form it took—in sending a member to New York to study at Teachers College under Miss Nutting.

"What can they teach us in America we do not know?" asked Sister Self-Satisfied. In spite of this insular attitude of mind the money was raised, and Miss M. S. Rundle, as the Isla Stewart Scholar spent a year in New York as a pupil at Teachers College.

When she returned she took up a subordinate post at the Royal Free Hospital, and Sister Self-Satisfied again questioned "What can she do there? Money thrown in the ditch."

A short time ago Miss Rundle began her work as Matron of the Royal Hospital for Diseases of the Chest, City Road. That was the climax for poor Sister S.S. Yet how true it is that knowledge is power, and can always be turned to account.

Your editorial of the 12th, in which was announced the founding of "A School for Special Training in the Nursing of Tuberculosis" gave me unqualified satisfaction.

"A school," "special training," "preliminary and post graduate," "thorough teaching"—that is just what is needed by nurses if they are to take their rightful part in the great anti-tuberculosis campaign all over the country. One wonders if the Isla Stewart Scholar had spent all her time within Henry the Eighth's Gate she would have evolved this excellent curriculum, or would have been content to follow along beaten tracks.

Anyway, those of us who subscribed for a "Scholar" feel we are to have a very good return for our money, and we hope that great numbers of nurses will avail themselves of the special teaching at the Royal Hospital for Diseases of the Chest, and carry far and wide the valuable knowledge they acquire there. Nothing would have pleased the founder of our League more, were she still with us, than to see her nurses well equipped to help to stamp out tuberculosis.

Yours truly,

A MEMBER LEAGUE ST. BARTHOLOMEW'S HOSPITAL NURSES.

(It certainly is wonderful how things pan out. Now we want the members of the League to endow a scholarship in memory of Miss Isla Stewart, so that in perpetuity it should be available for nurses trained at St. Bartholomew's Hospital to go out and learn from others the best methods in the various branches of their profession. We want at least £2,000 to endow this scheme, and with 700 members there should not be any real difficulty. Subscriptions may be sent to Mrs. Shuter, Cleve-land House, Chiswick Lane, W.—Ed.)

REPLIES TO CORRESPONDENTS.

Sister T. (London).—The great value of a Nurses' League is that every nurse certificated in the school of the hospital to which it is attached has a voice in its management, and keeps in touch with her colleagues wherever they may be. At the meetings a nurse learns to conduct business, to speak, and to take an unselfish interest in those who may be less fortunate than herself. Lectures and social gatherings can be paid for out of League funds, and through the National Council of Nurses each unit can be associated with the nurses of the world, through the International Council, a most educative organisation, as those who have attended International meetings can testify. Leagues which "keep themselves to themselves" lose much of the spirit and benefit of professional comradeship.

T. W., *Isle of Wight*.—You will find "Practical Nursing," by the late Miss Isla Stewart and Dr. Herbert Cuff, published by Messrs. William Blackwood & Sons, 37, Paternoster Row, E.C., 5s. net; "Nursing: Its Principles and Practice," by the late Mrs. Hampton Robb, published by E. C. Koeckert, 715, Rose Building, Cleveland, Ohio, price 8s. 4d.; and "Practical Nursing: a Text-book for Nurses, and a Hand-book for all who care for the Sick," by Miss Anna C. Maxwell and Miss A. E. Pope, published by G. P. Putnam's Sons, 24, Bedford Street, Strand, price 6s. net—all very useful books.

THE SWEATING OF VILLAGE NURSES.

Our criticism of Mr. H. R. Bruxner's letter which appeared last week, and letters referring to the above subject, are unavoidably held over until next week. The space available in this Journal is now far too limited for the numerous subjects of interest with which we are invited to deal.

OUR PRIZE COMPETITIONS.

November 16th.—State successful methods of treatment for constipation?

November 23rd.—How should a nurse care for her hands so that they are kept in the best condition for use in the sick room?

November 30th.—What form of infection is likely to follow the retention of a piece of the placenta after delivery, and what are its characteristics?

OUR CHRISTMAS COMPETITION.

TOYS FOR TINIES.

Four Five Shilling Prizes will be awarded in December for the best toys made at the cost of not more than 6d. The toys must be sent to the Editorial Office, 20, Upper Wimpole Street, London, W., by December 14th, with the coupon which will appear in the issue of December 7th. All the toys will be distributed to poor children under five years of age, so they should be made to meet the tastes of tinies.

The Midwife.

BACILLURIA DURING PREGNANCY.

Dr. W. Hale White, in the course of an address on "The Importance of Examining the Urine Bacteriologically," delivered at the opening meeting of the Derby Medical Society and published in the *Lancet*, spoke as follows on "Bacilluria during Pregnancy":—

"A few years ago we were ignorant of the existence of bacillus coli in the urine of pregnant women; now we know it to be common. One wonders to what illness of the patients was formerly ascribed. As far as I can remember the first case of bacillus coli infection in pregnancy which I recognised was admitted under me seven years ago; the urine contained a pure culture. Since then I have seen many cases, and I do not think that now they ought to be overlooked. The symptoms associated with the micro-organisms vary very much in severity, so much so that we want a systematic examination of the urine of some hundreds of pregnant women, for often the symptoms are so slight that it is difficult to avoid a suspicion that the bacilli may be found in the urine of pregnant women even when there are no symptoms suggesting that they are there. Certainly the symptoms often subside and yet the bacilli remain; for how long we do not know. It would be a very valuable observation to examine the urine of these patients systematically at regular intervals for months after the disappearance of clinical symptoms. We at present have much to learn about the disease, for as the symptoms vary so much, and the bacilli are still present after the symptoms have disappeared, either the micro-organisms themselves must be very changeable, or other factors than the bacilli must contribute to determine the clinical variety of the patient's illness. We have already seen that there is as yet no perfect explanation as to why colon bacilli should appear in the urine during pregnancy; there certainly is a liability for them to be found there in other conditions, for they are by far the commonest pathogenic micro-organism in the urine. They are found in nervous diseases, after typhoid fever, and during tubercular peritonitis. The symptoms of coli infection of the urine in pregnant women are the same as in those who are not pregnant, and in both there may be either cystitis, pyelitis, or pylonephritis, and these may exist in the

same patient. The right kidney is much more often affected than the left, but both may be affected. We have already considered several examples of the condition in women who are not pregnant, so there is no need to give other examples taken from those who are. The best way to avoid missing these cases is always to think of the possibility that the presence of bacillus coli may explain illnesses that occur during pregnancy. Sometimes the symptoms are so trivial that their true cause is overlooked; sometimes they are so severe that they mislead, as the following case shows. A pale young woman was, during the fifth month of her first pregnancy, seized with severe fever, and the temperature remained raised for seven weeks. She had a hæmic murmur which led to a diagnosis of malignant endocarditis, and consequently a very bad prognosis was given. Later on the urine was examined and found to contain some pus and plenty of bacillus coli. She was treated with urotropine and an autogenous vaccine; she got quite well and was confined at full time of a healthy child. The following case shows how little may be wrong with the urinary tract and yet how ill the patient may be. A young married woman was admitted during the sixth month of her second pregnancy. She was suddenly seized with acute pains in the abdomen, especially on the right side. The pain was so severe that she was brought at once to the hospital and admitted immediately. Her temperature was 103° F., and there was some diarrhœa. She had had slight frequency of micturition; she was tender over the right kidney and ureter, but the urine only contained minute quantities of pus but plenty of colon bacilli. She was very ill and her temperature was often 103° for a week after admission, but under the usual treatment she got quite well. I have not seen any case so severe that the patient has not got well by medical treatment. As far as my experience at present goes it is never necessary to induce premature labour nor to perform any operation upon the affected kidney."

The above cases will be of much interest to midwives, who are frequently brought into contact with pregnant women and are often puzzled by the symptoms they detail. They must, of course, refer the patients to a medical practitioner, but it simplifies matters if, in doing so, they can give an accurate account of the patient's condition.

THE CENTRAL MIDWIVES BOARD. THE NEXT EXAMINATION.

The next examination of the Central Midwives Board will be held in London on December 16th, 1912. The Oral Examination will follow a few days later.

THE NATIONAL ASSOCIATION FOR THE PREVENTION OF INFANT MORTALITY.

An organization with the above title has been formed under the leadership of Sir Thomas Barlow. At a meeting of the Women Pharmacists' Association Dr. C. W. Saleeby stated that the object of the Association is to secure the fullest advantage to the mother and the baby of the Maternity Benefit under the National Insurance Act, and to look after the child until it is of school age.

THE GENERAL MEDICAL COUNCIL AND THE MATERNITY BENEFIT.

The General Medical Council has forwarded a memorandum to the National Insurance Commissioners, and has issued a report, prepared by a Committee, dealing with the possible effect of the Insurance Act on the education of students of midwifery. The Council apprehends that the regulations for the administration of maternity benefit may, unless suitably framed, have an adverse effect on the educational functions of lying-in hospitals, and maternity institutions and has incorporated certain suggestions in its memorandum with the object of obviating this danger.

The first possible effect with which the memorandum deals is that women who enter the above hospitals for their confinements may forfeit their right to maternity benefit, and will not therefore seek admission. In that case the work of the training of students and pupil midwives will lapse. The Committee of the General Medical Council consider that if suitable regulations are framed this difficulty may be overcome. They are also of opinion that the regulations should be so framed as to recognize the certificate of the responsible official of an outdoor maternity institution concerned with training students and midwives as fulfilling the requirements of the Act in respect of the payment of maternity benefit. The Commissioners have promised to give these suggestions their serious consideration.

We have on several occasions expressed the opinion that during the short period in which pupil midwives are being prepared for the examination of the Central Midwives Board their work should be under constant supervision, and they should in all cases be accompanied by a certified midwife when attending outdoor cases, both for the safety of the patient, and because the lessons of the case are to a great extent lost if a teacher is not at hand to explain them. The same applies to the education of medical students, and they would gain materially in practical know-

ledge, if it is impossible for them to be directly supervised by registered medical practitioners, if they were accompanied by certified midwives. We hope that the Insurance Commissioners will protect the insured women, and keep up the value of the Maternity Benefit offered by limiting it to assistance rendered by, or in the presence of, qualified practitioners and certified midwives.

A CELEBRATED TRAINING SCHOOL.

The Rotunda Hospital, Dublin, stands in the very front rank of training schools for midwives, and those who are fortunate enough to be educated within its walls always look back with pride to their connection with it. Pupils are prepared for the examination of the Central Midwives Board.

THE WOMEN'S NATIONAL HEALTH ASSOCIATION OF IRELAND.

The Countess of Aberdeen, writing from Vice-regal Lodge, Dublin, to Boards of Guardians, on behalf of the Women's National Health Association of Ireland, states that, as the death rate amongst women in child-birth, in Ireland, is considerably higher than in Great Britain; and considering that the Midwives' Registration Act does not apply to Ireland—that if a Board of Guardians appoints a midwife for a dispensary district, having the qualifications laid down by the Insurance Commissioners (presumably the qualification of certified midwife under the Midwives Act of England and Wales), then the Women's National Health Association will endeavour, through its branches, and through special committees to be formed, to provide extra salary, sufficient to bring up such midwife's salary to £1 a week, with bicycle and allowance for uniform, on certain conditions.

It appears to us unlikely that certified midwives will be found in any numbers willing to work for this pittance. The duties required of midwives are most onerous, the professional skill (if they are to be safe attendants on mother and baby), of a high quality, the anxieties incident to the practice of their profession manifold. For a professional worker—health visitor and educationalist, as well as midwife—the salary should be at least £2 a week.

THE BABY'S CORD.

In the Philippine Islands a contemporary states the baby's cord is cut by the midwife, without any regard to asepsis. The cord is cut long enough to reach the baby's mouth, because it is believed that by this means it will be lucky, and will have good fortune, and that food never will be lacking. Some midwives use bolos for cutting the cord under the belief that by this practice the baby will be a warrior. Some do not use a sharp instrument, but sever the cord by burning it in the light of the candle. The cord is dressed with Chinese paper, or any old cloth with a hole cut in the middle for the insertion of the stump. The cord-dressing is powdered with tobacco ashes.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
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EDITED BY MRS BEDFORD FENWICK

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Vol. XLIX.

EDITORIAL.

THE CHAMPIONS OF LIFE.

The suggestion of Dr. Saleeby that the memorial to Lord Lister should be a living one is worthy of a distinguished and enthusiastic disciple of "the great champion of life." Dr. Saleeby urges the foundation of a Listerian Institute of men and women, doctors and nurses, who should be called after this great man, and should be available to give Listerian direction to every mother of our race as long as the race endures.

He also in a recent lecture, speaking of the triumphs of antiseptic surgery, which he described as "man's mastery over microbes"—which in old time surgery more often than not brought septic poisoning and death—pointed out that the Japanese triumphed in the Russo-Japanese war because of Listerism. At the same time he said, in relation to the Boer war, that our record in South Africa was a disgrace to the nation that produced Lord Lister and the great sanitary pioneers of the last century.

Going on to speak of the horrors of the Balkan campaign, and the appalling inadequacy of the hospital arrangements, he said that practically the whole of the Turkish wounded were left on the field of battle, and if the crows, and an animal, half-wolf, half-dog, did not finish them as they lay, then the Bulgarian Red Cross might do their best.

It is inconceivable, knowing these things, and that within a few days' journey of this country, as the daily papers reveal, men are dying, not only from their wounds in their thousands, but from gangrene, smallpox, cholera and typhus, that the British Red Cross Society has not only allowed the Red Crescent Society to be first in sending out trained women nurses to the seat of war, but it has so far taken no initiative to provide such help for the sick.

Any hospital committee at home which attempted to provide for the care of the sick without organising a nursing department, including thoroughly trained women nurses and administrators, would be universally condemned as absolutely incompetent to deal with the matter at all. Yet in time of war the need is not less but greater, for everything is in a state of chaos, and the necessity for supplementing sanitary supervision, expert medical knowledge, and surgical skill, with the healing and comforting art of nursing is imperative.

In this connection we very much fear that the reorganization of the British Red Cross Society is by no means complete. It has for years been a by-word for reaction and incompetence in times of emergency, and, in the name of the nursing profession, we call upon those responsible for its organisation to supplement its present committee of medical and social members by placing upon it some expert nurse-administrators, who will be able to inspire it with some sense of its responsibility in connection with the nursing of the sick.

The Americans have given us an excellent lead in Red Cross work: to judge by recent reports, not only in times of war, but in national crises and times of calamity, the American Red Cross is well to the fore. We wonder how much the fact that Miss Jane A. Delano, Registered Nurse, late Superintendent of the Army Nurse Corps of the United States, is Chairman of the Red Cross National Committee on Nursing Service, has to do with this splendid record of humanitarian work.

Doctors and nurses at such crises stand forth as the champions of life. The British Red Cross Society has provided medical treatment, much of which will be labour lost unless supplemented by the essential aid of trained nursing.

It is incredible that the nation which produced Florence Nightingale should have failed to appreciate the lessons inspired by her genius.

MEDICAL MATTERS.

THE CONTROL OF VENEREAL DISEASES.

Dr. Herman M. Biggs, General Medical Officer of the Department of Health of the City of New York, reporting to the Board of Health, points out, in regard to the control of venereal diseases, that the moral and social aspects of the problem do not primarily concern the sanitary authorities. Every system of administrative control of the infectious and communicable diseases must be based on the fullest information obtainable concerning the number and distribution of cases, and he demonstrates that this information can only be obtained by notification and registration. Further, that persons undesirable as hospital patients are just those who constitute the greatest menace to others if left at large, and that hospitals must therefore be provided where undesirable patients refused or discharged from other institutions will be accepted, and that, bearing in mind the interrelation of social position and public menace, the administrative control of venereal diseases, in addition to an educational campaign, may begin by work confined largely to the ignorant poor and the social outcast.

Dr. Herman Biggs believes that, considering the far-reaching and frequently fatal consequences of these diseases, and the misery caused by the hereditary transmission of syphilis, it is imperative something should be done by the municipal government to limit as far as possible their disastrous results. Their treatment is often tedious and prolonged. In some cases a cure never results, and many patients, after a short course of treatment, more or less interrupted by the necessities of their occupation, are apt to pass from under observation, and almost always do so as soon as their most obvious symptoms are abated.

The erection of a hospital for the treatment of these diseases will allow of their free and continuous treatment by the most approved and modern methods, methods which frequently cannot be employed in a dispensary with the usual equipment. The chances of cure will thus be greatly increased, and the amount of instruction which can be given to these patients during treatment will be of incalculable value in preventing the spread of these diseases.

OUR PRIZE COMPETITION.

STATE SUCCESSFUL METHODS OF TREATMENT FOR CONSTIPATION.

We have pleasure in awarding the prize this week to Miss Gladys Tatham, Sherwood, Roehampton Vale, Putney, S.W.

PRIZE PAPER.

Constipation may be treated by (1) various drugs, (2) exercises, (3) massage, (4) rectal injections, and (5) hypnotic suggestion.

The kind, and amount, of medicine is usually prescribed by the doctor, but there are a large number of well-known remedies to relieve constipation. The great danger of indiscriminate dosing is that the bowel will become accustomed to a strong irritant, and will not act spontaneously. Castor oil generally causes severe constipation, for this reason: the bowels are violently irritated by it and act quickly; afterwards the comparatively slight stimulation of the faeces passing towards the outlet of the bowel entirely fails to bring about movements of contraction in the rectum. Perhaps senna gives less reaction than most things, and a small dose of fig syrup is very useful as a mild aperient. Cascara usually causes a reaction unless taken in very moderate doses.

Exercises are very useful to overcome a sluggish condition of the bowels. They should be directed to strengthening the abdominal muscles and improving the circulation, but they ought not to be overdone, or practised without experienced direction.

Massage helps peristalsis, improves and strengthens the abdominal muscles, and frequently cures constipation if associated with a hygienic mode of life. A glass of cold water (or *boiling*) may be taken night and morning with advantage. Bulky articles of diet, such as porridge, brown bread, green vegetables, &c., should be eaten. Honey and treacle are useful also.

Rectal injections are usually given to relieve severe constipation and to evacuate hard or old faecal matter. The usual preparation for a single injection is the old-fashioned soap-and-water enema, at a temperature of 103° F. Also olive oil may be warmed, and about half a pint injected, followed in 15 minutes by the soap-and-water enema. Glycerine injections, or suppositories, are not good, because they irritate the rectum too severely and cause a reaction.

Daily irrigation of the colon with normal saline at a temperature of 100° F. is frequently

ordered to overcome long-standing constipation. The fluid should be prepared in a glass douche jug, to which is attached a short tube with stopcock, to which again a long rectal tube is fixed (an œsophageal feeding tube does very well, or a large rubber catheter). The patient lies, comfortably covered up, on the side, with the buttocks raised by a small cushion or folded towel. The rectal tube should be well greased, and the flow started gently while introducing it into the rectum; very slowly and gently it must be pushed on till about twelve inches are in the bowel. If the flow is slow and regular, the douche-can never being held higher than six inches above the patient's buttocks, there will seldom be any difficulty. If the fluid is run in quickly, the intestine will probably contract spasmodically, pain will be felt, and the whole operation will have to be started over again, after a sufficient interval to allow the contractions to quiet down.

In cases where there is no organic obstruction to the passage of the fæces through the bowel, as there is, e.g., in cancer of the rectum, hypnotic suggestion is a most effectual and harmless method of procuring a daily evacuation. The patient will be put into a sufficiently receptive state by the physician, and the suggestion made that a daily action shall take place at any hour previously ascertained to be convenient to the patient. A few sittings may suffice to relieve constipation of many years' standing. The writer knows of one case, where the complaint had lasted for twenty years, the patient was cured entirely by a few properly directed suggestions. There is no danger of a reaction after psycho-therapeutic treatment, as there is from drugs or injections. But all these methods are more or less *curative*: What we really should aim at is *preventive* treatment. Such consists largely of a hygienic life, regular exercise, baths, vegetables and fruit as well as meat to eat, plenty of cold water to drink, and the regular encouragement of a fixed daily habit at the same time.

HONOURABLE MENTION.

The following competitors are accorded honourable mention:—Miss A. M. Smith, Miss M. M. G. Bielby, Miss E. Martin, Miss E. F. Stokes, Miss Phipps, Miss E. Marshall.

Miss E. F. Stokes mentions the necessity for discovering the cause of the constipation to be treated. Amongst the most common causes she enumerates definite disease, insufficient exercise, constipating and starchy foods, certain drugs.

Miss E. Martin gives as one cause, want of regularity in attending to the calls of nature.

Symptoms of constipation are headache, languor, loss of appetite, sallow complexion. She also points out that constipation in itself may be the symptom of some grave disease.

Flatulence and colic are associated with constipation. In some cases the hard fecal matter irritates, dilates, and may possibly perforate the bowel. If the retention takes place at the sigmoid flexure it presses on certain nerves, and the pressure gives rise to intense backache and pain in the thighs. Constipation is also a predisposing cause of hæmorrhoids, and very often the main cause of painful menstruation.

Miss Bielby states that constipation in infants is often due to deficiency of fat in the mother's milk. This should be increased by adding to her diet more butter, milk, salad oil, and fat bacon. Honey for the mother is often a sufficient remedy for constipation in the infant. . . . Older children should be given suitable fruit shortly before breakfast, and also be encouraged to drink freely of barley-water and plain cold water an hour before meals.

Adults should drink at least half a pint of hot or cold water half an hour before each meal. In habitual constipation tea and coffee should be given up temporarily. This is a hard saying, but tea is a great offender in this respect owing to the amount of tannin it contains. If it cannot be relinquished entirely it should be limited to one cup a day, and that made from a brand containing the minimum of tannin and infused for not more than six minutes. Miss Bielby adds that she has never known a case of serious constipation in one eating wholemeal instead of white bread, and many are cured by substituting a fine wheatmeal for the white flour used for bread and all other cookery. Coarse oatmeal porridge, green vegetables, including sorrel, tomatoes, watercress, rhubarb, honey, and fresh fruit should be eaten regularly.

Miss Phipps points out that the cause of constipation in most cases is due to some defect in the digestive process, or it may arise in connection with certain diseases, when it is treated with the disease. In old people the cause is frequently a failure of the nerves governing the excretory system, such as sometimes arises in meningitis.

Miss A. M. Smith draws attention to the point that constipated people often have bad circulation, and says that everything should be done to alleviate this, as it helps a very great deal.

QUESTION FOR NEXT WEEK.

How should a nurse care for her hands so that they are kept in the best condition for use in the sick room?

SCHOOL NURSING IN TORONTO, CANADA.*

By LINA L. ROGERS, R.N.,

Superintendent of School Nurses, Toronto.

(Concluded from page 373.)

A campaign for clean teeth forms a big part of our present inspection work. So few parents realize that teeth decay early and that sometimes a child of seven years has practically lost the most important teeth in his mouth. We urge every child to use a tooth brush, and, to overcome any excuse for not having one, the Board of Education provides tooth brushes and tooth paste for five cents each. This enables every child to obtain its own. The brush used is an especially good one made for the Canadian Oral Hygiene Association, and the paste is prepared in tubes specially for the schoolchildren and labelled so. The nurses are told that it will be a criminal offence if any child from now on loses his six-year molar. We hope before long to eradicate many of the diseases prevalent, through the care of the teeth. We know that many cases of tuberculosis have their source of infection in the cavities of the teeth, and who knows how many other diseases are contracted in the same way? Our School Dentist visits the schools twice a week to extract decayed teeth and protruding roots. This is only temporary work until the Civil Dental Clinic is started. A Dental Exhibit is also arranged for the schools, money for which has been already appropriated. Our whole aim is *prevention*, so we are proceeding along the lines of prophylaxis, rather than waiting until the disease appears.

This brings us to the question of the proper-governing authorities of this system. Since it is educational and all our hope lies in teaching, does it not rightly belong to the great teaching body, the Board of Education? Much better co-operation is gained, too, by having all teachers under the same administration.

We have, unfortunately, a class of children which have not been so far provided for. They are the feeble-minded. An experiment has been tried in teaching, and it is found that, while the backward child can be taught the subjects he is deficient in, the feeble-minded child cannot be taught enough in the Public Schools to enable him to be self-supporting. For these a specially equipped institution with proper guardians is required so that they will not be a menace to the community, where they

will be protected and made happy, and where they will be taught whatever kind of work they seem to be best fitted for.

Our anæmic, ill-resisting, poorly developed children are being given special attention at present. Our first Open-air School has just been opened. Fifty under-nourished and delicate children are taken every morning to a delightful wooded park which has a large sandy beach on the lake front. The children are given breakfast, dinner and supper, with a lunch between each meal. They are provided with cots, and sleep for two hours after the mid-day meal. A teacher is employed, and they are taught for a certain period during the day, those behind their grades being given special attention. The rest of the time is devoted to recreation and play.

A nurse is on duty all day, who keeps a record of the gain and has general supervision of the health of the children. A Medical Inspector visits regularly, and any change in condition is reported to him. The street railway company has given a special car which takes the children to the Park at 8.30 every morning and leaves at 6.30 p.m.

We hope that this experiment will prove so valuable that our large schools will have open-air classes equipped on the roofs, and which may be carried on all the year round, so that when a child is found in the class-room below normal health, he may be sent to the open-air class, and with food, rest, and fresh air be brought to his normal health and take his place in the grade.

Many children who are otherwise losing valuable school-time and health as well will be saved and educated for the community. We hope to start classes for little mothers in different centres ere long. Classes would be held and demonstrations given on the care of infants, special attention being paid to, and demonstrations given on, the (care of infants) food, bathing, dressing. Instruction would be given for care during the summer months, when infant mortality is so high.

School nursing is in a large measure social service, and it is from the fact that the Board of Education in Toronto has given such able support and has not in any way hindered the service that it stands high in its care of the schoolchildren.

Toronto has the distinction of being the first city to give a post-graduate course to nurses wishing to supplement their general training by a period of school nursing.

The course is for one month. The nurse taking it goes daily with one of the regular staff, assisting with the work and being given

* Presented to the International Congress of Nurses, Cologne, August, 1912.

a certain amount on her own responsibility when she feels confident to work alone.

We want an ideal system, but before it can be attained the following points must be fixed rules: Legislation that makes the establishment of Medical Inspection of schools compulsory for all Boards of Education.

2. If, on examination of children beginning school life, any physical defect is found, that it is obligatory for the parent to obtain that surgical or medical attention which the child requires.

3. The admission of a child to school should be conditional on being passed by the Medical Inspector and the carrying out of such treatment as he deems necessary.

4. That there be a dispensary in every large school where aid can be rendered to the children of the poor.

5. That the Medical Inspection Department must be responsible for the conditions of heating, ventilation, cleaning, lighting, and seating in all schools. When this is obtained we can look forward to the closing of many reformatories and jails and hospitals, and look upon a nation whose physical qualities may be equal to those of the ancient Romans.

TOYS FOR TINIES.

We hope many of our readers are going to compete in the Toys for Tinies Competition, so that we may be able to distribute a good number amongst very poor children. Four prizes of 5s. each will be given for the four best toys made at a cost of not more than sixpence. See the coupon in our issue of December 7th.

PRIZES FOR NURSES.

The Annual Prize-giving to the members of the nursing staff took place at the General Hospital, Bristol, last week, the prizes being presented by Mr. Joseph Storrs Fry, President, in the presence of many supporters of the institution, and Matrons of other hospitals in the city. The Chairman of the Nursing Committee, Mr. Herbert Baker, spoke in the highest terms of the services rendered by the Matron, Miss Densham, the Assistant Matron (Matron-elect of the Victoria Hospital, Keighley), Miss Garrer, and the Sisters.

The prize winners were:—*Gold Medal* (for general efficiency), Miss Agnes Morgan; *Silver Medal*, Miss Annabel Cameron; *Honourably Mentioned*, Miss Elina Meaden, Miss Rose Avland, and Miss Kathleen Tobin; *First Prize for Surgical Nursing*, Miss Fisher; *Second Prize*, Miss Packer; *First Prize for Medical Nursing*, Miss Fisher; *Second Prize*, Miss Lee; *First Prize for Anatomy*, Miss Basker and Miss Perry; *First Prize for Physiology*, Miss Poole; *Second Prize*, Miss Basker; *First Prize for Practical Nursing*, Miss Martin; *Second Prize*, Miss Newcombe and Miss Williams

NURSING NEWS AND THE WAR.

Now that hundreds of beds at the base are required for such of the sick and wounded soldiers who have not been left to die on the field of battle the need for thoroughly trained women nurses is becoming more urgent every day. The Crown Prince of Montenegro having appealed for such help, Princess Christian suggested to the British Red Cross Medical Relief Committee that six women nurses should be sent, with three additional male orderlies. We are glad to know that this skilled help has been sent to Antivari, making 12 trained nurses only sent through our national Red Cross organization so far. Male directors, 27 surgeons, and 145 male orderlies have also been sent at the nation's expense. In the last Græco-Turkish War we had 5 surgeons, 1 lady superintendent, and 30 thoroughly trained sisters; and, speaking from personal experience, it was the work of the latter which was in hourly request in the five different hospitals in which they worked.

An appeal, signed by Lord Lamington, the Aga Khan, the Abbas Ali Baig, and Ameer Ali on behalf of the British Red Crescent Society, says:—"The appalling number of Turkish sick and wounded that have come back from the front or are lying on the battlefield are taxing to the utmost the Turkish hospital arrangements, with the result that many are left untended; and even if the war ends within a reasonable limit of time, they will need all possible help to alleviate their sufferings."

A card from Patras tells of the safe arrival there of the doctors and nurses sent by the Red Crescent Society, who by now, we may hope, are at work at Constantinople.

The *Standard* reports that Frenchwomen are taking a very active part in the merciful Red Cross service in connection with the war in the Balkans. A special convoy of French nurses has been sent to Athens, by request of Princess George of Greece, to superintend the amateur nurses. At Constantinople Mme. Bompard, wife of the French Ambassador, has organised three workrooms, where women of the French colony are meeting together to make garments for the wounded and prepare dressings. An appeal has also been made by the French Legation at Sofia to the Union of Frenchwomen for large quantities of dressings and medicine, and is meeting with a ready response; while a number of French Sisters of the Order of St. Elizabeth have gone to Antivari to prepare a camp hospital.

THE SCOTTISH NURSES' ASSOCIATION.

The fourth annual meeting of the Scottish Nurses' Association was held in the Charing Cross Halls, Glasgow, on November 7th. Sir William Macewen presided over a large and interested audience of over 300. The annual report was presented by the secretary. The treasurer's statement, showing a satisfactory balance in the general account, was presented by Miss Dow, who intimated the receipt of special donations of over £50, bringing the Foundation Fund up to over £65.

The election of Mrs. Strong as president was moved by Sir William Macewen, seconded by Miss Wright, and very cordially agreed to.

THE ANNUAL REPORT.

Dr. P. Hamilton Robertson, secretary, submitted the report by the Executive Committee for the past year, in which reference was made to the National Insurance Act. It was stated that it had been very difficult to define the exact bearing of the Act on nurses in general, and that there were still many difficulties in regard to which the Commissioners had not given any decision. The Women's Friendly Society of Scotland, which had 11,000 members, had established a section for nurses for the purposes of the Act, and already nearly 1,000 had joined. The executive regretted that, owing to the congested state of business in Parliament, they could not report any progress with the Registration Bill for nurses. The cause of registration was, however, advancing both in the British Colonies and in foreign countries, and sooner or later Great Britain and Ireland must fall into line. The membership of the association continued to increase, 236 new members having been admitted during the year. The question of the provision of association rooms was before the executive, and it was hoped that some arrangement might soon be made for securing premises which would serve all the purposes of a club.

The report was adopted on the motion of Miss Aitken, seconded by Nurse Hope.

THE OFFICE BEARERS.

Office-bearers were appointed as follows:—President—Mrs. Strong, formerly Matron of the Royal Infirmary; Vice-Presidents—Sir William Macewen, Dr. McGregg or Robertson, Miss Wright, Miss Donald, Miss Aitken, and Miss Tisdall; Interim Secretary—Dr. P. Hamilton Robertson; Assistant Secretary—Miss Finn; and Treasurer—Miss Dow. The following were elected to the vacancies in the Committee:—Miss Millman, Miss Ritchie Thomson, Miss Whyte, and Miss Maitland. Dr. Devon was also elected a member of the Committee.

Miss Marion B. Blackie gave a short address on the Insurance Act as it affects nurses, and a statement was made by Miss Ritson, of the

Women's Friendly Society of Scotland, on the progress of the Nurses' Branch of that Society.

LETTER FROM MRS. STRONG.

A letter was read from Mrs. Strong by Miss Waddington, in which she congratulated the members on the progress that had been made by the Association, and in which she wrote in part:—

"What you want now is unity, a united band of workers, as we see in the medical profession. It is when great questions arise, such as the present one, in connection with the Insurance Bill, that we see what unity can do. It is only as an organised body that you can have any weight, or make yourselves a voice in public events. You will never be one—any more than any other profession—in your individual thoughts and ideas, but you *can* and *must* be one in fundamental principles, if you are to accomplish anything; and in this you have shown your wisdom by including all branches of nursing in your membership—the voice of all must be heard, and conflicting interests must be brought into some kind of harmony. Had there been an united effort, Registration would have been gained long since; the injustice to nurses, arising from the want of it, is daily apparent—for want of a common standard, both of education and final tests.

The best of training can only give you technical knowledge, and that is all that examinations can test; the personality of the nurse is the chief factor, and that examinations cannot determine; still we must have sound knowledge. Every great movement, every advance in the world, has been preceded by thought, and long before it has been shaped into visible form, great expenditure of effort, and, often, even of life, have been made, to attain the end. By the time legislation has enacted State Registration of Nurses, some of us will have passed away; but do not allow that thought to deter any from making an effort towards the attainment of that end. Nothing of any moment can be accomplished by you, as individuals, but as a collective body the nurses may attain the ends they aim at."

Miss Wright moved a vote of thanks to Sir William Macewen for all the work he had done during the past three years as President. This was accorded with enthusiasm. In his reply Sir William, referring to the Registration of Nurses, said the question had been put aside for the time being. They were waiting until Parliament could consider something else than Home Rule and matters of that kind, and he was afraid that the Bill for the Registration of Nurses could not be brought forward this year. Everything was, however, ready, and with some slight modifications he had no doubt the Bill would get through whenever they had an opportunity of bringing it before Parliament. They wanted a proper standard for nursing, and they wished that to be registered, so that nobody could become a nurse by simply putting on a cap and apron.

This latter expression of opinion was heartily endorsed by all present.

At the close of the meeting tea was served and greatly enjoyed.

THE NURSES' MISSIONARY LEAGUE.

ISLAM: ITS DOCTRINES.

On Wednesday, November 6th, at University Hall, Gordon Square, the Rev. Canon Weitbrecht, D.D., gave a most interesting lecture to the members of the Nurses' Missionary League on "Islam: its Doctrines."

The lecturer traced this great religion from its beginnings in the sixth century—about 600 years after the Day of Pentecost—when Mohammed, its founder, living in his native town of Mecca, had a vision of the angel Gabriel, inspiring him to recite the Koran or Mohammedan Bible. From then onwards Mohammed preached the unity of God. "There is no God but the God, and Mohammed is the apostle of God." Persecution followed, and Mohammed fled from his native town to Medina, but later he returned and conquered Mecca, and made it the centre of his religion. Not only did he organize a religious system, but also a political body, which developed so rapidly that during the century that followed not only the lands of the Near East, but almost all the Christian lands were overrun by the bearers of the sword of Islam. Even at the present time there are about 210,000,000 Moslems in Africa and the East, about two-thirds of these being under British rule.

The lecturer pointed out that the reason of the failure of the Christian Church at that time to stem the advance of Islam was its weakened condition, owing to its departure from the purity of the faith, and its many divisions by schisms. Another reason was that the Scriptures, with one or two exceptions, had not at that time been translated into the vernacular of the various countries. The extreme importance of Church unity and the translation of the Scriptures was thus emphasized by the lecturer.

The second lecture, on "Islam: its Duties; Present Condition and Effects of Missionary Work," was given on November 13th in University Hall.

THE SCOTTISH SOCIETY OF TRAINED NURSES.

We have received a copy of the Annual Report of the Scottish Society of Trained Nurses. Though brief, the good work accomplished appears to be just what is required by such an organization. We wish it continued success.

THE DEPRECIATION OF DISTRICT NURSING.

In our issue of November 2nd we published a letter from Mr. H. R. Bruxner, Hon. Secretary of the Staffordshire County Nursing Association, which appeared to us to contain many statements which required criticism, and for which we had no space in our last issue. Mr. Bruxner objected to our remarks in a previous issue in reference to the grant of £300 by the Education Committee of the Staffordshire County Council to the County Nursing Association, for the purpose of providing scholarships for the training of village midwives and nurses, a training which consists only of six months in midwifery and six months in general nursing. We observed, "We could wish that County Councils would turn their attention to granting scholarships in midwifery to nurses who are already trained, rather than expending money on increasing a class of workers who earn such infinitesimal salaries that their work must be included in that of sweated labour."

Since carefully reading Mr. Bruxner's letter we note nothing which does not confirm us in our pious aspiration.

For instance, we are asked by him in referring to these superficially trained workers, "Is not this a better profession for a girl than to go into a mill or a manufactory or a shop?"

That sentence presents the whole matter in a nutshell.

Since when has human life been held so cheap that skilled nursing which requires at least a three years' systematic training and experience for the safety of the sick, has been recognised as an alternative "profession" for factory hands with six months' so-called training in general nursing?

We can answer that.

Since laymen and women without any practical experience whatever have arrogated to themselves the power and responsibility of defining professional nursing standards, and in so doing have degraded the standards of skill and knowledge considered safe and sufficient by the nursing profession itself.

Again, why have these people—socially influential and well meaning, no doubt—ventured to assume such responsibility, and in their ignorance flooded the rural districts with workers who, we have no hesitation in stating, are not either qualified or safe to nurse the sick poor?

We reply because their dangerously superficial work is cheap.

Mr. Bruxner claims that because the ordinary ratepayer is called upon to waste £50 in a system of superficial training, the woman so "trained" cannot be included in the ranks of sweated labour "because she is guaranteed 16s. or 18s. a week, and moreover if she is capable and diligent, and has the good fortune to serve a local

association where there is a Lady Bountiful (and there are many such) she often gets more than the 16s. or 18s. during her three years' service."

In our opinion this is a wretched wage to provide for rent, board, clothes, washing, disinfection and the personal needs of any nurse. To say nothing of "personal pleasures"—also the cadging for crumbs from the rich man's table is a very undesirable and demoralising element in the bargain.

As cottage helps—not dressed up in the uniform of the trained nurse—these workers may be all Mr. Bruxner claims for them. He goes so far as to state "it would be nothing short of a crime to stop the creation of them," but we protest with every ounce of expert knowledge we possess against substituting them for efficiently trained Queen's Nurses—claiming that they have neither the education nor the knowledge to fit them for the responsible duties of school nurses, or as nurses for the insured sick.

It is bad manners to look a gift horse in the mouth.

The provision of cottage and village nurses as a gift by my Lady Bountiful for "my peasants" in their sore times of sickness is one thing, but, when the rates and taxes are required to bolster up her bounties, we claim that the nursing, for which the sick poor are called upon to pay, should be of such a standard and quality that it would suffice for the requirements of those who supply it to them in their own time of need!

Another Utopian aspiration, no doubt in the opinion of Mr. Bruxner; but a modicum of justice which the nursing profession and the ratepayers must claim for the defenceless poor, if "trained nursing" in their case is not to continue to be a sham and a delusion!

That remuneration for women's work—which is arduous and responsible in the extreme—should be battered down to the uttermost farthing, is a scandalous perversion of charity, against which we intend to protest with all our power. When such sweating is done through the medium of rates and taxes we are on firm ground in protesting.

Alas! Political power is the only remedy. Without the vote we may protest, but we have no power to make our protest effective.

Women workers will continue to be sweated until they can demand just conditions of life through the vote.

PRESENTATION.

Miss Annie Shorter, who for twelve and a half years has been Matron of the Woolwich and Plumstead Cottage Hospital, Shooter's Hill, has, on her resignation to take up the position of Matron of one of the houses at Brighton College, received handsome gifts from the medical and the nursing staffs, as well as from the Woolwich Dockyard Division of the Metropolitan Police in appreciation of the care and kindness shown to members who have been inmates of the hospital during the time she has held the office of Matron.

POOR LAW MATRONS AT THE LOCAL GOVERNMENT BOARD OFFICE.

Mr. Francis, Secretary to the Orders Committee of the Local Government Board, last week received on behalf of the Board, a deputation from the Poor Law Infirmary Matrons' Association, on the subject of the position of the Superintendent-Nurse. The deputation consisted of the following Matrons: Miss Barton (Chelsea Infirmary), President; Miss Cockrell (St. Marylebone Infirmary), Hon. Treasurer; Miss Todd (St. James' Infirmary, Balham), Hon. Secretary; Miss Alsop (Kensington Infirmary), Assistant Hon. Secretary; Miss Preston (Mile End Infirmary); Miss Elma Smith (Central London Sick Asylum, Hendon); Miss Hannafor (Poplar and Stepney Sick Asylum); Miss Dowbiggin (Edmonton Infirmary); Miss Mowatt (Whitechapel Infirmary); and Miss Myles, Superintendent-Nurse (Brighton Infirmary). Miss Masters (Leicester Poor Law Infirmary), who was prevented from attending, sent a paper, embodying her views.

We understand that there is a general consensus of opinion amongst Poor Law Matrons as to the position which the Superintendent Nurse should hold.

There has been a good deal of friction in the past in places where the infirmaries are not separated from the workhouses, owing to the fact that the trained Superintendent Nurse has been placed under the untrained Matron and Matron of the Workhouse, and in a hundred petty ways her life has often been made so uncomfortable that many good nurses will not put in for these posts.

The proposed new Order now under consideration by the Local Government Board will not, it is feared, mend matters, as, if it is carried into effect, though the jurisdiction of the Matron over the Superintendent Nurse will end, this professional worker will practically be responsible for her nursing, and for the conduct of the nurses and servants under her, to the Master.

This difficulty might be met in small places where there are only three or four nurses, by insisting on the Matron being a trained nurse, and giving her trained assistance. In the larger places those well qualified to judge consider that the Superintendent Nurse should be responsible to the Medical Officer and the Board of Guardians only, and that the Master, in relation to the sick wards, should be in the same position as the Steward in the larger Infirmaries.

We hope that the Orders Committee of the Local Government Board, which has the subject under consideration, in connection with the Draft Order, will understand that good, well-trained nurses will not apply in any numbers for these posts under lay supervision, and sometimes—it must be added—tyranny. Yet these positions are important and responsible, and much of the comfort of the sick poor in the country depends upon the right kind of people accepting them.

APPOINTMENTS.

MATRON.

Royal Albert Hospital, Devonport.—Miss Margaret Cuss has been appointed Matron. She was trained at St. Thomas' Hospital, London, and has held the position of Sister in a men's accident ward in the same institution, and in the theatre at St. Thomas' Home, and has been Matron of the Cottage Hospital, Teignmouth.

The Cottage Hospital, Enfield. Miss Gertrude Lulliam has been appointed Matron. She was trained at Guy's Hospital, London, and has held the position of Sister of the Theatre at the East London Hospital for Children, Shadwell, Sister at the Radcliffe Infirmary and County Hospital, Oxford, and Home Sister at the County Hospital, Guildford. She is also a certified midwife, and holds the massage certificate of the Incorporated Society of Trained Masseuses.

District Cottage Hospital, St. Austell.—Miss A. M. Duncan has been appointed Matron. She was trained at the Victoria Infirmary, Glasgow, and has been Charge Nurse at Ochil Hills Sanatorium, Kinross, Sister at the Royal Hospital for Sick Children, Edinburgh, at the Royal Victoria Infirmary, Belfast, and the Ashton-under-Lyne Infirmary, and Matron of the Cottage Hospital, Driffeld.

General Hospital, Chillmarck, British Columbia.—Miss L. Scott Gray has been appointed Matron. She was trained at the Royal Infirmary, Sunderland, and the City Hospital, Edinburgh.

NURSE MATRON.

Moxley Hospital, near Wolverhampton.—Miss Frances Barlow has been appointed Nurse Matron. She was trained at the City Infirmary, Birmingham, and has held the position of Charge Nurse at the Portsmouth Infirmary, Sister at Selly Oak Infirmary, and of Assistant Matron at the Birmingham and Midland Counties Sanatorium.

SISTER HOUSEKEEPER.

Charing Cross Hospital, W.C.—Miss Alice S. Marshall has been appointed Sister-Housekeeper. She was trained at the General Hospital, Birmingham, and has held the positions of Sister at the Jenny Lind Hospital, Norwich, Sister at the General Hospital, Birmingham, Night Superintendent at the Norfolk and Norwich Hospital, and Assistant-Matron at the Royal United Hospital, Bath.

HOME SISTER.

Royal Hospital for Diseases of the Chest, City Road, E.C.—Miss Katharine Seymour New has been appointed Home Sister. She was trained at the Royal Infirmary, Aberdeen, and has been Sister and Night Superintendent at the Hospital for Women, Liverpool, Sister at the General Hospital, Shrewsbury, Housekeeping Sister at Lord Mayor Treloar's Hospital, Alton, and has had experience of private nursing in London.

SISTER.

Royal Hospital for Diseases of the Chest, City Road, E.C.—Miss Lilian Archer has been appointed

Sister. She was trained at the East Suffolk Hospital, Ipswich, and has held the positions of Staff Nurse at the Royal Hospital for Diseases of the Chest, Theatre and In-patient Sister at the Ear and Throat Hospital, Gray's Inn Road, and also as Acting Matron in the same Institution.

Highfield Infirmary, Knotty Ash, Liverpool.—Miss M. E. Shummi has been appointed Sister. She was trained at the Infirmary, and has been Staff Nurse at the City of London Hospital, Victoria Park, London; Staff Nurse at the Eastern Hospital, Homerton; and Charge Nurse at the Fapping Infirmary.

NIGHT SISTER.

Royal Isle of Wight County Hospital, Ryde.—Miss Mabel E. Brown has been appointed Night Sister. She was trained at Walsall District Hospital, and has been Staff Nurse at Coventry Hospital, and Charge Nurse at the General Hospital, Loughborough.

CHARGE NURSE.

The Workhouse Hospital, York.—Miss Ada Abberley has been appointed Charge Nurse. She was trained at Wolstanton, and Burslem Union Hospital, Chell, Staffordshire, and has held the position of Assistant Nurse at Achna Union Infirmary, and at Newmarket Union Infirmary.

HEALTH VISITOR.

Warwickshire County Council, Leamington.—We are asked to state that Miss E. M. Gillard, whose appointment as Health Visitor under the Warwickshire County Council we recorded last week, was trained at the South Devon and East Cornwall Homeopathic Hospital, Plymouth, and has held the position of Health Visitor as well as that of School Nurse at Colchester.

MIDWIFE.

Paddington Workhouse Infirmary.—Miss Mabel V. Heard has been appointed Midwife. She was trained at the Portsmouth Parish Infirmary, and was Staff Nurse and Charge Nurse there. She holds the C.M.B. certificate.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

NURSING SUPERINTENDENT FOR ENGLAND.

Miss Alice J. Buckle is appointed Nursing Superintendent for England. Miss Buckle received general training at Edinburgh Royal Infirmary, and district training at Bloomsbury, and has since held the following appointments:—Queen's Nurse, Bloomsbury, Worthing and Pontypool; from October, 1896, to present date she has been Superintendent of the District Nurses at Brighton. Miss Buckle holds the C.M.B. certificate.

SUPERINTENDENT OF EDINBURGH TRAINING HOME.

Miss M. M. White, Inspector for the Lancashire and Cheshire area, has accepted the appointment of Superintendent of the Edinburgh Training Home for Nurses under the Scottish Council of Queen Victoria's Jubilee Institute.

TRANSFERS AND APPOINTMENTS.

Miss Maggie Fullerton is appointed to Clitheroe; Miss Lucy Haines to Cudham.

NURSING ECHOES.

The Annual "At Home" of the Nurses' Co-operation (8, New Cavendish Street, W.), to view the Show of the Needlework Guild, will be held at the Nurses' Club, 35, Langham Street, W., on Friday, December 6th, from 3.30 to 5.30. This most useful Guild was founded in 1897 by Miss Theobald and others, to supply warm and useful clothing to needy hospital patients, otherwise unable to obtain garments suitable to their condition after serious illnesses. The Hon. Secretary is Miss Laura Baker, who is glad to receive contributions of work and money at any time. Membership, which is limited to trained nurses, entails the contribution of one garment and sixpence per annum, and Associates—ladies other than nurses—contribute two garments and one shilling per annum.

When we visit a hospital and note poor accommodation for the nursing staff, we at once conclude—here is a committee of men who do not realise the value of the domestic basis of skilled nursing. Nursing is, we know, highly technical, scientific work, but it is founded on the rock of domestic cleanliness and comfort—quite old-fashioned virtues which go to make a home. And all the best and most useful women love a home—even those endowed with genius. We claim, therefore, that nurses who are to come fresh and sane to their ward work should bring with them the happy, homelike atmosphere, which can only be attained and retained when off-duty time is spent in a sphere of beauty and serenity.

Thus the sympathetic up-to-date modern hospital manager, if wise, will realise how all-important an item in the scheme of hospital management is the Nurses' Home.

Last week we had the great pleasure of spending the night in the new Nurses' Home recently built at the Royal Infirmary, Wigan. It is indeed a delightful place, in the construction of which kindly thought as well as great taste has been expended. Each nurse has a charming bedroom, well furnished and prettily decorated. Baths and lavatories abound, and the lecture room and drawing-room can be divided for work and play, or thrown into one fine hall for any special gathering. The Home Sister's room—a most restful and lovely place, specially furnished—was christened at the recent visit of the Matrons' Council. Here the London members were made welcome by Miss Macintyre and Sister Fletcher, and took tea sweetened by many pretty speeches. The

Infirmary stands high, and is surrounded by pretty grounds and open fields, in which the dear animals browse, and give quite a rural air to the institution.

A tour of the wards proved the thorough management of the hospital and high efficiency of the nursing. They were as bright as they were comfortable, the spick-and-span nurses going about their duties with that happy air, without hustle and flurry, which, being interpreted, meant "all these sick people are patients, not cases, and each one, even the babes, are individuals, and must be considered as such."

The training for nurses, both in theory and practice, is excellent, of which the medical staff and matron are very proud. Wigan nurses are well known and highly thought of in the North, and, indeed, go forth and carry their good work far afield.

Miss Macintyre, the Matron, has devoted twenty-three years of her life to building up the high standard of the nursing school, and is to be heartily congratulated upon its assured success.

By kind invitation of Miss Orr, the Matron, a meeting of the Taunton branch of the Nurses' Social Union was held at the Taunton and Somerset Hospital on November 4th. The members of the Yeovil, Minehead, and Bridgewater branches and the West Somerset Midwives' Association were also invited. In spite of the long distances which most guests had to travel, 56 nurses assembled to hear Dr. Annie Cornell lecture on Venereal Diseases. The need of information on the subject had been felt, and gratitude was expressed to the lecturer for the very clear and helpful manner in which she treated the matter.

A warm vote of thanks was passed to Miss Orr, coupled with an expression of deep regret at her approaching departure for New Zealand and the hope that she would be very happy in her new post as Matron of the Auckland Hospital.

Never a week passes that the overwork of Poor Law nurses is not brought to the notice of some Board of Guardians. Miss Peto, P.L.G. at Lowestoft, states that all resigning nurses have 40 to 50 patients to look after, and cannot get through with the work. Some of the male Guardians seem to think that to do away with trained nurses and engage those less efficient might solve the difficulty. No doubt they would be cheaper—and less efficient. But even that is no excuse for overworking them.

Dr. Moorhead's lecture to the Irish Nurses' Association on "Massage in Nervous Diseases," which he gave at 34, St. Stephen's Green, Dublin, on the 6th inst., was listened to with the deepest interest by a large audience, composed both of masscuses and members of the nursing profession. The lecture was illustrated by lantern slides, showing sections of the brain and spinal cord, and of the changes the nerve-cells undergo in diseases of the nervous system. The chair was taken by Miss Hogg, member of the I.S.T.M. A hearty vote of thanks to Dr. Moorhead, proposed by Miss Reed and seconded by Miss Poole, was passed amid great applause.

Miss Mary T. Balfour, of Ardvarna, Shankill, writes that there is a very urgent demand in the West of Ireland by Lady Dudley's nurses for old linen. She says nothing is too old or too small to be of use. These nurses, working devotedly amongst the very poorest of Irish peasants, deserve all the supplies they need, and we hope some may be sent to them. Address Miss Bradshaw, 33, Molesworth Street, Dublin, who will forward any useful stores.

The establishment of a training school for nurses in Algiers is a development which will be watched with interest, more especially as Miss C. Elston, who is organizing the school, is well known in the nursing world, both at home and abroad, for her fine work at the Tondou Hospital, Bordeaux, under the municipality of that town. Miss Elston is thus exceptionally well qualified to initiate the new school in Algiers, for the expenses of which the Algerian Assemblies have provided a sum of money in their last budget, upon which the Governor, General Lataud, is greatly to be congratulated. He is, it is pointed out by Dr. G. Seguy, a member of the *Conseil Supérieur*, particularly well qualified to initiate this reform, since it was under his administration, as prefect of the Gironde, and in conjunction with the late Dr. Lande, formerly Mayor of Bordeaux, that the nursing school at the Tondou Hospital was established. Now the same advantages are to be offered to Algerian girls.

The choice of locality for the new school is particularly happy. At Hassene-Dey, in a lovely situation, the former Paruet Asylum will become the Paruet Hospital of from 100—120 beds, and here the new school will be established. We congratulate Miss Elston that the quality of her work in Bordeaux has led to its extension to Algiers.

Miss Gretta Lyons, of Melbourne—who made many friends in England during her visit home this summer—writes most appreciatively from Melbourne of her visit. She says: "What pleased me most was the spirit of comradeship that I at once recognised upon presenting my letter of introduction as a member of the Royal Victorian Trained Nurses' Association as shown to a member of our profession from over the seas, and even though we laboured under different conditions and conventions, the groundwork and spirit of our all-absorbing work made us look at things from the same standpoint. . . . I greatly admired your pluck and enthusiasm under many adverse circumstances, for I quite saw how much we nurses have to be thankful for in Victoria, with our efficient Association and the extreme loyalty of the medical profession, to whom we owe so deep a debt of gratitude." Miss Lyons greatly regrets she was not with us at Cologne, but consoles herself that she arrived in the sunny land under the Southern Cross just in time to record her vote for the State Parliament in Victoria, "and as I was doing so," she adds, "my heart went out in sympathy to you all, who are working so nobly to gain what we as nurses surely ought to claim as a right."

It is hoped that at an early date a general meeting of the R.V.T.N.A. will meet to discuss State Registration, and see who is for and who against it, preparatory to a fight to secure legal status for Victorian nurses.

A NEW NURSING SCHOOL AT SPEZIA.

Mr. Eliot Howard, of Ardmore, Buckhurst Hill, Essex, is appealing for an English Nursing Staff for the new Public Civil Hospital at Spezia, in Italy. A very competent, highly trained lady who can speak Italian is required to organize the nursing department, and the full staff ultimately required will be 30 nurses.

The Municipality of Spezia four years ago built a large Hospital at great expense in a most suitable position on a low hill, open to air on all sides, with magnificent views over the Gulf of Spezia in one direction, and over lovely hills in the other.

The nurses' quarters are arranged at the top of the building, and the present administration has voted 40,000 francs to open the hospital and start work in May next. This they feel they cannot do without English help, so they have enlisted the sympathy of the Rev. H. H. Pullen, who has long been resident in Spezia, and has displayed such marked powers of organization in his work for the large Orphanage recently

built, and they have also given Mr. Eliot Howard every opportunity of inspecting the hospital.

The lady who undertakes the work of organization will require experience, firmness, tact, and patience. She will have the support of the very efficient and energetic medical staff. An opportunity which should not be missed is thus offered England to render Italy a great service in the most acceptable form. There are no doubt difficulties, but what nurse worth her salt withholds her help for so poor a reason?

Full information can be obtained from the Rev. H. H. Pullen, Casa Alberto, Spezia, Italy, and preliminary inquiries may be addressed to Mr. Eliot Howard, who will gladly give all information in his power.

THE DANGER OF DERMATITIS.

We regret to learn that the Sister in the X-ray department at the Liverpool Workhouse Infirmary has contracted dermatitis. It was stated at a meeting of the Workhouse Committee that safety gloves are provided for the use of the nurses employed in this department, but that the Sister had not always worn them. On the advice of an X-ray expert, it was decided to employ additional safeguards, and also to insist on gloves being worn. There is no question that this precaution should invariably be taken; the forces dealt with are so potent that constant care is needed.

POOR LAW REFORM.

In connection with the draft Order now under the consideration of a Departmental Committee of the Local Government Board, we have refrained from referring to this in detail, because it is still a confidential document, although it has been submitted to certain Associations concerned in Poor Law work for suggestions. It has not as yet been submitted to the President of the Local Government Board for his consideration.

A FORFEITED HOLIDAY.

Nurses will do well to note the following case, in which a Nurse Grant, who had been employed by the Railway Institute Nursing Association, and after seventeen months' work, without a holiday, received a month's notice, terminating her engagement, sued the Association for a month's salary, compensation for holiday due to her, at the Holyhead County Court. Judge Moss, delivering judgment, said that morally she was entitled to the amount claimed, but she had forfeited her legal claim by not going on holiday, and entered judgment for the defendants.

THE HOSPITAL WORLD.

THE MILLER GENERAL HOSPITAL, S.E.

One has only to study a map showing the distribution of London hospitals north and south of the river to be struck by the great disproportion in the hospital accommodation for the poor of South London. True, St. Thomas' and Guy's Hospitals are south, but so close to the river that they scarcely serve the great population, consisting mainly of the working classes, in the southern districts, and, indeed, so far as Greenwich, Deptford, Woolwich, and Lewisham are concerned, the Miller Hospital, Greenwich, so named after Canon Miller, founder of Hospital Sunday, is the only one in a wide area at the service of the sick, and this has only had 25 beds, to meet the demands upon it of a population of over 510,000—a provision which it will be realized is totally inadequate.

Now, however, a new wing has been added, which will bring the number of beds available up to 76 if the Committee of Management receives sufficient financial support to justify it in opening them, and it is to be hoped this will quickly be received.

It is fortunate at the present time in having secured the powerful interest and active assistance of Her Royal Highness Princess Louise, Duchess of Argyll, who is not only opening the new wing on November 15th, but is making a public appeal for subscriptions to be sent to the hospital, which she will herself acknowledge.

To the last the new wing has been in the hands of workpeople, but energy on the part of the courteous Secretary, Mr. Harry A. Bone, and the Matron, Miss E. Mussett, have accomplished wonders to make things spick and span for the 15th inst. Already two of the large wards are occupied by patients, one for men and one for women, each ward receiving both medical and surgical cases. One for children is a great need, as it is good neither for women nor children that both should be nursed in the same wards. In planning the wards and their annexes the sensible arrangement has been adopted of placing the bathroom off the entrance lobby, instead of at the further end of the ward. A small ward for one patient also opens into this lobby, as well as the ward kitchen and linen-room. There is no Sister's room, however, and it appears that the latest fashion in hospital planning is not to include such accommodation. No doubt, in a short time, the pendulum will swing again in the other direction; meanwhile, if a Sister desires to speak to the visiting physician or

surgeon, give instructions to a nurse, or interview a patient's friend, this must all be done in the publicity of the ward; but hospital architects are despots, and so it is decreed. The ward floors are of terrazzo, black and white in colour, but I learnt from the Matron that it is a matter of some difficulty to keep them satisfactorily cleaned, and, indeed, the employment of an expert for the purpose, at a cost of 30s. a week, is now suggested as desirable. The corridors are paved with terrazzo, which does not present such difficulties.

The wards are lighted on the latest approved method, the lower half of the central lights

of the domestic department of a hospital is the amount of labour which will be necessary to keep the large area of floor and wall space clean.

The nursing staff have their meals in the hospital, but live, when off duty, and sleep in houses apart. They are trained for three years, receiving a certificate at the end of that time if they pass their examinations and are otherwise satisfactory.

I must not omit to mention the dinner wagons, which are taken into the wards, and the tops of which serve as hot plates.

M. B.



THE NEW WING, MILLER GENERAL HOSPITAL, GREENWICH.

being shaded, and the light obtained reflected. The result is a subdued and pleasant, though rather dull effect. The shades for the lights over the patients' beds are still awaited from America.

One floor in the new block is devoted to the operation-room and its annexes, one of these being a bathroom for the use of the operating surgeons. This necessary annexe is, I was informed by the Matron, believed to be the first to be provided in a hospital in this country. In America the necessity for such provision has long been recognized. The operation-room has an excellent north light, and seems well planned for the purpose for which it is designed.

One feature of the new block which must strike anyone accustomed to the management

REFLECTIONS

FROM A BOARD ROOM MIRROR.

Sir Thomas Crosby, the recent Lord Mayor, has thoughtfully given help to the Appeal Committee for St. Bartholomew's Hospital. The Municipal Council of Vienna, in recognition of their recent visit to London, have sent 5,000 kronen (£206 3s. 8d.) to give to any charitable object in the City of London of which Sir Thomas approves, and he has informed the Treasurer that it gives him great pleasure to hand it to St. Bartholomew's Hospital. We could wish it had been earmarked for a new Nurses' Home Fund.

A male Committee which cannot be made to realise that the present nurses' quarters at this

hospital are dangerous both to health and life—and would not be tolerated for an hour if they housed valuable bloodstock instead of working women, has no right to be entrusted with the management of a public institution. Sheltered behind a Royal Patron and an obsequious Press, nothing more callous than the treatment of the devoted nursing staff of St. Bartholomew's Hospital has ever been tolerated under the cloak of charity, than to permit them to sleep, year after year, in the death-traps in case of fire provided as bedrooms by the Governors of this wealthy charity.

All over the country, wherever we go, we find attached to every hospital worthy of public confidence a comfortable, beautiful and sanitary nurses' home. We feel the more indignant that St. Bartholomew's Hospital continues to flout public opinion in this connection, because huge sums of money have been expended in housing outpatients, the resident medical staff—and the microbes!

William Crouch, a Willesden working man, has left £230, all that he possessed, to the Willesden Cottage Hospital, in gratitude for benefits received while a patient there.

Miss Mary Houldsworth, of Rozelle, Ayr, left £24,000; and Mrs. Agnes Black, of Coldstream, left nearly £14,000, together with a portion of the residue of her estate, for religious and charitable purposes.

The accounts which have come to hand of the sufferings of horses in the Balkan War have caused "Our Dumb Friends' League" to take immediate steps towards the equipment of an efficient veterinary corps. A special fund has been opened, and subscriptions are urgently invited. A substantial sum will be needed. Cheques should be sent at one, addressed Arthur J. Coke, Esq., O.D.F.L. Veterinary Corps, 58, Victoria St., London, S.W.

On Wednesday, November 6th, a small sale of work in aid of the Children's Ward was held in the Nurses' Home, St. Bartholomew's Hospital, Rochester.

The Dean of Canterbury (Dr. Wace) kindly opened the Sale. After a most interesting address, which specially appealed to Nurses and their work, the Dean was presented with a button-hole by one of the patients from the Children's Ward.

Practically all the articles for sale were given by the Nursing Staff, and after all expenses were paid, a sum of £25 was realised.

Tea was served in the Nurses' sitting-room, and the Royal Engineer Band played selections during the afternoon.

The Kent Education Committee have commenced the second course of twenty-four lectures on sick room cookery, which are held at St. Bartholomew's Hospital, Rochester, once a week.

OUTSIDE THE GATES.

WOMEN.

The Irish Party has covered itself with dishonour in denying the vote to women in Ireland in the Home Rule Bill. "Ireland a nation" rings hollow, with the mothers of the nation left out.

A very scandalous scene took place at the opening of a Chrysanthemum Show at Battersea Town Hall last week by Mr. John Burns, the President of the Local Government Board. No Minister is more intolerant where the enfranchisement of women is concerned than this man, who himself has suffered imprisonment for riotous behaviour in demand of more liberty for his own sex and class. A suffragette demanding votes for women causes him to lose all self-control, and at Battersea "Have her out," "Take no notice of that bleat," "Throw her out," were a few of the directions he shouted at the brutal and infuriated bullies, called stewards, who in half-dozenes hurled themselves on any defenceless woman who dared to open her lips, and whom they seized and face downwards hustled through the mob, and threw out into the street. We do not wonder that it makes a woman's blood boil to realise that the money she earns is abstracted by law to pay the huge stipends of these tyrannical Ministers, who deny her free speech, and incite to cruel and disgusting violence. To witness such a scene is to realise the degradation of the whole nation, excepting only the women who have the courage to protest against it.

Women's Suffrage news from the United States is more encouraging. A New York despatch states that constitutional amendments, authorising woman suffrage, appear to have been adopted in Michigan, Kansas, and Arizona. In Oregon the result is in doubt. In Wisconsin the proposal has been decisively defeated. Of course, "our Miss Dock" is taking an active part in the splendid work being done by American women in claim of their political freedom.

Over 20,000 men and women took part in a great torchlight parade through the streets of New York, on November 5th, to celebrate the equal Suffrage victories in these three States. Nothing more inspiring had ever taken place in all the fights for women's rights in America.

One of the most interesting measures soon to be discussed by the Norwegian Parliament is a project under which an illegitimate child will not only be allowed to take his father's name, but can claim an equal share of his property with the legitimate children. This measure is a good "follow up" of the efficacious law for the protection of mothers, passed in 1862, which obliges the father of an illegitimate child to pay a pension to the mother, in default of which he is deprived of the rights of citizenship.

BOOK OF THE WEEK.

THE UPAS TREE.*

A new book by Mrs. Barclay, author of "The Rosary," will be welcomed by many of the book-loving public, for her stories are always clean, wholesome, and of well-sustained interest, added to which, in the present case the book ends with a Christmas setting, so that its publication at a time when wise people are beginning to select their Christmas gifts is particularly seasonable.

The story is one of Ronald and Helen West, a husband and wife loving each other devotedly. The husband, absorbed in his work, recognising his wife as "always kind, always understanding, altogether perfect," but unconsciously accepting all she has to bestow upon him. Helen, the wife, giving to the husband, whose genius she recognises, whose sterling qualities she appreciates, with all the generosity of a noble nature.

It follows that when the two meet each having something of great moment to tell the other, that the husband's news is told first, and in her unselfish devotion the wife leaves hers untold.

Ronald's information was astonishing enough. "Helen," he said, "I want to go to Central Africa. . . . I have a new plot—a quite wonderful love story, better than anything I have done yet. But the scene is laid in Central Africa, and I must go out there to get the setting correct. . . . I must be steeped in the wonderful African atmosphere before I can subconsciously work it into my book. . . . Helen—I must go to Central Africa."

Of course, Ronald goes. Equally, of course, Helen's momentous news, the news that the long-desired child was at length to be expected, remained untold.

On his return seven months later, Ronald, who goes to Leipzig to see his publisher, stays the night with a cousin of Helen's, who, unknown to him, was at one time engaged to his wife who broke off the engagement. The revenge this man takes, professing at the same time friendship for Ronald, who is far from well, "with bright eyes and flushed face—the feverish blood showing even through the tan of Africa," is mean in the extreme, and he manages for a time to create a misunderstanding between husband and wife, which leads to much unhappiness for both.

Ronald, who is a born musician, is full of delight at his latest acquisition, a violoncello which he has just purchased, and named "The Infant of Prague." He can talk of nothing else.

Aubrey Tréherne intercepts Helen's letter telling her husband of the birth of his little son, and when he arrives at home, full of delight at his reunion with his wife, talking of nothing but "The Infant of Prague," Helen's young motherhood arose and took her by the throat.

* By Florence L. Barclay. (G. P. Putnam's Sons, 24, Bedford Street, Strand.)

"Ronald," she said, "you are utterly, preposterously, altogether selfish! I am, ashamed of you."

The shock to Ronald precipitates the brain trouble which his doctor and friend, "Dr. Dick," is endeavouring to avert. But all is well that ends well, and this story ends to the sound of the Christmas chimes, and with perfect understanding between husband and wife.

P. G. Y.

AN HISTORICAL OUTLINE OF
AMBULANCE.

Messrs. John Wright & Sons, Ltd., of Bristol, have published opportunely "An Historical Outline of Ambulance from the Earliest Times," by Mr. Charles H. Miles. Mr. Miles tells us that from Homer we learn that a certain knowledge of bandaging and rough surgery was among the accomplishments of at least the better class of warriors who fought at the siege of Troy. Thus when Ulysses—upon the occasion of a boar hunt—was wounded by the tusks of the infuriated swine, his companions with skill bound up the lacerated part of his body. Women as well as men are spoken of as learned in the use of simples and medicinal herbs, and capable of treating wounds in a proper and efficient manner, and most of us know of Agameme, the fair-haired, "who knew all drugs, as many as the wide earth nourished." So the author traces the history of the ambulance movement to the present day.

COMING EVENTS.

November 15th.—Miller General Hospital for South East London, Greenwich, Princess Louise, Duchess of Argyll, opens the new wing. 3 p.m.

November 16th.—The Infants' Hospital, Vincent Square, S.W. Lectures on Babies. "The Chemistry of Milk," by Dr. Ralph Vincent. 3.30 p.m.

November 20th.—Irish Nurses' Association, 34, St. Stephen's Green, Dublin. "The Health of the Child," illustrated by lantern slides, by Dr. McVittie.

November 20th.—National Council of Women of Great Britain and Ireland. Extraordinary Meeting "To Consider the Position of Women under the Franchise and Registration Bill now before Parliament." Central Hall, Westminster, 10.30 a.m.

November 23rd.—National Council of Nurses of Great Britain and Ireland. Annual Meeting of Grand Council. Tea, 4 p.m. Meeting, 4.30 p.m., 431, Oxford Street, London W.

November 28th.—Association for Promoting and Training and Supply of Midwives. Meeting of Council. Coxton Hall S.W. 12 noon.

WORD FOR THE WEEK.

God offers to every mind its choice between truth and repose.—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.

THE MATRONS' COUNCIL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—As a member of the above Council may I congratulate all those concerned on organizing such a splendid meeting at Wigan, as reported this week. I was pleased to note how unanimous all present were on the question of State Registration. I have written to our Member of Parliament and have his promise of support for our Bill. As Miss Mollett said, there is no clear reason or sound argument against it. Let us all work hard for it this winter; that the governors of a few London hospitals and their highly-paid officials should have prevented it so long is as ungenerous as it is unjust. The average Member is in favour of protecting a high standard of nursing, but rich industrial magnates who make huge profits out of their female "hands" now govern, and we must remember they fear nothing so much as the organisation of any class of women workers. It is the same with London hospital magnates. I would sign my name, but that on previous occasions the anti-registrationists have drawn attention to my "public" work in quarters which might injure my power of self-support.

Yours very truly,

AN OLD MEMBER OF MATRONS' COUNCIL.

CHEAP NURSING AND SWEATED LAPOUR.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I was glad to see a letter from Mr. H. R. BRUNNER, the Hon. Secretary of the Staffordshire County Nursing Association, in your issue of November 2nd as it gives vividly the point of view of the members of such Associations in their relation to nursing the rural poor, and, incidentally, their entire lack of appreciation concerning what trained nursing is—or should be.

It is now nearly thirty years since I was interested in district nursing—in connection with the Metropolitan Nursing Association—housed still in Bloomsbury Square, and I well remember the first qualifications for members of that body were that they should be cultured, refined, educated women—trained to the best standard of nursing then accepted, and that such culture was considered the very best asset for a woman who was to influence those in sickness less fortunate socially than herself. It is almost incredible that district nursing can have deteriorated to its present status—and that these highly-trained, devoted gentlewomen have been superseded by mill hands—who cannot

begin to perform the duties of sanitary teachers, such as I claim district nurses should be. In my opinion it is high time to call halt in the downward grade of district nursing in rural places, and to make well meaning laymen understand they have no right, even if they have the power, and self-sufficiency, to control Associations defining the quality of nursing for poor sick people. Mr. Brunner's letter is ample proof of the absolute ignorance of many people who assume such responsibility without any expert knowledge of the question.

I am, yours, &c.,

A PIONEER DISTRICT NURSE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have retired from a committee in the rural district in which I live, because from past experience I feel most strongly that we more fortunate members of the community have no right to provide semi-trained nurses even if they are midwives, to attend on the village people. The system of inspection by ladies who live several hours away was most unsatisfactory. Our inspector knew little of what went on during her months of absence—and the policy of our committee was "least said, soonest mended," so nobody reported delinquencies to her. Inspection was a farce. I retired when cases of puerperal fever and two deaths occurred in our district because the doctor would not acknowledge that the midwifery nurse was to blame. She was dirty and untidy in her person, uncouth in manner, and neglected her duties. Nothing of this was reported to the inspector!

Yours truly,

ONE WHO DECLINES RESPONSIBILITY.

P.S.—I may add I am of opinion that a thoroughly trained nurse, plus a midwifery certificate, is the only person who ought to be a district nurse where one is often miles from a doctor.

THE REGISTRATION OF NURSING HOMES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—Permit me to express much interest and general approbation of the scheme for registering nursing homes you are engaged in forwarding, as I know of some that would be far better closed or ignored, and others that merit wider recognition. But in keeping the letter of the rules, may it not happen that some of the very best will be condemned if the rules as at present framed allow of no exceptions? It touches me on a point in which I can sympathise with others. Practically it is never likely to affect me personally because I am doing so well abroad that I have not the least desire to return and compete in the overstocked British market. Briefly, the circumstances are these: Some twenty years ago I applied to several of the big London hospitals for training. The "personal interview" always clinched the matter. I "looked too delicate," and so was refused. But one Matron kindly

suggested two or three provincial hospitals known to her, and in one of these I was eventually accepted. Later experience proved London hospital life to agree with me perfectly when I was Sister and Assistant Matron in a special hospital.

This is neither here nor there, only that it proves appearance is not enough to go upon in gauging strength, and how the whole course of one's life may be altered by another person's judgment.

Now the training in this provincial hospital was excellent. I would back its nurses against the average London ones any day. Having no medical school, much surgical work that is usually done by students fell to us, and the class of individuals gathered there left nothing to be desired. But a certificate of training was given after two years! It has lost me more than one good post in my life, but on looking back I hardly think I would have changed had I seen all. Very likely I should have stayed on to a humdrum hospital life year after year. The fact of having something to combat and also feeling the need of more experience, made me very keen on getting it, and I succeeded, first in private nursing on the Continent, then as Charge-Nurse in a workhouse hospital (with trained Superintendent and staff), of a block of 103 beds; after that as Matron of a cottage hospital, Sister in a London one, then abroad as Nursing-Superintendent of two hospitals in 3½ years. Probably few "three years' certificated" nurses could match the number of abnormal confinements, Cæsarian sections, and other major operations I have assisted at. Add to this the varied experience of life that tells for so much in the upper reaches of every profession, and not less than any in the management of a nursing home. Is it all to go for naught? Two contemporaries of mine who were at the same hospital also run nursing homes in England, and they are each in their line first-rate. Would it be just to condemn these owners and taboo their Homes on account of a technicality—for that it by now amounts to—in favour of the tyro just free from her first hospital with a three years' certificate? Or must they quit the field and deprive patients of the benefit of their valuable experience? Or return, if that be possible, and put in a third year as probationer when middle-aged?

Let it not be thought I am in favour of a short course of training. I am fighting on the side of an extended one, and registration as well, but I think we need to extend our view sometimes in order to be just and wise in our dealings.

Yours, &c.,
S. M.

Punjab, India.

[We gather that in organising a system of registration of nursing homes our correspondent does not approve of the system being retrospective, as injustice might be done. This may be so, and no Association for the purpose could succeed unless the standard adopted included experienced trained nurses who are now

heads of nursing homes. We quite agree that experience is most valuable, but that for the future we must start from a minimum term of training, and that term all over the world has been accepted, with one or two glaring exceptions, as not less than three years' experience in the wards before certification. The go-as-you-please system in England has resulted during the past fifteen years in a rapid deterioration in the nursing profession as a whole, and the control and promotion of its members, by social influence, irrespective of either personal merit or training. We see this on every side. In the Army, and throughout the length and breadth of the land in the nursing of the sick poor, and in private nursing, it is specially demonstrated. No profession can stand firm and progress from the shifting basis of social patronage. It must have defined standards, legal status and disciplinary control. We are glad to note our correspondent is working in India for such reforms.—ED.]

OUR PRIZE COMPETITIONS.

November 23rd.—How should a nurse care for her hands so that they are kept in the best condition for use in the sick room?

November 30th.—What form of infection is likely to follow the retention of a piece of the placenta after delivery, and what are its characteristics?

OUR CHRISTMAS COMPETITION.

TOYS FOR TINIES.

Four Five Shilling Prizes will be awarded in December for the best toys made at the cost of not more than 6d. The toys must be sent to the Editorial Office, 20, Upper Wimpole Street, London, W., by December 14th, with the coupon which will appear in the issue of December 7th. All the toys will be distributed to poor children under five years of age, so they should be made to meet the tastes of tinies.

NOTICES.

The Editor hopes that every reader who values THE BRITISH JOURNAL OF NURSING, will get one or more new subscribers—so that its constructive work for the profession may receive ever increasing support.

It is the only weekly journal which demands efficient educational and economic standards for trained nurses through an Act of Parliament, providing for their State Registration.

The price is 1d. weekly. Abroad, 9s. per year, post free. Office, 431, Oxford Street, London, W.

BUSINESS COMMUNICATIONS.

The Editor will be obliged if all business communications, such as requiring extra journals, &c., are addressed to the Manager, THE BRITISH JOURNAL OF NURSING Office, 431, Oxford Street, London, W., and not to the Editorial office at 20, Upper Wimpole Street, W.

The Midwife.

THE CENTRAL MIDWIVES' BOARD.

LIST OF SUCCESSFUL CANDIDATES.

At the Examination of the Central Midwives' Board, held in London on October 22nd, 668 candidates were examined, and 549 passed the examiners. The percentage of failures was 17.8

LONDON.

British Lying-in Hospital.—L. M. Bardo, S. Dobson, P. V. Isaacson, L. M. Randall, E. Ray, K. Weekley.

City of London Lying-in Hospital.—J. M. Boddam, M. E. Crapper, L. M. Harwin, F. L. Hawkins, M. M. King, A. McChesney, H. E. Mackereth, K. M. Shrewsbury, E. J. Stevenson, A. F. Sullivan.

Clapham Maternity Hospital.—M. Barrett, C. S. Hartwell, K. Morris, M. D. Nevard, H. L. Overton, M. A. Piercy.

East End Mothers' Home.—H. D. Barnsley, A. Bennett, C. Brooke, O. Chubb, C. V. Dewar, F. R. Guy, A. E. Jones, S. O. Krockner, J. M. Mackenzie, L. Musgrove, E. Roy, V. M. Saunders. *Edmonton Union Infirmary.*—E. E. Reed.

General Lying-in Hospital.—G. Ackland, M. Briscoe, M. Brown, M. M. Chester, E. B. Cowley, H. Dalrymple, N. Elvidge, C. R. Farnall, A. S. H. Fletcher, A. A. Foskett, E. Gibson, E. F. Gladwin, E. Glasse, C. E. Greenwood, R. E. C. Lucas, M. A. McCormick, J. G. Masters, D. F. Michell, B. M. Morrison, M. A. Mulligan, F. M. Orchard, C. A. Overton, S. Parker, M. C. Patterson, M. E. Pearson, F. M. Place, L. Platt, E. M. Ross, E. M. Shildrick, K. E. Skottowe, D. F. Sturgeon, M. Sullivan, A. E. Swift, E. M. Tilsley, E. F. Vaughan, E. M. Walker, E. Willis, F. E. Wood, J. Wyatt.

Guy's Institution.—W. A. Goddard, E. J. Haward, B. E. Salmon.

Islington Workhouse.—E. M. S. Michaelson, C. E. Rands.

Lambeth Parish Workhouse.—I. A. C. Brazier, A. Coombs.

London Hospital.—I. de P. Cave-Browne-Cave, E. M. Epps, A. M. Hedges, M. C. Jones, H. A. Murphy, B. Reynolds, I. L. E. Stearn.

Maternity Nursing Association.—D. O. Farrow, J. F. Garrud, E. F. M. Lewin, E. I. Pastfield, M. B. Sandon, E. L. Woolfner.

Middlesex Hospital.—A. M. Kilbride, E. M. Lewin, E. C. Morgan, E. Taylor, A. Thompson.

New Hospital for Women.—E. C. Hill, M. Munro.

Plaitow Maternity Charity.—B. Bicknell, M. Bramley, P. Brunskill, S. Brunskill, A. E. Burton, E. Clarke, K. M. Clutton, E. M. Collier, M. A. Cox, E. Davies, V. E. Denney, F. Dowty, L. Gaskell, S. A. Ledell, C. B. Major, E. F. Martin, E. O'Shea, E. M. Pegram, A. B. Pierce, M. A.

Purdyc, E. M. Smithers, A. M. Stubbings, L. G. Wilson.

Queen Charlotte's Hospital.—D. Barlow, E. S. Batty, T. A. Beech, F. E. Brailsford, D. G. Butt, M. M. W. Cathro, B. J. Constantian, W. E. Cooke, A. Dean, C. Dickson, G. Dobbie, R. E. E. Framp-ton, H. E. Gagg, S. T. Grieves, E. E. Hobbs, A. Hobson, A. W. Hughes, H. Kerruish, C. M. Morris, A. G. Paton, A. Plumb, H. D. Pryce, M. A. Pryce, C. Renshaw, K. A. Roberts, N. I. Robinson, E. J. Savory, G. Smith, M. L. Taylor, M. Whyte, F. E. Woolcock, N. Wright.

Regions Beyond Missionary Union.—E. Cestrilli, G. M. Hickson, M. C. Seagrave.

Salvation Army Maternity Hospital.—A. Broug-ham, S. E. E. Forrest, F. M. A. Hall, S. K. Kristof-fersson, E. M. Preston, M. J. Whitaker.

Shoreditch Union Infirmary.—F. D. Gort.

University College Hospital.—E. C. Hatcher, J. Moore, G. A. B. Stevens.

West Ham Workhouse.—E. K. Hatton, C. Parsons, L. J. Robinson.

Woolwich Home for Mothers and Babies.—E. S. Fuller, M. Jones, M. I. Nunn.

Woolwich Military Families' Hospital.—A. H. Hoare.

PROVINCES.

Aldershot (Louise Margaret).—E. Bennett, J. E. Carver, M. L. Cutfield, S. J. Lambert, I. C. B. Paynter, E. G. Rendall, L. A. Stiles, E. M. Wilson.

Birkenhead Maternity Hospital.—J. Ashley, R. H. Bristow, C. J. Carver, P. A. Cole, E. M. Harris, M. Hughes, O. Stow.

Birmingham, Aston Union Workhouse.—G. K. Medlam, E. Wright.

Birmingham Maternity Hospital.—L. D. Bryant, H. Coldicott, H. Y. Dixon, C. Greig, A. S. Hodges, F. A. Hughes, S. Johnson, E. Laucht, S. H. Reid, E. J. Tolley, C. Williams, E. Woosey, A. H. Wormald.

Birmingham Workhouse Infirmary.—S. Hilling, E. Jacobs, R. A. Learv.

Bradford Union Hospital.—M. Booth, C. Sheard.

Brentford Union Infirmary.—D. C. Lewin.

Brighton and Hove Hospital for Women.—L. E. Bray, A. B. Cox, G. E. Curline, S. H. Dawe, H. E. Frost, M. M. Wakeham.

Bristol General Hospital.—A. M. Crovdon, A. E. Harris, S. M. Harris, M. M. Lee, M. E. Pontifex, F. A. Taylor, A. E. Thomas.

Bristol Royal Infirmary.—G. A. E. Amos, E. M. Hall, L. L. Hutchesson, F. D. Ponting, M. L. Steal.

Cheltenham District Nursing Association.—M. A. Jarvis, E. A. Palmer, L. Sweetlove.

Chester Benevolent Institution.—C. Porter.

Chrischurch Union Infirmary.—I. Board.

Derby, Royal Derby Nursing Association.—M. A. Anderson, M. Clark, H. B. M. Kershaw, U. J. Starsmore, S. E. Webster.
Devon and Cornwall Training School for Nurses.—M. K. Bing, E. M. Camp, B. K. W. Davey, G. Goussenan, N. Pearce, E. A. Searle, V. M. Waters, A. G. Williams.
Devonport Military Families Hospital.—J. L. Ford.
Devesbury Union Workhouse.—A. Birkbeck.
Lecceall Bierlow Union Workhouse.—E. L. J. Warren.
Epsom Union Infirmary.—S. E. Cronshaw.
Gloucester District Nursing Society.—I. M. Eacott, M. Fullerton, E. Lewis.
Hull Lying-in Charity.—C. C. Crumpler, H. S. Robinson.
Hull Lying-in Charity and Nottingham Workhouse Infirmary.—M. E. B. Campbell.
Ipswich Nurses' Home.—C. M. Brady, D. E. M. Burdon, H. M. Harper, H. L. Nicholas.
King's Norton Union Infirmary.—V. M. Ayres, K. Dowling, A. M. Muttraun.
Leeds Maternity Hospital.—B. I. A. Bearup, E. A. Bousfield, E. Freeman, F. Harrison, M. Howard, A. E. Outhwaite, D. Pickard, A. Smart, E. E. Smith, J. A. Sutcliffe, A. S. Taylor.
Leeds Union Infirmary.—G. M. Carter, B. M. Wilson.
Leicester Maternity Hospital.—B. M. Coleman, M. A. Cory, J. Dawkins, M. Folwell, F. M. Hardacre, M. M. Longwill, M. E. Rawson.
Leicester, North Evington Infirmary.—S. A. Butler, F. M. Collin, E. E. Thornton.
Liverpool Maternity Hospital.—M. F. Bottomley, A. Brabin, B. A. Carver, M. J. Chectham, A. A. Cryer, M. K. Douglas, E. Eybank, A. M. L. Faden, L. E. A. Gibson, A. E. Harding, A. Hardy, G. Holmes, J. A. Meredith, S. A. Stirton, F. E. Tomlin, E. J. Vernon, L. L. Whitworth, M. A. Winter.
Liverpool Workhouse Hospital.—A. M. Blacklock, J. Cubbon, A. Littlewood, E. K. M. MacKean, G. Morgan, D. F. E. Stephens, A. Wotton.
Manchester St. Mary's Hospitals.—E. A. Bate, S. Brocklehurst, A. Gibson, C. Hewitt, F. Hindmarsh, M. C. Kelly, P. B. Langman, M. L. Large, E. A. Leatherbarrow, H. S. Millwood, N. Proctor, A. Royds, B. H. Seager, A. A. Walsh.
Manchester, Township of South Manchester.—E. E. Bramson, C. M. Hubbard, S. Twigg.
Manchester Workhouse Infirmary.—E. A. Duston, M. M. Shirt.
Monmouthshire Training Centre.—R. A. Beaven, S. A. Bessart, E. John, P. Jones, S. E. Jones, C. M. Tucker, B. T. Warren.
Newcastle-on-Tyne Maternity Hospital.—M. W. Arthur, E. Clarke.
Newcastle-on-Tyne Union Infirmary.—M. E. Smith.
Northampton Q.V.J.N.I.—E. H. Hore, M. C. Peplow.
North Bierley Union Workhouse.—C. E. Senior, A. Stones.

Nottingham Workhouse Infirmary.—E. L. Jacob, R. J. Smith, A. Wilcox.
Norwich Maternity Charity.—T. T. Blythe, H. M. Richardson, E. E. Wood.
Portsmouth Military Families' Hospital.—C. Skinner.
Reading Union Infirmary.—E. S. Fraanklin.
Sheffield, Jessop Hospital.—H. C. Ashbey, I. Carruthers, K. E. Wolstenholme.
Southampton Union Infirmary.—M. Hlsley.
Sunderland Union Workhouse.—A. Burn, D. Thompson.
Walton, West Derby Union Infirmary.—F. M. Bristow, R. Noddings, H. Turner.
Walsall Union Workhouse.—E. C. Hayward, M. A. Horne.
Wolverhampton Q.V.J.N.I.—C. L. Mitchell, L. E. Quirk.
Worcester County Nursing Association.—B. A. Francis, M. A. Lewis, E. Sproston, A. L. Taylor.
York Maternity Hospital.—D. E. Haylock, M. R. Hearn, H. Woodhead.

WALES.

Cardiff Q.V.J.N.I.—M. J. Elias, M. A. Kerlake, A. C. Phillips, M. J. Reynolds, D. Thomas.
Cardiff Union Hospital.—G. E. Badger, S. Richards.

SCOTLAND.

Aberdeen Maternity Hospital.—M. E. G. Donaldson, J. E. Stephen.
Dundee Maternity Hospital.—E. Barlow, I. Cruickshank, E. S. Crump, A. Donald, C. S. Fraser, A. M. Hayward, E. Lindsay.
Edinburgh Royal Maternity Hospital.—M. B. Archeson, E. O. Bagshaw, J. Burnett, M. M. Galbraith, M. Lawrence, J. D. Murray, J. M. Osler, L. W. I. Stott, E. L. Fate, R. M. Tittle.
Glasgow, Eastern District Hospital.—B. P. Hinderwell, H. Whittaker.
Glasgow Maternity Hospital.—H. Addison, A. P. M. Boydell, M. Buchanan, C. L. Carnegie, G. Fletcher, J. McIntyre, M. M. MacPherson, A. E. R. Seater, M. C. B. Stalker, J. Stirling, C. E. Youngson, A. S. Hanson.
Glasgow, Stobhill Hospital.—C. X. Smart, J. D. M. Smith.

IRELAND.

Belfast Incorporated Maternity Hospital.—K. Carruthers, M. McGurgan.
Belfast Union Maternity Hospital.—J. I. Grey, E. M. Haugheev, F. Healy, H. Healy, E. S. Moffat, S. Scott, E. C. Hackett.
Dublin, Rotunda Hospital.—M. J. Bullance, P. Cato, M. Flanagan, J. E. Horder, M. Jones, L. M. Lawrence, K. F. Stanlev, A. A. Womersley.
Lurgan Workhouse Infirmary.—I. Grenc, L. M. Simpson.

ABROAD.

Calcutta, Eden Hospital.—W. L. V. Keane, G. Leigh-Hare.
 PRIVATE TUITION AND INSTITUTIONS.
St. Mary's Hospitals, Manchester.—S. Aspinall, C. Stephens. *Chatham Military Families' Hospital*

—E. L. Brown, *Poplar Workhouse*.—V. I. Dargan, *Paddington Workhouse Infirmary*.—E. J. Graham, *Belfast Union Maternity Hospital*.—S. J. Graham, M. A. Hewitt, *Q.V.J.L., Cardiff*.—H. Grey, *Kingswood Nurses' Home*.—B. M. Helps, *Greenwich Union Infirmary*.—C. Howells, *Birkenhead Maternity Hospital*.—M. G. Hughes, *General Lying-in Hospital*.—C. MacLean, E. A. Roll, *Fatham Union Infirmary*.—G. E. Miller, A. Smith, *Kingston-on-Thames Union Infirmary*.—W. Ray, *Royal Derby Nursing Institution*.—F. Wilson.

PRIVATE TUITION.

M. A. Aitkenhead, A. Anlt, E. Bailey, M. Bainbridge, A. E. Baker, B. E. Banks, E. Barton, C. M. Bazell, E. Beal, M. F. Bellamy, A. Birtles, L. Boon, N. B. Bredee, H. M. G. Brook, M. B. Brooks, M. A. Burton, B. Byerley, M. J. Churchill, E. Clegg, A. E. Cooper, J. Dall, M. E. Davies, M. Y. Douglas, M. J. Downing, E. N. Duggan, V. F. J. Earle, E. B. Farrow, E. Fortune, H. H. Garner, S. J. Gerické, E. R. Gosling, M. J. Gould, E. J. Graham, E. Gray, E. Griffiths, E. Grundy, S. A. Hinds, I. J. Hobbs, L. N. Horan, H. D. Hughes, E. Hutchinson, S. Jenkins, V. M. Kellaway, E. Kirby, V. M. Layton, M. M. Lee, M. L. Lissenburg, E. Littlewood, E. Lloyd, E. D. Lord, M. A. MacDonald, E. C. Macpherson, M. E. Marshall, E. Mayor, M. Miller, E. Morgan, E. M. Nelson, M. A. A. Norman, J. Parker, N. Pinder, A. Prothero, K. M. Pryce, G. Quincey, D. L. Rawlings, M. E. Reeves, M. Richardson, A. Rixon, L. M. A. Rockett, F. I. Robinson, E. Rutter, E. J. Scally, E. L. Schön, H. M. Seaton, F. M. Sharp, C. Shaw, B. Sincock, A. N. Smith, O. M. K. Stokes, A. M. Stringer, C. Stuart, M. E. Stuart, E. Swanson, E. H. Sylvester, M. E. Taylor, S. J. Thomlinson, A. Trinder, J. Tuson, S. J. Wallbridge, M. A. Warner, R. Williams, N. M. Wilshere, C. E. Woodhouse, F. J. Woodman, H. L. Wyatt.

THE ASSOCIATION FOR PROMOTING THE TRAINING AND SUPPLY OF MIDWIVES.

A meeting of the Council of the above Association will be held at Caxton Hall, Westminster, S.W., on Thursday, November 28th, at 12 noon, when H.R.H. Princess Christian of Schleswig-Holstein will preside. The business discussed by the Council will include "The Organisation of Midwifery in the Counties."

GENERAL LYING-IN HOSPITAL.

As the General Lying-in Hospital, York Road, Lambeth, is in urgent need of funds, the Romany Amateur Dramatic Club are again kindly giving two performances at the Court Theatre on Monday and Tuesday, December 10th and 17th, in order to raise money. This amateur club has deservedly a high reputation, and those present will be sure of a pleasant and amusing evening if they take tickets for Arnold Bennett's play "What the Public Want." These can be obtained of the Secretary, General Lying-in Hospital, York Road, S.E.

Stalls, 10s. 6d.; dress circle and pit stalls, 6s. each; upper circle, 4s. each (family ticket, to admit three, 10s. 6d.).

THE WOMEN'S NATIONAL HEALTH ASSOCIATION, IRELAND.

PROPOSAL SUBMITTED TO BOARDS OF GUARDIANS.

We have received the text of the Proposal submitted to Boards of Guardians in Ireland, with regard to midwives, by the Women's National Health Association of Ireland.

We propose, in response to the desire of readers in Ireland, to deal fully with this Proposal in our next issue, meanwhile we are glad to observe that Boards of Guardians appear to be fully alive to the undesirability of the scheme. The Londonderry Guardians have decided to take no action at present, the Ballymena Guardians have adjourned consideration for six months, at Coleraine they have deferred it until further information is acquired on the subject, the Clogher Guardians consider the scheme an impracticable one, and the Letterkenny Rural Council have marked the circular letter from the Countess of Aberdeen, enclosing the scheme, as "read."

THE ROTUNDA HOSPITAL.

The Board of Superintendence of the Dublin Hospitals has commented on the Rotunda Hospital in its report as follows:—

"On visiting the several departments of the hospital we were much gratified by the order, regularity and cleanliness which prevailed. The valuable assistance it gives to lying-in women—great as it undoubtedly is—is equalled, if not excelled, by what it does in forwarding medical education. On March 6th, 1912, new labour wards were opened, the cost of which came to £1,550. The floors are of concrete, having a surface of white marble terrazzo mosaic. The walls are also covered to a height of eight feet with pale green terrazzo, the remainder of the walls and the ceilings being enamelled in white. The heating system is of hot water, and cold, hot, and sterilised water are laid on in convenient positions. The wards have been fitted with electric light, and the entire equipment is of the most modern and approved description, as the Governors considered it essential that the design should be carried out in such a manner that the improvements will rank with the best of their kind in Europe. The suite of wards includes waiting and labour wards, an isolation labour ward, with clerical room, dressing room, and kitchen, and will afford ample accommodation and facilities to allow the carrying on of this important and humane work in the most efficient manner possible. The outlay on these wards, together with an expenditure of £1,158 on repairs, alterations, and painting, have left the hospital indebted to the Bank of Ireland in the sum of nearly £1,800. We can vouch that the money has been well laid out, and that the expenditure may be considered as truly economical."

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SATURDAY, NOVEMBER 23, 1912.

Vol. XLIX.

EDITORIAL.

THE CONSEQUENCES OF WRONGFUL DISMISSAL.

An important case to Boards of Guardians and others was heard last week at the Plymouth County Court by Judge Lush Wilson, K.C., when Mrs. Jane Harriet Harwood (*née* Fisher) sued the Plymouth Incorporation of Guardians for wrongful dismissal, or, alternatively, for breach of contract.

The case for the plaintiff, as represented by Mr. Percy T. Pearce, was that she was a probationer at the Plymouth Workhouse Infirmary for two years and a half, and that the Guardians then "sacked her, kicked her out, paying her a month's wages in lieu of notice." It was consequently impossible for her to become a certificated nurse unless she went through the whole of her training again.

For the defendants, who were represented by Mr. John W. Bickle, it was brought out by a former chairman, Dr. Lindsey, that adverse reports had been made against the plaintiff, and she had been censured for a charge of neglect brought by her against one of the nurses which, on investigation, proved to be groundless. For a time afterwards improvement was reported, but it was not lasting. He had not agreed with the decision of the Board not to allow the nurse to resign when she desired to do so, because practically during the whole time she had been in the service of the Guardians she had shown she was thoroughly unsuitable as a nurse, she made choice of the orders she would obey, was always at loggerheads with the Sister she was under, was rude and noisy in the wards, and insulting in her manner when called before the Committee. The ground of the Board's action was continual insubordination, unsuitability as a nurse, rudeness, and

general misconduct while in its employ. The term "grave misconduct" would apply in a professional respect.

In the course of the proceedings the judge said that the defence might have proved that the Guardians had power to dismiss, and left it there; but if it asserted that the plaintiff was guilty of grave misconduct, he should rule that unless this was proved the defence would fail.

A good deal was made by the plaintiff's solicitor of the fact that the Guardians had given her a testimonial which enabled her to obtain another post.

In the subsequent summing up the judge impressed upon the jury that in an institution such as the Infirmary discipline was the first essential to success. If the jury came to the conclusion that the plaintiff would not submit to discipline they would probably find she was not a suitable person as a nurse. In regard to the testimonial given, the judge said that might be compatible with the theory that the Guardians were acting in a kindly spirit. They might say that was very wrong, but the wrong was not towards the nurse, but towards her employers.

The jury found that the plaintiff was not inefficient or neglectful, or unsuitable for the duties required of her, and was not guilty of gross misconduct, and awarded her £45 damages.

The verdict is a serious one for Boards of Guardians.

We think the defence was mistaken in trying to prove "gross misconduct," and their case was undoubtedly weakened by the fact of the testimonial given in a "kindly spirit."

In our opinion it is unwise to keep a probationer who is not satisfactory for more than six months in the hope that she will improve. The kindly disposed committee is usually the sufferer in the long run.

Quarterly reports as to the efficiency, progress and discipline of probationers should be furnished to the Guardians of an Infirmary by the Matron or Superintendent Nurse who should herself receive regular written reports from Sisters.

No doubt the difficulty of obtaining probationers inclines Guardians to keep unsuitable ones, but it is a short-sighted policy. If a staff deteriorates the patients suffer and the difficulty of obtaining the right class of probationers increases.

MEDICAL MATTERS.

INFECTION FOLLOWING TONSILLOMOTY.

The removal of the tonsils is regarded as a simple operation, and it is not always realized what serious result may follow. Dr. H. Koplik, in the *American Journal of the Medical Sciences*, draws attention to this possibility, and quotes cases which have come under his own observation, and others which have been reported. The three forms of infection which may follow removal of the tonsils and adenoids to which he directs attention are:—

1. Following the operation the patient may appear to be doing well, but on the second or third day the temperature begins to rise and continues to run an obscure course for about two weeks. The patient eventually recovers without any ill effects on the heart and with no rheumatic manifestation.

2. In another set of cases, after removal of tonsils a moderate rise of temperature occurs and may continue for a number of weeks. Cardiac murmurs may occur, and the patient may even succumb to a malignant form of septic endocarditis.

3. In the third class of cases the infection causes destructive blood changes, and there is evidence of sepsis in the presence of ecchymotic and petechial areas on the skin, of patches of broncho-pneumonia, and the occurrence of profuse hæmorrhage from the bowel.

Such a case is reported by the author, and was one of profound sepsis in a boy of five after tonsillectomy and adenectomy performed in surroundings ideally hygienic. No less than seven hæmorrhages occurred into the skin and conjunctivæ and from the mucous membrane. The hæmorrhagic sepsis was accompanied by rise of temperature and endocarditis. As a last resort transfusion was performed, and the patient eventually recovered.

OUR PRIZE COMPETITION.

HOW SHOULD A NURSE CARE FOR HER HANDS SO THAT THEY ARE KEPT IN THE BEST CONDITION FOR USE IN THE SICK ROOM?

We have pleasure in awarding the prize this week to Miss Sarah Ann Cross, King's Lynn, Norfolk.

PRIZE PAPER.

Nurses are apt to give too little attention to their hands, and yet it is a very important matter to keep them smooth and the fingernails in good order. There will often be circumstances in which a nurse's hands must suffer by contact with strong antiseptic lotions, and by frequent washing in hard water, or as a result of continually applying various forms of treatment which leave marks and stains upon the hands.

Five or ten minutes spent in a careful toilet of the hands before going to bed will, as a rule, keep them nice and presentable. First, a thorough scrubbing with soap and water and nailbrush—even pumice stone may be used if the fingers are stained; then dry in a soft towel, and apply gently a mixture of eau de Cologne and glycerine, or glycerine and cucumber, or glycerine and rose-water, whichever is found to suit the skin the best; and lastly a pair of old soft white or lavender kid gloves may be worn all night, taking the precaution of cutting out the covering of the palm, thus arranging for ventilation. This treatment, if persevered in, will work wonders. If the hands are chapped, a little camphor ice rubbed on the skin will prove effectual in healing cracks, but the wearing of an old kid glove softens the skin and goes far in removing traces of work, &c.

A small set of manicure instruments used daily will keep the nails smooth and shiny.

Should there be any inkstains on the fingers, Sanitas will be found to be a most useful remedy. Iodine stains can be removed with carbolic lotion of moderate strength.

Nurses should not neglect small scratches, cuts, abrasions, &c., on the fingers. Such minute wounds afford an easy entrance to more or less deadly microbes.

Forceps must always be used in removing soiled dressings. The hands and forearms must be thoroughly washed and disinfected after any contact with wounds, or after attending to infectious cases, and if the nails are kept short it will be to the advantage of both nurse and patient.

When a minute scratch is first perceived, it should be promptly painted with collodion or covered with an indiarubber finger-stall, and kept covered until perfectly healed. It is most

important to prevent the hands from becoming hard and roughened. Most patients are very sensitive to the touch of a nurse's hand, and to a refined, fastidious man or woman it must be extremely unpleasant to be handled by a woman whose hands are the reverse of smooth and comforting.

The hand, in fact, has such a power for good if carefully treated and wisely preserved from injury, that it is not beneath the dignity of a nurse to bestow some amount of care and attention on such an important member of the body, both for her own sake and for the sake of present and future patients.

HONOURABLE MENTION.

The following competitors are accorded honourable mention:—Miss E. Dymes, Miss G. Tatham, Miss V. Barwise, Miss E. Marshall, Miss J. Stone, Miss B. O'Brien, and Miss Bielby.

Miss E. Marshall writes that a plump, soft, pliable hand is the most suitable for nurses to possess. There is such a difference in the touch, and a patient knows at once the kind of hand which is pleasant to feel and touch, a hand which is gentle and soothing. A patient once remarked, "Nurse, your finger-tips actually see."

Apart from those who are fortunate enough to possess the true nurse's hand, it is necessary to know exactly how to care for and protect both others as well as oneself from infection. . . . Nurses must always be particular to use forceps for removing soiled dressings, and rubber gloves for rubbing in mercurial and other dangerous absorbent drugs.

Miss E. Dymes states that to keep one's hands in the best condition for use in the sick room requires some care and trouble on the part of the nurse. But it is time and trouble well spent. She has found Friar's Balsam heal cracks better than anything else, but she truly says that "everyone has her own pet preparation."

Miss Gladys Tatham writes that unfortunately the amount of hard work in the nature of scrubbing, dusting, and general cleaning expected of a nurse in our hospitals and infirmaries makes it very difficult for her to keep her hands in good condition. She has not time to be always repairing the ravages of char-work, and in consequence the hands are very liable to become red and chapped.

Miss Tatham further says: "Gloves ought always to be worn in the street, to avoid unnecessary germs clinging to the skin." This opens rather a wide question. What about the inside of the gloves, and the condition of the hands when the gloves are put on? Unless the

hands are absolutely clean when gloves are worn, they may be far from a protection from germs the next time they are donned. The gloves as well as the hands should be above suspicion, and, to be logical, only gloves which can be frequently washed should be worn.

Miss Bielby points out that the human hand is perhaps the most wonderful of all the instruments used in the world's work. Its functions are manifold, and cover the whole gamut of human experience and emotion. From the moment when the tiny fingers of the newborn cling to the mother's breast to the time when they are meekly and pathetically folded on the breast of the sleeper in the last long earthly sleep, the hands are intimately associated with all one's memories and affections. As the transmitters of healing and sympathy they find their highest functions in the exponents of trained nursing, and, as with all other instruments, the greatest efficiency is here attained by the most careful preservation.

Miss V. Barwise puts in a plea for equal attention to the feet. While the importance of care for the hands cannot be over-rated, the feet do not always receive their rightful share of attention. Yet they well repay it, and, after all, a chain is no stronger than its weakest link, and if a nurse's feet fail her she may possess all the skill in the world, and her hands may be perfect for tending the sick, but all this skill and perfection are useless if her feet will not carry her efficiently about her work.

QUESTION FOR NEXT WEEK.

What form of infection is likely to follow the retention of a piece of the placenta after delivery, and what are its characteristics?

THE LEAGUE OF ST. BARTHOLOMEW'S HOSPITAL NURSES.

A General Meeting and Social Gathering of the League will be held at St. Bartholomew's Hospital on Saturday, November 30th. The President, Miss Cox-Davies, will be in the chair.

The League has arranged for three very interesting Lectures to be given in the spring. 1. "Eugenics: What it is," by Mr. Bishop Harman, F.R.C.S.; 2. "The Industrial Position of Women," by Miss Constance Smith; and 3. "Some Aspects of Juvenile Labour," by Miss O. I. Dunlop, D.Sc. Tickets for the course will be 2s. to members and 4s. to non-members, and may be obtained from Mrs. Andrews, Hon. Sec., 31, Cotterill Road, Surbiton.

THE SOCIAL WORK OF THE COLOURED NURSE.*

By Mrs. ROSA L. WILLIAMS,
Coloured Orphan Asylum, New York City.

I bring to the International Council of Nurses greetings from the National Association of Coloured Graduate Nurses of America, and I beg of you to accept my humble report of the social work being done by our nurses. In this age of civilization, this phrase "social work," so much talked of now, is nothing new. I know not its origin, but the Christian negro woman has always been much concerned about the condition of her neighbour. History records but few of the sacrifices made by women of my race. These women had neither education, money, nor influence, but, with their unlimited faith in the power of prayer, they gave unreservedly all they possessed to help make conditions possible for the uplift of the younger members of their race.

How helpless would be the result of a dear old mammy, with all her Christ-like compassion, going through one of our congested city districts doing the things which made her the martyr nurse of yesterday.

We realize that in this age we need trained negro women to cope with the existing conditions among our people, and with this realization in mind this body of coloured graduate nurses met in New York in 1908 to adopt some plan by which, with their united strength, they might help to alleviate the ignorance and suffering among their people.

We had high ideals: we could see the needs of our people as no one else could. And you, as a body of women engaged in such work, know better than I can tell you what is needed to start or carry on such work. Your expression of interest in the work of the coloured graduate nurses at this time is indeed an inspiration to them. The National Association of Coloured Graduate Nurses, being in its infancy, has accomplished little, but we feel that with the co-operation of your organization, and their untiring efforts, they may look forward with great hope to what in the beginning seemed the impossible.

I shall proceed to outline briefly the social work being done by our nurses in the southern towns and cities. The visiting nurse is an important factor in the philanthropic work of all large cities, country towns, and wherever the physical care of human beings is concerned. She works in connection with the Board of Health, private physicians, city charities, and among the poor whenever called

upon. She at the same time discovers, alleviates, and prevents suffering.

Prevention of suffering is as much her work as nursing. Too much stress cannot be laid on the work she is doing to reduce infant mortality. Through her, many children are prevented from becoming blind, crippled, or deaf.

Her mission is manifold: teaching the people who do not know, and will not learn of their own accord, how to protect themselves and others from disease. The infants of all maternity cases cared for by the district nurse are visited at least once a week during the first year.

The mothers are instructed to 'phone at once to the nurse in charge if in the meantime any abnormal symptoms develop, thus enabling them to stop the progress of any malignant disease in its incipency. Where babies are bottle-fed the mothers are taught by the nurse how to prepare the food.

From Richmond, Va., we have an excellent report of the social work being done by ten graduate nurses. These nurses are giving all their spare time and money towards this noble work. During the past year they have carried sunshine, food, and medicine to 350 destitute persons. The city dispensaries furnish them with paper napkins, ice tickets, and sputum cups to be used for tubercular patients. In Norfolk, Va., the Graduate Nurses' Association is supported by the City Union of King's Daughters and voluntary contributions.

Recently the Metropolitan Life Insurance has aided them financially by paying them a small fee for the policy holders who need their services. During the past year they have made 1,240 visits.

In North Carolina we have the Lincoln Training School, where young negro women are trained, and sent into the homes of the poor to teach them hygiene and how to properly care for their children. This school is filling a long-felt need in this part of the country.

In West Virginia the negro nurse and doctor have instituted a day camp for tubercular patients, there being no provision made by the State for such cases. These tubercular patients can go there and spend the day.

They are taught how to prevent the spread of the disease. They are given fresh eggs and milk three times a day. These in many instances are supplied by the farmers who have become interested in this work.

In the larger southern cities cases simply needing relief are referred to the united charities.

In many of the smaller States where no such organizations exist this work is carried on by

* Presented to the International Congress of Nurses, Cologne, August, 1912.

the monthly contributions of our nurses, their services being given gratuitously. In Mississippi Valley last winter, when the great flood was raging, more than 1,000 people were deprived of their homes and all they possessed.

A camp was opened by Mayor Crump for these unfortunate people. More than 900 of this number were negroes. One of our nurses was placed in charge of this camp, and through her efforts a milk station was started, where the mothers could get food for their babies.

She taught them hygiene as best she could under such conditions. We feel that her efforts were well rewarded, there being only one death reported during the months she was in charge.

When we consider the admirable work being done by our nurses in the south land we are forced to believe that, with the co-operation of such organizations as we have in the north, the good accomplished would exceed our greatest desire. The negro nurse in New York City, Pennsylvania, and other northern States is taking her share in this social movement.

But she, unlike the nurse in the south, has the advantage of the organized and systematized work, for which she receives remuneration.

Our nurses are engaged in the Board of Health Department, milk stations, investigating tubercular cases, district nursing, settlement work, day nurseries, and orphan asylums for negro children.

Their field of usefulness in the north among our people cannot be over-estimated. It is realized that prophylactic work being done by these nurses in their various positions is indispensable.

I think there is no greater opportunity offered the graduate nurse to do real social work than in the public schools and orphan asylums.

Here she meets the young children. She can instil the right principles before their minds are impregnated with wrong ideas by the ignorant parents.

In the orphanage she has much broader opportunities than the school nurse. Here she comes in daily contact with the children. She can divide them in groups or classes, according to age or intelligence.

And with her knowledge of anatomy, physiology, social diseases, and sex hygiene, she is able to teach them valuable lessons in regard to the care of their bodies. And last, but greatest of all, is the grand and noble privilege of presenting to them the highest ideal in life—Jesus Christ. And thus by slow degrees we are following more and more the example of our more favoured sisters.

The negro nurse is doing her share in the work of blessing humanity. Surely no other class of people need more sorely the social work

in all its phases than do my people. And in the last analysis no one can do this work for her people more effectively than the coloured nurse.

Blessed with the privilege of co-operating with such an organization as yours, edified and inspired by contact with those who have years of civilization, training, and experience, she becomes fitted to carry the light to her people, and help them towards becoming a strong race, vigorous both in body and mind.

May her work continue to broaden until she, too, joins the choir invisible, whose music makes the gladness of the world.

I am indeed proud to be numbered among this body of noble women, who, with all the advantages of higher education, have retained that missionary spirit which is so commendable in the sight of God.

THE SPECTRE OF PESTILENCE.

Pestilence and famine. Cholera and dysentery are ravaging the Turkish Army, and have attacked the Bulgarians. The Mosque of St. Sophia at Constantinople is being used as a hospital, and the widespread misery occasioned by war is amazing. One reads of the futility of the field surgeons when faced with thousands of men dying in agony for lack of treatment, water and nursing. Then one realises that a generous public has subscribed some £30,000; and that the British Red Cross Committee is spending it in surgical stores and men; and that the services of trained nurses, who should have been poured into the Near East a month ago, are still being refused by the Committee, and that only twelve trained women nurses have been despatched, and these through the favour of Royal commands, and not at the call of humanity.

How do the Nursing Profession in England feel about this question? Surely warmly indignant that their skilled work has been ignored, and that they have been prevented giving, as hundreds are prepared to give, their invaluable services to stricken people. Excuses about personal danger may be discounted. Our nurses would be as safe throughout the sphere of war as they are at home; and as to danger to health, a nurse takes her life in her hands in times of peace as well as war, and it is her glory to risk it. One thing is certain. If the British Red Cross Society is going to exclude trained nursing from its scheme of treatment for the sick and wounded in war, some other Society must step in and organize such a service without delay.

It is consoling to know that the contingent sent to Turkey by the Red Crescent Society,

including six trained nurses, are by now in the sickness centre, where they are so terribly needed. One of the party writes from Salonika on the 10th inst. :—

Arrived here yesterday. Town capitulated at 4 a.m. Greek army marched in. The Crown Prince comes to-morrow. Population completely indifferent, if anything glad. Men-of-war fill harbours. Two sunk vessels tell their own tale, 2,000 wounded brought in eight days ago; all being treated. A large staff of surgeons here. Help needed where we are going.

On the 11th she writes :—

To-day has been most thrilling. A Greek torpedo boat fired across our bows and held us up, and landed us with an armed crew, but after assembling us all in the saloon and seeing our passports, and rummaging for arms, allowed us to proceed. We then entered the Dardanelles, and are now being held up by the Turks. Obligated to land all our Turkish refugees. Ship after ship behind us laden with them, and with the prospect of a siege at Constantinople no undesirables are allowed to proceed. I wish you could see them, huddled together, men in bright orange sheepskins, women in yasmaks, children, chickens and goats in a small hold. Poor things, they are landing with all they possess. No shelter, and little chance of surviving. Before we left Salonika we saw the Crown Prince arrive. I hear the road to Salonika is a piteous sight, as men, women, children, and animals lie by the roadside where they have fallen from exhaustion and starvation. The authorities badly wanted us to land and do district nursing, but we are bound for our own hospital in Constantinople, and we hope to get a palace put at our disposal. There will be no need for anxiety, as we are well protected.

We very heartily congratulate this little band of nurses, who have the good fortune to find themselves at the psychological moment just where they are absolutely indispensable. Would that we had a hundred along with them, as we might have had if our Red Cross Society had a nursing element in its Councils.

Queen Alexandra has made a Donation of £20 to the Rebuilding Fund of the Chelsea Hospital for Women, and as we go to press a brilliant assemblage is gathered together at the Savoy Hotel, where the Countess of Ilchester and Viscount Castlereagh preside jointly in support of an appeal for the new Nurses' Home in connection with the extension of the hospital, on the fine new site given by Earl Cadogan. They are assured of generous support, and deserve it.

Mrs. Eliza Raymond has bequeathed £2,000 to Miss Edith Foster, a member of Queen Alexandra's Imperial Nursing Service.

THE HAY FEVER DELUSION.

BY FELIX J. KOCH.

Mother Nature has made man dance to her fiddling in more curious ways than one, and not only has she made whole towns decay and new towns rise by reason of a school of foolish cod, changing their annual running-places, but she has made whole summer cities grow, and, on the other hand, made townfolk lose a countless toll by such simple things as a bit of pollen. If you don't believe it, go down to the railway depôt in the early autumn or late summer, and watch the "hay-fever" exiles pass out, in veritable droves, to the almost deserted vacation-lands of the North, where, to credit the average layman, there's no haying on, and hence no whiff of the new-mown hay to excite the hay fever.

When you were a boy, no doubt you wished you would catch hay fever. Then, when your colleagues were marching to school, you'd be travelling Michiganward, and beyond, to escape the festive pollen.

Maybe to-day you don't quite remember just what pollen is. Take a hollyhock of the single type and rub the centre protuberance between your fingers. There will come off a white mealy substance, which is the pollen. The bees, in gathering the honey, have this rubbed against their wings, bodies, and legs. Then off they fly to another flower, and there similar friction, in the course of the honey harvest, drops this pollen. Thus, in the economy of Nature, is in-breeding overcome, and the marriage of the flowers brought about.

But not all the pollen is so large in its individual grains as that of the hollyhock. Could we examine the air over woods and fields, in the autumn, we should find it scattered through with other minute grains, which the wind is helping to take from plant to plant. Among others there's the pollen of the rag-weed, to whose doors the hay-fever exiles lay the blame of their trouble.

Of course you know the rag-weed! In the sunnier area of the forest, usually at its edges, where there's shade and yet where the sun will come, you find it, the plant rising say to your knee, and topped with white combs of flower. Each individual blossom in the comb is like a diminutive thistle, turned white, or again like an upturned tassel. You gather it, along with iron-weed, wild brier roses, and golden-rod for the autumn church-bouquets. But when the rag-weed blooms, its having time, and with the first promise of a breath of the new-mown hay, even the poorest of the hay-fever exiles gathers savings of a twelvemonth, laid aside to this purpose, and flees to the north.

Suppose that in a big city like Philadelphia but one man in every fifty has the hay fever, which would be a small percentage. Suppose most these men take their families with them. Suppose that the railway fare on each aggregate, round trip, but ten dollars; that they live when away

on but ten dollars a week. Multiply that, then, by the cities of the country and figure the wealth that is poured into the Northern States regularly, autumn upon autumn. The victims *have to go*, year upon year, and if they come to like a resort they stick to it.

Once upon a time, some twenty years ago, a hay fever victim from Cincinnati, with somewhat lean purse, went by boat from his Michigan exile to the far shore of the lake, on exploration bent. He chanced on a farmer with an apple orchard, some cows, some sheep. Why not board there instead of at Macinac or Petoskey, where four dollars the day is the best you can do? He made terms with the farmer and stayed there. Next year, in the spring, he wrote the farmer:—

"There is a story in the old primer, you know, about a dog who bruised his foot, and how a man tended it. By and by the grateful dog brought him a n o t h e r patient. I'm the first dog. I've found a dozen others want to board with you. Put up tents, or put some cots on that back porch of yours. Get your wife to hire a cook and a man-of-all-work. We'll pay both a fine wage in tips. Give us what you gave me, and we'll sing your praises."

They came, and they showed the farmer that up in the North it pays a man better to cater for the hay fever exiles than it does to try and grow horse-radish, potatoes and apples from the sterile Michigan soil. So, to cut a long story short, he opened a hotel. The next farmer opened a general store, catering for tourists at the hotel. Another farmer opened a restaurant, beg pardon, "creamery," where you could drop in for sweet milk or buttermilk, cottage cheese and so on. By and by a full-fledged resort was in operation, and it has grown to a town.

When a man's on vacation, even in exile, he spends more than he ever does in the same time at home. So the money made in the States where the rag-weed is blooming goes to these Michigan resort-keepers.

But what of this insidious hay fever?

Authorities define the hay fever as "a catarrhal affection of the mucous membrane of the eyes,

nose, mouth, pharynx, larynx and bronchi, accompanied by difficult breathing, induced by the action of the pollen of various plants, chiefly of the graminaceae. This is prevalent during the haying season, but subsides at its close, and the 'fever' varies in severity according to certain atmospheric conditions, which probably, in their turn, regulate the amount of pollen in the air."

"The diagnosis of hay fever," says one physician, "is easy, as the occurrence of the catarrhal symptoms only in summer separates it from an ordinary cold in the head; while their combination with difficulty in breathing, in hay fever, prevents it being mistaken for spasmodic asthma, arising from other causes in which there is usually no catarrh."

"Hay fever was originally attributed to local chronic disease of the naso-pharyngeal mucous

membrane by Daly in 1882. In 1883 Koe advocated the same theory, and suggested the removal of the diseased tissue. In the same year Sajous advanced the theory that three conditions are essential: (1) An external irritant; (2) A predisposition of the system to its influence; (3) A vulnerable or sensitive area, through which the system becomes influenced.



THE HAYING SEASON.

"In 1884 J. N. Mackenzie, of Baltimore, stated that for a paroxysm of hay fever a certain excitability of the nasal cavernous tissue is necessary, this brought about by a multitude of external irritating causes, plus an over-sensitive state of the vaso-motor centres.

"As for treatment there is mentioned the removal of the cause. This organic alteration of the surface of the membrane by galvanic cautery or by caustic acids, acetic acid, combined with cocaine, carbolic acid. As palliatives, again, there are certain tonics. Valerianate of zinc is suggested, and, again, outdoor exercise and friction; or cocaine, a ten per cent. solution, applied locally with a brush."

But none of these things seem to bring the relief that a jaunt to the North holds forth to the sufferer. Wherefore folk who live in a flat through three seasons of the year, have their cottages in the North. There close friends will come to stay,

paying a board that is less than the hotel would charge them, and, while enjoying home cooking and the freedom of a cottage, often more than paying the taxes and interest on investment in the same. People whose winter homes are dull and cheerless trick out these cottages with pine boughs; pictures, cut from the coloured supplements, are framed in bark. There are great easy chairs made by the rustic man, who plies his trade at all such settlements.* Dishes that would never do at home are quite the vogue here, and as a result the cottage is looked forward to as the golden era in the twelvemonth.

Even hay fever isn't so bad if you can go in exile along with it. Many a man, in fact, is suspected of having rubbed onion peel on the eyes and affected a cold, simply as excuse for it. For the fish call, and the woods call, and boon companions urge that you take to the North in the hay fever season!

THE HOSPITAL WORLD.

ST. ANDREW'S HOSPITAL.

By the courtesy of the Treasurer and Chaplain, Monseigneur Carton de Wiart, I was enabled to view London's newest hospital on Monday, November 18th.

This magnificent building, which is now complete, except for the furniture and some interior fittings, has been erected to accommodate patients of the Roman Catholic faith, through the bounty of a lady who desires that her name shall remain unknown during her lifetime. The only other hospital for this purpose in London is that of St. John and St. Elizabeth at St. John's Wood.

It is hoped that the new hospital will be ready to receive patients in January next. Standing on the crest of Dollis Hill, it commands a beautiful view in many directions of the outskirts of London, namely, Cricklewood, Hampstead Heath, and Golders Green.

The hospital is of red brick, with stone facings; the four corners are flanked with towers with dome-shaped roofs. An octagonal dome surmounting the façade gives the whole a very imposing appearance. The seven acres of ground which belong to the hospital are still in the rough, but will be laid out with approach roads, trees, shrubs, lawns, &c., worthy of so beautiful a building and site.

Mr. Robert Curtis, the architect, is to be congratulated upon his design, which comprises everything of the best and newest in hospital structure. The floors and dados of the corridors are of terrazzo mosaic, and the walls and ceilings of cement, which, when complete, will be finished with white enamel.

The main wards, containing about 18 beds each, are heated by "open-fire central ventilating stoves," the smoke of which is carried downwards and through flues under the floor. They are handsome green-tiled square stoves, a fire on two sides, and a gas-ring in a recess on both the others, for sterilising milk, &c.

Provision for central heating is also made throughout the building. The ventilation is perfect, fanlights being over each window.

The hospital as it stands has been built at a cost of £40,000, and is to be enlarged by another wing in the near future; it is only intended for paying patients. The accommodation at present is for 28 private patients and 35 ward patients.

Needless to say, there are no dust traps in the form of square angles—curves and rounded corners everywhere.

The main staircase is built round a well-protected lift enclosure. The lift is large enough to contain a bed; there is another for food and coal. They are worked by electricity automatically.

A chapel, an up-to-date theatre, anæsthetic room, X-ray room, dark room and test room, first-rate sanitary annexes, bathrooms, &c., serve to make this hospital one of the most perfect that modern science can devise.

The nursing staff will consist of Roman Catholic Sisters who are also trained nurses, besides lay nurses. I heard nothing about a Matron. It is to be hoped that that most important figure will not be lacking.

Space does not permit of a detailed description of this luxurious hospital. Happy will be the patients who find an entrance there.

The chaplain's house is built on the grounds; so is also a coachhouse for a motor ambulance.

B. K.

A GRATIFYING FACT.

Princess Christian has promised to attend the Annual General Meeting of the Army and Navy Male Nurses' Co-operation, to be held, by the kind permission of Sir George Alexander, at St. James's Theatre, on the afternoon of December 10th. The Chairman will announce the gratifying fact that there is no further necessity to make a monetary appeal, as the ultimate ambition of the Committee to become self-supporting is now realised; although they feel strongly that the organization must be made more widely known to the public, as great disappointment is caused by the impossibility of accepting the numerous applications for employment from fully certificated male nurses who have served their time in the Navy and Army.

RECOGNITION FOR MISS RICHARDSON.

At the last meeting of the Board of Management of the London Temperance Hospital, the following address framed and illuminated was presented to the Matron, Miss Richardson, in recognition of her having completed twenty-one years in the service of the Hospital.

"The Board of Management of the London Temperance Hospital, calling to mind the fact that Miss A. J. Richardson, the highly esteemed Matron, celebrated on Saturday, September 28th, 1912, the twenty-first anniversary of her entry into the service of the Hospital, desire to convey to her their high appreciation of the devotion, loyalty, and sacrifice by which, during this lengthy period, her work has been unfailingly distinguished.

"Entering the Hospital as a probationer, September 22nd, 1891, Miss Richardson has since filled the various offices of Staff Nurse, Sister, and was finally appointed Matron November 1st, 1901.

"Whatever her task, that she has carried out with a diligence and devotion that has ennobled her labour and transformed simple routine into an expression of tenderness and solicitude.

"The felicitous interpretation of duty has been extended not only to the sick and suffering entrusted to her care, but has also found a further opportunity for exercise among those who have been trained by her in the womanly and noble profession of Nursing, amongst whom her wise and kindly influence will long be felt and the traditions that she has established long remain a beneficial inspiration.

"Miss Richardson's relations with the Board of Management have been of the happiest and the members heartily join in wishing her many years of continued happy and useful service in the sphere which she has chosen for her life work, and which she so fully adorns.

"(Signed) T. VEZEY STRONG,
Chairman."

THE GOLD MEDAL, ROYAL FREE HOSPITAL.

An interesting ceremony took place in the Board Room, on Wednesday, the 13th inst., when the Gold Medal, awarded to the nurse who had passed first in the examination held after three years' training, was presented to the recipient, Nurse B. M. Reed. The presentation was made by the Master of the Cordwainers' Company (Mr. J. H. Williams), who stated it was a matter of gratification that, after a lapse of many years, the Board of the Hospital had decided to re-institute the competition for this honourable distinction; and that it was the privilege of the Cordwainers' Company to provide the Medal. The association of the Hospital and the Company dated back for many years, to the time when Dr. William Marsden, who founded the Hospital in 1828, was a Master of the Company, in 1845;

and, as a successor to that office, the present Master welcomed the opportunity for bringing the philanthropic interests of his Company again into close association with the care of the sick poor by the Nursing Staff of the Royal Free Hospital.

Mr. Langton, in proposing a vote of thanks to the Master of the Company for this renewal of interest recalled the fact that the last occasion when a Gold Medal had been presented was in 1898, the recipient at the time being Nurse Soal, who was subsequently selected to nurse Her late Majesty Queen Victoria, in her last illness, a privilege and honour the Royal Free Hospital would always have on record.

The vote of thanks having been seconded by Dr. Sainsbury, and warmly accorded, Mr. Langton presented to Nurse Fanny Drexitt a set of books awarded to her by the Weekly Board, by virtue of her attainment to the first place in the junior examination of probationer nurses. Those present at this interesting function included Mr. C. W. Mander (Clerk to the Company), Mr. Alfred Langton (Chairman of the Weekly Board), Dr. Sainsbury, Dr. Carr, Dr. Branson, Mr. Berry, F.R.C.S., Mr. Willmott Evans, F.R.C.S., Mr. Holroyd Chaplin, Mr. Phipson, Mr. Bright, Mr. Joll, F.R.C.S. (Senior Resident Medical Officer), Miss Cox Davies (Matron), and Mr. Reginald R. Garratt (Secretary).

PRESENTATIONS.

Before leaving the Taunton and Somerset Hospital, to take up her new work as Matron of the Auckland Hospital, New Zealand, Miss Orr was the recipient of many charming gifts. The Committee presented a gold bracelet watch, the Sisters a travelling rug, hold-all, and electric lamp, the Nurses a silver tea-service, and an album containing the names of the donors, the senior maids and porters a silver-mounted smelling-salts bottle and a serviette ring, and the dispensers pieces of silver, in addition to many other presents from those connected with the hospital, and personal friends. Miss Orr sailed on the "Athenic" last Saturday, and hopes to reach Auckland by New Year.

Miss Ellen S. Hallam, the Lady Superintendent of the New Brighton Convalescent Home, Cheshire, who is resigning the position after sixteen years' service, was last week presented with a cheque for £100 and a sapphire and diamond ring by the Ladies' and Gentlemen's Committees of the Institution and numerous other friends in recognition of her most efficient services. The Rev. F. Tilney Stonex, M.A., president, was in the chair, and the gifts were presented by Mrs. North, who cordially wished Miss Hallam every happiness in the future. Miss Hallam, in expressing her thanks, spoke appreciatively of the sympathy and support she had always received from the officers and committees.

APPOINTMENTS.

MATRON.

Dorset County Hospital, Dorchester.—Miss Mabel Cotton has been appointed Matron. She was trained at the Royal Albert Edward Infirmary, Wigan, where she held the position of Sister in various departments. She has also held the positions of Assistant Lady Superintendent at the Acland Nursing Home, Oxford; and Matron at the Tavistock Hospital.

Bromley and Beckenham Isolation Hospital, Kent.—Miss Ada H. Green has been appointed Assistant Matron. She was trained at the Central London Sick Asylum, Hendon; and has held the position of Charge Nurse at the Borough Sanatorium, Folkestone; and Sister at the Walthamstow Sanatorium, and the Isolation Hospital, Norwich.

NIGHT SISTER.

Kent and Canterbury Hospital, Canterbury.—Miss Maud Fletcher has been appointed Night Sister. She was trained at the same institution; and has held the position of Staff Nurse at the Stanley Hospital, Liverpool, and of Sister at the South Devon Hospital, Plymouth.

SISTER.

The Sanatorium, Huddersfield.—Miss E. Lawless has been appointed Sister. She was trained at the Royal Infirmary, Derby; and at the Marland Hospital, Rochdale. She has also been Sister at the Astley Sanatorium, Manchester, and Sister at the Mortlake Isolation Hospital.

Torbay Hospital, Torquay. Miss Evelyn E. Brown has been appointed Sister of the electro-therapeutic department. She was trained at the Hospital for Sick Children, London, and at Paddington Poor Law Infirmary, where she has been Staff Nurse and Holiday Sister.

SUPERINTENDENT NURSE.

Sudbury Infirmary, Suffolk.—Miss Ella H. Foskett has been appointed Superintendent Nurse. She was trained at Whitechapel Infirmary, London, and has since been Night Sister and Deputy Superintendent Nurse at Newport Workhouse Infirmary, Monmouthshire.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received provisional appointments as Staff Nurses:—Miss C. Slaney, Miss A. M. Pattullo.

TRANSFERS TO STATIONS ABROAD.

Matron—Miss I. G. Willetts, to Hong Kong.

Sisters.—Miss A. Barker, to Hong Kong; Miss F. N. Roberts, to Hong Kong.

Staff Nurses.—Miss K. E. Hearn, to Hong Kong; Miss E. A. Rutherford, to Hong Kong.

PROMOTION.

The undermentioned Staff Nurse to be Sister:—Miss D. M. Smith.

MILITARY FAMILIES' HOSPITALS.

The undermentioned appointments have been made:—Miss E. B. Robinson, to Chatham; Miss M. Moffitt, to Shoeburyness.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

Transfers and Appointments.—Miss Pilgrim, Inspector (Wales), is transferred to Lancashire and Cheshire area; Miss Jennie Younger is appointed to Barrow-in-Furness, as Senior Nurse; Miss Sarah Archer, to Norwich; Miss Ada Dicks, to St. Ives (Hunts.); Miss Florence Faber, to Grimsby; Miss Tillie Fitzgerald, to Snodland; Miss Elizabeth Lee, to Hampstead Garden Suburb; Miss Emily Smethurst, to Sheffield; Miss Maria Talbot, to Burgess Hill; Miss Carolina van Hoogerhuys, to Leeds (Armley).

RESIGNATION.

Miss Walmsley, Matron of the Royal Victoria Infirmary, Newcastle-on-Tyne, whose appointment as Inspector under the Local Government Board we have already announced, has now formally resigned her present position. She will enter on her new duties early in the New Year.

WEDDING BELLS.

The approaching marriage is announced of Miss Madge Jones, Queen's Nurse, at Ton Pentre, South Wales, to Mr. Alfred Williams, a railway auditor at Buenos Ayres. Before leaving Ton Pentre, where her work has been greatly appreciated, Miss Jones was presented with a purse of gold on behalf of the Nursing Committee. The presentation was made by Mrs. Edwards, of Ystradfechan.

HIGH MORTALITY IN A BABIES' HOME.

On Saturday last, Mrs. Fanny Kinghorne, of Dagmar Road, Camberwell, appeared, on adjourned summonses, at the South Western Police Court, for failing to give notice to the Coroner of the death of a child; and further with neglecting other children, so as to cause them unnecessary suffering, at the Tooting Babies' Home, where no trained nurse was employed. At the previous hearing, which we have already reported, it was stated that the children became ill from absence of fires, and that the deaths which occurred were the result of bronchial pneumonia and gastro-enteritis, brought on through cold and insufficient food.

On Saturday, Professor Henry R. Kenwood, who gave evidence for the defendant, stated that there was a defective sewer-trap in the Home at Lessingham Avenue, Tooting; this might lead to malnutrition, wasting and death, in infants. He would not regard it as astonishing under such conditions that five infants out of ten had wasted and died. In such circumstances, under good conditions of nursing, feeding, and housing, children might go down in batches very suddenly.

The hearing of the case has been again adjourned.

NURSING ECHOES.

To commemorate her twenty-five years' work for the organization of the Nursing Profession in the public service, Mrs. Bedford Fenwick has received an invitation, conveyed through Miss M. Heather-Bigg, President of the Matrons' Council, to be the guest of honour at a Dinner attended by members of the Nursing Profession, at the Hotel Cecil, on December 14th. Mrs. Fenwick has accepted the invitation with pleasure.

The work under Miss H. L. Pearse, of the London County Council School Nurses, increases by leaps and bounds, as may be gathered from the report of the General Purposes Sub-Committee to the Education Committee for 1911. The report showed that during the year the doctors inspected 204,000 children at 9,785 sessions, and that 62 per cent. of the parents were present at the time of inspection. More than one-half of the children showed defects when examined in detail. One-third of the children suffered from enlarged tonsils and adenoids, and four-fifths from caries of the teeth. There were from two to three thousand cases of ringworm during the year. Nine cleansing stations for verminous children were at work, and the school nurses inspected 251,592 children, of whom 14,893 were reported to be verminous.

On the recommendation of the Joint Schools Management Sub-Committee, the Newcastle-on-Tyne Education Committee have decided to appoint two trained nurses in connection with the care of school children, and have set aside a sum of money in their estimates for next year to provide for medical inspection and treatment. The Committee are to be congratulated on their decision. The endeavour to thrust into such positions midwives with a smattering of nursing knowledge is far too common, but if the ratepayers are to be called upon to contribute to the salaries of such workers, some of them will no doubt have something to say on the question. The fact that an outbreak of diphtheria has occurred in one school in Newcastle shows the necessity for the vigilance of an experienced nurse. A midwife with a little superficial knowledge of nursing would be quite incompetent to deal with the situation. It is often not realized how specially unsuitable a combination of school nursing and midwifery is, even when the nurse is fully trained, owing to the liability of contact with infection by the nurse in the schools.

At a meeting of the London Branch of the Nurses' Social Union, held at 12, Buckingham Street, Strand, last week, at which Miss A. C. Gibson presided and proved an excellent chairman, the proposition was admirably put forward and sustained by Miss Beatrice Kent:—

That it is desirable that women should be allowed to invade the professions and occupations hitherto monopolised by men.

Miss Kent disapproved of the word "invade" as suggesting hostile entry. On the other hand, she thought it difficult to find a substitute, because it was used in connection with a "monopoly." Monopoly was a bad word, and indicated a much worse principle, because it stood for a thing which was injurious to the community. The only justification for monopoly of interests by one sex was when nature clearly indicated physical disqualification. She pointed out that there are some six professions in all—Theology, the Army, the Navy, Medicine, Law, and Teaching—and that women are excluded from the three first, with the exception that there are a few women Pastors, and she considers that there are obvious reasons why this should be the case.

The question of the admission of women to the "divers Orders of the Church" is one which would, no doubt, arouse a storm of criticism, and of protest, so long have we been habituated to their exclusion. But there seems no reason why it should not be discussed.

Space forbids our dealing in detail with this paper, but reference must be made to the fact that in Oklahoma, U.S.A., a woman, Miss Kate Barnard, is head of a State Department. She is the State Commissioner of Charities and Corrections, and has nearly 300 institutions, including gaols and penitentiaries, under her jurisdiction.

There was a lively debate.

A satisfactory balance-sheet of the N.S.U. Conference held at Bristol in June has been issued. It was not necessary to make a call on any of those who were good enough to stand as guarantors, and a profit of nearly £100 has been handed over to the Union. At the wish of the Somerset and Bristol Board this has been divided as follows:—£3 to each of the N.S.U. Branches in the Somerset and Bristol Division which subscribed, guaranteed, and generally assisted in the work of the Conference; £1 10s. to the Frome Branch, which is newly formed; £1 10s. to the N.S.U. Branch at Exeter, which sent an interesting exhibit; £20 to the Somerset and Bristol Board for general expenses; £50 to the Central Fund for general expenses

and the upkeep of the exhibits. The thanks of the Central Council are due to the Somerset and Bristol Board for their generous gift, which will be of great assistance in spreading the work of the Union. Miss Symonds, Aisholt, Bridgwater, has been appointed County Organiser for the Somerset and Bristol Division on the resignation of Miss Joseph.

Miss Buckle, the greatly respected Superintendent of Queen's Nurses at Brighton, who is leaving to take up the post of Nursing Superintendent for England at headquarters in London, is to be the recipient of a testimonial in the form of a cheque from her many friends in Sussex.

There is an epidemic of scarlet fever in Aberdeen, and so crowded is the City Hospital that a portion of the nurses' quarters have had to be used for the patients, and the nurses who previously occupied these quarters have had to "camp out." In the grounds at the rear of the buildings three large tents have been erected, and these are being used to accommodate some ten nurses and two sisters.

At a special meeting of Coatbridge Town Council last week the report by the Local Government Board on Coathill Fever Hospital inquiry was considered, and the recommendations made were agreed to.

Sister Wood sent in her resignation, which was accepted. It was agreed that the Health Committee give her a testimonial.

A letter was read from the agent for Dr. Hamilton and ex-Matron Stenhouse, asking that seeing they had been exonerated by the Commissioners, their expenses at the inquiry should be paid by the Council.

This matter was remitted to the Hospital Committee for consideration and report.

On December 11th a dance will be held in connection with the Irish Nurses' Association. Many prominent people are supporting the function, and tickets can be had from the Secretary, 34, St. Stephen's Green, Dublin.

Under the heading of "A Canine Trait," the editorial opinion in the *Australasian Trained Nurses' Association* points out that if trained nurses in Australia will not undertake the work of Bush nursing with its well-known hardships and discomforts, their opposition to nurses being engaged in England to do it "savours much of a well-known dog, and is quite unworthy of the high traditions of their profession, which has always given the welfare of the sick poor its first consideration."

Moreover, the journal points a moral in answer to the question, "What is to be done?" It asks: "Is it the wish of the trained nurses that the district be left bereft of the services of a nurse where the need is great for someone to attend the sick poor and look after the mother, far from other help, at the birth of her child, or shall a less perfectly trained, but decidedly useful and clean woman be appointed, who will in some degree fill the want? For the past few months it has been utterly impossible for the general practitioner to obtain the necessary nurses to attend to his patients, urgently in need of some nursing attention; and so in the less serious cases the doctor is forced to obtain what help he can from other than the regularly trained nurse. Is it not better for the trained nurses and certainly for the sick public, to have nurses brought from over the seas, provided they are fully trained to a standard equal to that required by their Association, than that another class of inferiorly trained women should come into existence to do in an imperfect manner the work which should be entrusted only to those fully experienced in all branches of sick nursing?"

On the other hand, in the opinion of some very capable Australian nurses, training in England, with its latter-day home comforts, and lack of initiative—taken in connection with the fact that the majority have never lived open-air lives—produces a "soft" type of nurse, totally unsuited for roughing it in the Bush. "For instance," says one, "during my visits to many English hospitals I asked nurses, 'Can you ride?' and every one I asked replied in the negative."

REFLECTIONS

FROM A BOARD ROOM MIRROR.

The King Edward Memorial wing of the Wolverhampton General Hospital was opened last week with Masonic ritual by the Earl of Dartmouth. It has cost £8,000, towards which working men of the town have contributed £1,000. The wing is the first section of a reconstructive scheme which will entail an expenditure of £60,000. His lordship announced that Queen Alexandra had consented to two wards being named after King Edward and herself.

Mrs. C. C. Williams has given 1,000 guineas to the King Edward the Seventh's Hospital, at Cardiff, as a memorial of her late husband. It was received through Dr. Charles Vachell to endow a bed in the Coronation Ward.

BABYLAND HEALTH EXHIBITION, LEEDS.

A Health Exhibition is quite a new thing in Leeds, and has caused a considerable amount of interest. The pride of Leeds—the Town Hall—was packed to its utmost capacity on each of the four days (November 13th to 16th) the Babyland Health Exhibition was open. The exhibits were arranged under ten Sections.

Section I. (Baby Culture).—This was a set of exhibits designed by the West Riding Nursing Association, to show what delightful nursery things can be made at a very small cost. There were various cot expedients—a dainty, little white cot, made from a banana-crate, at a total cost of 1s. 8d.; a cot made from a pilgrim-basket; another (swinging) cot, made of canvas covered with the palest pink casement-cloth. Then there was a toddler's safety-chair, made from an old lemon-box at a cost of 1d. A good kind of feeding-bottle was shown, which can be obtained at the West Riding Nurses' Home, at a cost of 1½d. Delightful posters (lent by the Nurses' Social Union) completed this section—the right and wrong way of washing a baby; the evils of a push-cart; and so on.

Miss Gardner (of the Bristol Lying-in Hospital) kindly lent an exhibit of an open-air baby's shelter for this section.

Section II. (Clothing).—These exhibits caused great interest. There was a model life-size baby in a model cot, dressed in model clothing; and long-sleeved woollen vests, long flannels, &c., were offered for sale at cost price. An interesting exhibit was shown called "Old Clothes for New," showing a white cap, a little jacket, and a dainty pair of shoes edged with pale-blue, made out of an old pair of woollen combinations; an infant's cloak and bonnet, made from an old white evening skirt; a little jacket, made from a pair of brown stockings; and so on.

Section III. (Food and Cookery).—Two larders (kindly lent by the Nurses' Social Union) were shown—the bad larder, with the food covered with flies and dirt; and the good larder, showing how, with expedients costing only a few pence, a larder may be kept clean and sweet. Fireless cooking-boxes were also shown in this section. A meat-safe expedient, made from a tea-chest; and many other interesting expedients, for safes and larders, were shown.

Section IV. (Nursing Inventions and Contrivances).—Some of these had been shown in London, but had not been seen before in the north. They included a double district-bag, invented by Nurse Sherwood; a combined breast-reliever and feeding-bottle, invented by Nurse Thieman; Sister Stoney's very practical bed-table; a midwife's case, by Nurse Simpson; and many other interesting exhibits.

Section V. (Nursing Appliances, &c.).—The most notable of these was the beautiful set of exquisite

mortuary linen (lent by the Seacroft Fever Hospital).

Section VI. (Tuberculosis Exhibits).—This was a collection of posters, model shelters, sanitary and insanitary houses (from a caravan, kindly lent by the National Association for the Prevention of Tuberculosis).

Section VII. (General Hygiene).—This Section included such things as Hinch's Bird Ventilator; a Slum Room and a Model Room, which was much admired, showed the difference between a room before and after the district nurse's visit. Another exhibit was a model of two cottages, called "Ill-spent and Well-spent Wages."

Section VIII.—This Section showed work done by invalids; and some very beautiful specimens of weaving and embroidery were shown.

Section IX. (Ambulance).—This Section was noticeable for the very beautiful Swiss Transport Models (lent by the Nurses' Social Union), which are perfectly made and accurate, even to the knots.

The last is the *Historical Section*. The West Riding Nursing Association was fortunate enough to secure two splendid collections of dolls—from Miss Barton (Matron of Chelsea Infirmary), dolls dressed as every kind and variety of nurse (the collection just returned from the Nursing Exhibit of the National Council of Nurses of Great Britain and Ireland, shown at Cologne); and another most interesting set from the Nurses' Social Union, representing a Béguine nun, a plague attendant of the seventeenth century, a German deaconess, a Russian Red Cross nurse, and many others equally interesting. There was also a scene from Dickens, with "Mrs. Gamp," having appropriated her patient's pillow, sitting by the fire, with the gin-bottle conveniently handy. The next scene, "A Scene of To-day," shows a modern West Riding maternity nurse about to wash a baby, in the most approved hygienic method.

A village midwife at work (lent by Miss du Sautoy), was much admired, with its companion-scene of a modern midwife.

A Nursing Literature Stall, with the very beautiful West Riding banner waving over it, completed the West Riding part of the Exhibition.

Admirable health lectures were given twice a day throughout by specialists; and side-shows and entertainments of all kinds were not forgotten.

V. T.

MILK FOR NURSERY USE.—Pure milk is one of the greatest necessities of life, and Messrs. Welford & Sons, Elgin Avenue, Maida Vale, W., who possess the largest dairy in London, make a point of supplying it at their many branches. They also specialize in asses' milk, and milk for Nursery use.

RED WHITE AND BLUE COFFEE.—Nothing is more important in making coffee than to secure a really good brand, and the Red White and Blue variety obtainable from all leading grocers, has won for itself a high place in public estimation for its uniform excellence of quality.

OUR FOREIGN LETTER.

THE AMERICAN NURSING WORLD.

DEAR EDITOR,—I have just come from a conference with the joint executive committees of our National Societies—the American Nurses' Association, the National League for Nursing Education, and the National Organisation for Public Health Nursing. There we drew the first general lines for the structure of our meetings in 1915.

I must explain a little first about the reorganisation of our nursing societies. The American Nurses' Association is the new form of our National Alumnae Societies (Leagues), and is now so planned that it takes other societies, local or national, into membership, though they retain complete identity, as in the National Councils of Women, and as in your National Council of Nurses. The State Societies belong to it, and all the local groups as well. The League for Nursing Education is the new name of our old Society of Superintendents of Training Schools for Nurses. It now no longer restricts its membership to women in training-school work, but admits those identified with training and education outside of hospitals, as Miss Wald and other heads of visiting nursing settlements or departments, heads of public school nursing staffs, and the nurse teachers at Teachers' College. As the American Nurses' Association and the State Societies now devote themselves to the general problems, the League for Nursing Education intends to emphasise its special attention to educational problems. It is now a member of the American Nursing Association.

The organisation for Public Health Nursing is recently created, and bids fair to become an immense and powerful body. It is composed of the many and varied associations which are devoting themselves to public health work (these associations, in general, being composed largely of lay people), but the nurses working with or for them are alone eligible as officers and delegates. This body is also a member of the American Nurses' Association. Its President is Miss Wald, R.N. and LL.D., head and founder of the Nurses' Settlement in New York; its secretary, Miss Crandall, who has been at Teacher's College with Miss Nutting.

The President of the Superintendents, or League for Nursing Education, is Miss Wheeler, from Chicago; the secretary, Miss Catton, of Massachusetts. At the head of the American Nurses' Association is Miss McIsaac, now in the War Department, in charge of army nursing, and the secretary is Miss Deans, of Detroit. Among the members of the three executive committees, which are now meeting to plan for next year's sessions at Atlantic City, are Miss Delano, Chairman of the National Committee on Red Cross Nursing Service; Miss Goodrich, Inspector of Training Schools under the Regents of New York, and President of

the International Council of Nurses; Miss Nutting, Professor of Nursing and Health at Teacher's College; and a number of others not yet personally known to your readers, but who, we hope, will be in another three years.

All these branches of our National Society will meet in San Francisco in 1915, and there will be a Congress in which the American societies will co-operate with the International. Each of them will hold only a brief business session unto itself, and merge its usual programme of papers into the Congress. The International will have as usual its day of ceremonial, which will be attended by all the others. The Congress will in all probability have to be divided into sections, for there will be, it is conjectured, about three thousand nurses present. If possible, one general session will be planned, and the rest of the time given to sectional meetings, so that there will be time enough for special subjects to receive attention. It is a little too soon to be sure where our meetings will be held.

The California nurses write of a group of splendid buildings to be erected in the city as a civic centre. The World's Fair officers write of meeting-halls in the Exposition grounds.

A joint programme committee will be formed later to work out the entire programme. On this will be the President and Secretary of the International Council.

As far back as last June it was agreed by the American nurses that they would try to present an adequate exhibit at San Francisco, showing the development of nursing in the United States as fully as possible. There are large plans in the air, but not yet sufficiently formed to report.

The next Annual Meetings will take place next June at Atlantic City, and it seems to be generally thought that June will be the best month for San Francisco.

L. L. DOCK.

A MATRON'S LIBEL ACTION.

Miss Elizabeth Birnie Couper, Matron of the Clackmannon Infectious Diseases Hospital, Alloa, last week brought an action in the Court of Session, Edinburgh, against Lord Balfour of Burleigh, for £2,000 damages for alleged libel.

Miss Couper asserts that letters written by the defendant to the County Clerk and the Local Government Board, contained reflections upon her professional capacity, and that though she was exonerated after an exhaustive official enquiry, the defendant declined to withdraw his allegations.

For Lord Balfour counsel claimed that the action should be dismissed as irrelevant, as there were no relevant averments of malice or want of probable cause. The plaintiff's counsel on the other hand maintained that the letters were defamatory and that there was no privilege. The question as to whether the action should be allowed to go forward was adjourned until Thursday, November 21st.

OUTSIDE THE GATES.

WOMEN.

One of the most coveted honours in the world of letters in these latter days is the Presidency of the Society of Women Journalists, and that this year the honour has been well bestowed is universally acknowledged. Mrs. Louis Baillie Reynolds (G. M. Robins) has, she smilingly says, "risen from the ranks." For many years a hard-working member of the Society of Women Journalists, she was elected to Council, appointed Vice-Chair, and ultimately Chairman of the Council, so that step by step she has been chosen by her colleagues for every position of responsibility, and is now gladly acclaimed President.

Mrs. Baillie Reynolds is the eldest daughter of Mr. Julian Robins, barrister-at-law. She was married in 1890, and is the proud mother of three sons. She is a charming writer, and her many novels—amongst them "Phœbe in Fetters" and "The Man who Won"—have a very wide circle of admiring readers. The readers of this journal may be specially interested in her success, for she for many years brought to their notice all the best books of the day.

Mrs. Baillie Reynolds is a woman of delightful personality, and of very genuine and strenuous character. She is an earnest suffragist, and knows how to play: cycling, travelling, reading, painting and private theatricals—she engages in them with zest. Our portrait portrays her handsome and distinguished appearance, natural gifts every true woman delights in, in her heart of hearts.

The little band of members of the Women's Freedom League marched into London from Edinburgh on Saturday as fresh as paint. At Tally-Ho Corner, Finchley, a procession of supporters of women's enfranchisement formed up with bands and banners and marched to Trafalgar Square, where they had an amazingly good meeting. The whole Square was packed, mostly with friendly people, who listened to the speeches with warm approval. An immense crowd followed Mrs.

de Fonblanque and Miss Margaret Byham to Downing Street, where the Petition, praying the Government to make itself responsible this Session for a Bill giving votes to women was handed to the Prime Minister's secretary at No. 10.

In a letter to Mr. Asquith accompanying the Petition, Mrs. de Fonblanque and Miss Byham said:—

We would remind you that it has traversed a long thin line of the country, and that time and the circumstances attending the march did not permit of any extended efforts being made to obtain the signatures, which were everywhere fully and eagerly given in all

the length of the country traversed from Edinburgh to Downing Street.

The very generous sympathy, kindness and enthusiastic encouragement shown to us on our 400-mile walk indicate, we think, without a doubt, that if the people had any voice in the decision there would be little further delay in giving votes to women.

We were pleased to note amongst those present Miss Rosalind Paget, Miss Amy Hughes, Miss Clara Lee, Miss B. Kent, Miss Hulme, Miss Pine, and many nurses in uniform.

Miss Deck writes in great happiness about the wonderful success of Women's Suffrage in the United States. Oregon has done its duty, as well as Michigan, Kansas, and Arizona, making now ten States in all who have lifted their women out of the slave zone. Wisconsin has decided "women don't count." "Great rejoicing," says Miss Dock. "It will not be long before we win the lot."

Eugenics is a subject in which all women should take an intelligent interest—we therefore draw their attention to a Lecture which will be delivered on "Eugenics" by Dr. Murray Leslie, at 3.15, on December 11th, at the Institute of Hygiene, Devonshire Street, Harley Street, W. It is arranged by the Nurses' Social Union, whose members will be admitted free upon presentation of the card of membership, if not wearing the Union Badge. General admission, 1s. Nurses not members of the Union, 6d.



MRS. BAILLIE REYNOLDS, PRESIDENT.
SOCIETY OF WOMEN JOURNALISTS.

BOOK OF THE WEEK.

THE STREET CALLED STRAIGHT.*

When an author can combine high literary style, a distinctly interesting plot, and no little originality, it may be fairly said there is little left to demand—at least, having secured all these, it would be captious to ask for more. In the volume before us we feel we are enjoying the best of its kind; in fact, that it is a satisfactory and satisfying work.

"Fashionable London papers had announced that a marriage had been arranged between Lieutenant-Colonel Rupert Ashley, of Leicestershire, and Olivia Margaret, daughter of Henry Guion, Esq., of Tory Hill, Boston, U.S.A." Of Rupert, the words "precisely the right thing" had formed a ruling phrase in his career. It had even influenced him in his deed of valour by which he had won his V.C.

"He confessed this—to himself."

His mode of deciding on the lady who "should be the human counterpart of himself and who could reflect his qualities and complete them" was quite in keeping with this ideal.

It was in an English country church that he first saw her.

"Slender and graceful, with that air at once exquisite and unassuming that he had seen in the Englishwoman of his dreams." "It takes old England," he said, "to make 'em like that—simple and—*stunning*."

"But on the Common after service, and at luncheon after that, and during the three or four weeks that ensued, he had much to do in re-forming his opinion. There were several facts about Olivia Guion that dis-orientated his points of view and set him looking for new ones. He admitted that he would have preferred to marry a compatriot of his own, and someone above the rank of a solicitor's daughter. . . . But he managed nevertheless to justify himself for falling in love in violation of his principles."

To decide, therefore, what was "precisely the right thing to do" when he learnt that Olivia's father was a fraudulent trustee, who would have undoubtedly been arrested but for the princely behaviour of young Davenant, was to place him on the horns of a dilemma.

To throw her over was unthinkable, while to marry her was to end a distinguished career in a regiment that was noted for its exclusiveness. Naturally also he hated Davenant for the obligation he had imposed upon him, and it was accentuated by the knowledge that his generosity was called forth from love of Olivia.

There are several cleverly drawn passages between the two, both high-minded men in their very different ways.

When Rupert decides that precisely the right

thing would be to sell his property we are with him whole-heartedly.

"I can't let a fellow like that do things for your father any more than mine, by Jove! It's not only doing things for your father, but for my wife."

We cannot help being sorry for Rupert, after all the wrestling and struggling with himself in order to do the right thing, that Olivia should have preferred Davenant, excellent fellow that he was.

Rupert played up nobly in the end in relinquishing her. In their different manner both he and Davenant went up the Street called Straight, and we hope that Rupert one day arrived at the House that was to be Beautiful for him.

H. H.

GIVE THANKS.

Give thanks for what ?

The things you had forgot—

The fire on hearth, the cheerful kettle's hum,

Dear faded books—perhaps a friend has come

To share your day—someone has sent a flower,

Or else to one in need you gave an hour.

Give thanks for what ?

The things you had forgot.

Give thanks to whom ?

The servant in your room,

The mother here, the stranger on the way,

The faithful dog, the child that smiles. To say

"I thank thee" to the best or least of these

Is giving thanks to Him upon your knees.

Give thanks and say,

'A good Thanksgiving Day.'

ADA DAVENANT KENDALL,

Dietetic and Hygienic Gazette.

COMING EVENTS.

November 23rd.—National Council of Nurses of Great Britain and Ireland, Annual Meeting of Grand Council. Tea, 4 p.m. Meeting, 4.30 p.m., 431, Oxford Street, London, W.

November 26th.—The Infants' Hospital, Vincent Square, S.W. Lectures on "Babies," "The Bacteriology of Milk," by Dr. Ralph Vincent. 3.30 p.m.

November 28th.—Association for Promoting and Training and Supply of Midwives. Meeting of Council, Caxton Hall, S.W. 12 noon.

November 30th.—The League of St. Bartholomew's Hospital Nurses. General Meeting, Clinical Lecture Theatre, 3 p.m. Social Gathering, 4 p.m.

December 4th.—Irish Nurses' Association, 34, St. Stephen's Green, Dublin. "Flies and Disease," by Dr. McDowel Congrave.

December 10th.—Army and Navy Male Nurses' Co-operation. Fifth Annual General Meeting. St. James's Theatre, St. James, S.W. 3 p.m.

* By the Author of "The Inner Shrine." (Methuen & Co., 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.

CHEAP NURSING AND SWEATED LABOUR.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I do hope Mr. Bruxner's letter will call forth a few wholesome home truths on the sweating of district nurses, and how things have gone down all over the country since the Queen's Jubilee Institute for Nurses recognised insufficiently trained women as village nurses. In lowering the standard for the care of the sick poor, they have in my opinion betrayed their trust, and it is quite true that the miserable remuneration of village nurses is creating all over the country a hybrid worker, who is not only depreciating nursing standards, but underselling well-trained district nurses. Never should the Institute have permitted the laymen who control it to make it responsible for supporting a system which, if persisted in, will flood the country with another sweated class of women workers. To pay women responsible very often for the lives of poor people, a wage no domestic servant would accept, and then suggest they shall depend in part for the necessities of life upon a "lady bountiful," is the acme of impertinence. Let the Q.N.J.I. reconsider its position. At present it is covering a very demoralising system by affiliating County Nursing Associations—from which the nursing profession is excluded from any authority—and encouraging a standard of remuneration for the workers thus supplied, insufficient for either comfort or cleanliness—especially the latter.

Yours faithfully,

A QUEEN'S NURSE.

QUACK NURSING FOR THE INSURED SICK IN SCOTLAND.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM, In *The Scotsman* of November 14th there appears a report of a meeting of The Highlands and Islands Medical Commission, before which the Duchess of Montrose gave evidence as President of the Govan Nursing Institute regarding a system of "modified training of nurses" which Her Grace has been instrumental in establishing. The Duchess has apparently given glowing accounts of the work of these *quasi* nurses, which we must sincerely hope were taken with a grain of salt.

Nothing is more deplorable than the endeavour on the part of the so-called great to force upon the poor inferior nursing, to say nothing of the

presumption of people who are not qualified taking upon themselves the right and responsibility of inventing systems of nursing.

Some years ago a correspondence took place in *The British Medical Journal* and in THE BRITISH JOURNAL OF NURSING which brought out very forcibly the extremely unsatisfactory methods of "training" carried out in the "Govan Nursing Institute."

No more gratuitous insult has ever been offered to the memory of Queen Victoria than the attempt on the part of some to force inferior articles in the nursing line upon the sick poor, whose welfare was near the great Queen's heart. Members of the medical profession who wink at this are much to blame. They should consider the good of their patients before what is to please their patrons. We cannot believe that the bulk of the medical profession like to have their patients badly nursed, but they do not take active steps to stamp out, by simply refusing to countenance, nursing quackery.

I am, Madam,

Yours, &c.,

SCOTTISH NURSE.

[The Scottish Branch of Queen Victoria's Jubilee Institute, under the conscientious superintendence of Miss Cowper, has strenuously opposed what we have heard very aptly termed "depreciation by Duchesses." Let us hope it will continue to do its duty in this connection.—ED.]

OUR CHRISTMAS COMPETITION.

TOYS FOR TINIES.

Four Five Shilling Prizes will be awarded in December for the best toys made at the cost of not more than 6d. The toys must be sent to the Editorial Office, 20, Upper Wimpole Street, London, W., by December 14th, with the coupon which will appear in the issue of December 7th. All the toys will be distributed to poor children under five years of age, so they should be made to meet the tastes of tinies.

OUR PRIZE COMPETITIONS.

NOVEMBER.

November 30th.—What form of infection is likely to follow the retention of a piece of the placenta after delivery, and what are its characteristics?

DECEMBER.

December 7th.—What is cholera, its symptoms, the treatment usually prescribed, and the nursing points to be observed?

NOTICES.

The Editor hopes that every reader who values THE BRITISH JOURNAL OF NURSING, will get one or more new subscribers—so that its constructive work for the profession may receive ever increasing support.

The Midwife.

THE SUPPLY OF MIDWIVES IN IRELAND.

The following proposal has been submitted to Boards of Guardians in Ireland, with regard to midwives, by the Women's National Health Association of Ireland :—

The Women's National Health Association of Ireland, having learned that the death-rate amongst women in childbirth is considerably higher in Ireland than in Great Britain, and considering that the Midwives Registration Act does not apply to Ireland, and that there are still a large number of unqualified midwives practising in Ireland, especially in outlying country districts, desire to make the following proposition to Boards of Guardians :—

If a Board of Guardians has appointed or does appoint as midwife for a dispensary district a woman having the qualifications laid down as necessary by the Insurance Commissioners for a midwife attending women on behalf of whom the maternity benefit is to be applied, then the Women's National Health Association will endeavour, through its branches, or through special committees to be formed for the purpose, to provide extra salary sufficient to bring up such midwife's salary to £1 a week, with bicycle and allowance for uniform, on certain conditions.

The conditions to be as follows :—

1. That during such time that she is not required for her special duties that she should carry on such work on behalf of mothers and infants as may be directed by the local Women's National Health Association Committee.

2. That she be required to keep each patient that she attends as midwife under supervision for a month after the child's birth, and that she should also give special attention to the care and management of the babies.

3. That arrangements should be made whereby she may be given the opportunity of training in the care and management of infants and young children.

4. That said midwife takes no private practice, save that provided for the wives of insured persons, or for women who are themselves insured, or by special arrangement with the Committee as hereafter indicated.

5. That persons desiring the services of the midwife, and able to pay for them, should pay a fee to the local Women's National Health Association Committee, or a small annual subscription,

thereby entitling themselves to the midwife attendance when required.

NOTE.—Referring to condition 5, the arrangement proposed is a tentative one, on the lines of a scheme which is found to work well in various rural districts in England. The W.N.H.A. does not, of course, wish to make money out of any such transaction, beyond recouping itself, if possible, for the sum paid to midwife according to guarantee; or in forming local fund for benefit of mothers and infants, under supervision of local committee.

6. That some plan for the inspection of such midwives be devised, should a Midwives Registration Act not be enacted for Ireland.

After consultation with matrons of lying-in hospitals and others of experience, it seems clear that there are a number of midwives who have taken their six months' training at the recognised maternity hospitals, who would be glad and willing to accept the position of midwife under the above conditions, and for a salary of £1 a week.

It is, of course, understood that the proposition applies to districts where qualified midwives are already employed, but it will naturally take some time before the necessary arrangements can be made by the Women's National Health Association.

On the motion of Sir John Byers, M.D., seconded by Dr. Andrew Horne, the following resolution was adopted at the Central Health Conference of Local Authorities, held recently in Dublin :—

That this Conference recommends the scheme outlined by the Women's National Health Association to the careful consideration of the Boards of Guardians.

QUALIFICATIONS ADOPTED BY IRISH NATIONAL HEALTH COMMISSION AS NECESSARY FOR MIDWIVES ATTENDING WOMEN BENEFITING BY THE MATERNITY BENEFIT UNDER THE NATIONAL INSURANCE ACT.

The Irish National Health Insurance Commissioners have adopted the same qualifications as required by the Local Government Board, viz. :—

“ Every person to be appointed by any Board of Guardians to serve as midwife of a dispensary district shall have the qualifications hereinafter set forth, that is to say :—

1. Such person shall have obtained from some lying-in hospital recognised by the Local Government Board a certificate of proficiency in midwifery, or shall be a person whose name is contained on the roll of midwives of the Central Midwives Board; provided that neither of the aforesaid qualifications shall be necessary in the case of any

person who holds or has held at the date of this Order 1899 the office of midwife of a dispensary district or workhouse in Ireland.

11. Such person shall have reached the age of twenty-three years."

The hospitals recognised by the Local Government Board are as follows:—Rotunda Lying-in Hospital, Dublin; Coombe Lying-in Hospital, Dublin; National Lying-in Hospital, Holles Street, Dublin; the Maternity Hospital, Belfast; the Limerick Lying-in Hospital; the Belfast Lying-in Infirmary, Belfast; the Cork Maternity Hospital, Cork; the Cork Lying-in Infirmary, Cork; Sir Patrick Dun's Hospital, Dublin.

As we last week reported, the proposal is not commending itself to Boards of Guardians. All those in the North-West have refused to adopt it, and many consider the scheme impracticable.

From the professional standpoint the scheme is equally to be condemned. Firstly, there is the dual authority of the Board of Guardians, and an unprofessional lay association, over the certified midwife. Secondly, there is the most insufficient salary assured the midwife of £1 a week, with bicycle and uniform allowance, a sum upon which it is impossible to provide adequate board, lodging, attendance, shoe leather, and personal necessities, and the further restriction that the midwife is to undertake no private practice, so that it is impossible for her to augment her minute salary in this way.

But the scheme stands condemned by the first condition, namely, that when not employed in midwifery the time of the midwife shall be at the disposal of the local committee of the Women's National Health Association, and that she shall carry on such work as it shall direct.

What qualifications have such a committee for organizing and controlling the work of a professional woman, such as a midwife? We wonder how many will in the first place understand the strain arising from the irregularity of a midwife's life, and that if she has been at a case in the night she should have rest in the day. In our experience it is a point which very few people realize; but if an extra effort is put forward at one time, and strain endured to tide over a crisis, there should be relaxation at another, or the human machine will inevitably break down. Therefore to combine the irregular work of midwifery under Boards of Guardians, with regular routine duties under another society is to court disaster.

It is stated that some plan for inspection is to be devised, but there is nothing to say it is

to be of a professional character, as organization and supervision of any class of professional workers always should be.

Again, if evidence be required that the Association concerned is out of touch with midwives, their difficulties and their needs, it is readily to hand in the estimation of the value of their services as sufficiently remunerated by a sum which a skilled cook would immediately refuse.

We hope that the lack of response from Boards of Guardians may be sufficient to cause the scheme to be abandoned, and we regret that any members of the medical profession should have commended it to their consideration.

◆ ◆ ◆ THE NUTRITION OF THE INFANT.

A new edition (the fourth) of "The Nutrition of the Infant," by Dr. Ralph Vincent, Senior Physician to the Infants' Hospital, London, has just been published by Messrs. Baillière Tindall & Cox, 8, Henrietta Street, Covent Garden, London, W.C. Price 10s. 6d. The book must rank as a classic, and everyone concerned in the care of infants, more especially midwives and monthly nurses, should not only read, but study and assimilate its pages from cover to cover, and it should find an honoured place in all Nurses' Libraries. No one in this country has studied the whole question of infant nutrition more deeply than Dr. Vincent, and there is no one, therefore, whose views are to be received with deeper respect. The book is dedicated to Dr. Thomas Morgan Rotch, Professor of the Diseases of Children at Harvard University, and Physician to the Infants' Hospital, Boston, and the reason for this choice is to be found in the chapter on "Substitute Feeding."

"To Rotch of Boston we owe the institution of a method enabling the physician to precisely adapt the food of the infant to its peculiar requirements, and at the same time affording him every opportunity of judging the part played by the various constituents of the diet.

"Recognising the essentially unscientific character of the traditional methods he devoted his attention to the real factors of the problem which had been for so long neglected, with the object of arriving at a system by which a milk mixture could be prepared in the constitution of which the comparative importance of every essential element received due recognition. The great and lasting value of his work lies in the abolition of all didactic rules, in the provision of an instrument combining clinical elasticity with scientific precision. By the method which he devised, any desired milk mixture can be prescribed so as to contain the various constituents in any proportion required. If the prescribed mixture prove in any way unsatisfactory, it can be adjusted with the greatest delicacy and precision to the needs of the infant. Rotch dealt systematically with every phase of

the problem, and the first establishment of milk laboratories was due entirely to his efforts."

It is quite impossible in a short review to do justice to a book at once so scientific, so eminently practical, and so thorough in every detail. We are urged to remember that, in spite of the accurate knowledge now available, as to the constituents of human milk, and, consequently, the most appropriate substitute feeding, that, nevertheless, "it is as true of the infant as of the adult, that the element of the human individual demands the most complete recognition." Also that "human milk is a food of varying composition, apart, altogether, from pathological changes. Rotch's figures, showing the composition of the milk of different women, all of them successfully nursing their infants, afford an instructive example of this." Incidentally, this is one of many cogent reasons against the employment of a wet nurse, seeing that it by no means follows that, because a mother's milk suits her own child, that it will agree with the child of another woman.

By substitute feeding, Dr. Vincent means not artificial feeding by other agents, instead of human or modified milk, but by cow's milk, divided into its constituent parts, and then re-combined in proportions so closely approximating to human milk that the two on analysis are indistinguishable.

Throughout the whole procedure he insists on the most thorough cleanliness. He condemns the use of boiled, sterilized, or Pasteurised milk—not only because it is thereby deprived of a considerable proportion of its nourishment, and the child is, consequently, liable to develop rickets and other diseases of malnutrition; but because beneficent germs contained in it are actually killed, leaving the milk at the mercy of pathogenic microbes, highly dangerous to the health, if not the life of the child.

Throughout his argument—and his practice—Dr. Vincent is the apostle of cleanliness. Raw, clean milk must be used, produced by healthy and clean cows, milked by clean milkers in clean sheds into clean pails; and all the conditions of transit must be scrupulously clean also. Only so can a nutritious and wholesome milk be ensured. He tells us further that "the dietetic problem of infant feeding is a two-fold one: To provide the infant with (1) an adequate supply of the materials physiologically necessary; (2) in a form capable of being digested and absorbed. It cannot be solved when either of these two essentials is neglected."

M. B.

A BREACH OF CONTRACT.

At a meeting of the Stonehouse Guardians, last week, the Clerk reported that *Nurse Byng*, who had resigned, stating her mother's serious illness as the cause, had since been appointed nurse at the Helston Workhouse. He had communicated the facts to the Local Government Board, with the object of getting them to compel the nurse to fulfil her contract. The Guardians had granted

her three months' leave of absence to obtain her midwifery training, on condition that she subsequently served the Board for eighteen months; and she accepted the contract. She now said that it never entered her head she would be positively bound. Such conduct is absolutely inexcusable. The Board endorsed the Clerk's action.

A MIDWIFE BY ACCIDENT, REPLETE WITH KNOWLEDGE.

Mrs. Carrie Hall, of *Beritley*, appeared last week at the *Doncaster* (West Riding) Police Court, to answer to two charges of breaches of the *Midwives Act*.

Mr. R. C. Jones (for the prosecution) stated that the defendant had, contrary to the *Midwives Act*, taken cases without medical direction, implying that she was either certified or specially qualified; and also that she had advertised herself. (Presumably, the advertisement implied that she was a certified midwife, as nothing in the *Midwives Act* prevents a midwife from advertising.)

For the defence, women were called who stated that when they engaged the defendant she informed them that she was not a certified midwife and that a doctor was also required.

Mr. Blackmore, who defended, said that certainly his client was without aptitude for the appreciation of statutory laws; but she was "replete with knowledge usual to her station in life." She had taken up midwifery quite by accident. She had been called in in an emergency; and the doctor so appreciated her services, that they were sought again, and so she gained a connection.

The defendant had been fined in that court before, when she had not been represented by a solicitor. She was then told it was all right for her to practise as a nurse, provided a doctor was engaged each time. She had done her best to carry out the law; and in the one case, when she had not notified the patient that a doctor was required, the offence could not be regarded as "habitual." The defendant stated that she had attended about thirty cases in the last four months; if she had stopped to send for the doctor in the one case referred to, mother and child might have been lost.

The Chairman pointed out that "ordinary nurses" were allowed to attend maternity cases under the direction of a doctor. There was considerable difficulty in defining the word "direction," which occurred in the Act. In his view it did not imply that a doctor must be present at the time, and it was not quite certain that there ought to be a consultation. In future there must be an understanding that where uncertified "nurses" were engaged a doctor must be engaged. He very much doubted if the onus of sending for a doctor rested on the nurse. There ought to be some arrangement with the doctor previously. He thought the one charge should be dismissed. In regard to advertising herself, the defendant had pleaded guilty to a breach of the law and would be fined 10s., including costs.

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EDITORIAL.

THE CALL OF DUTY.

If there is one person to-day whom the nursing profession has cause to envy, and cause to thank, it is Miss Alt, a mission nurse, who, as reported by Reuter's special war correspondent, is working in the cholera hospital at San Stefano; for British Nurses—on account of the apathy of the British Red Cross Society, where thoroughly trained nursing is concerned—are envious of the opportunity seized by Miss Alt, and grateful to her that, having the opportunity, she has followed her professional instinct to respond to the call of suffering which no true nurse can hear unmoved, and is demonstrating to the world that, given the opportunity, nurses are faithful to the voice of duty.

But no such result of her faithfulness could have been anticipated by Miss Alt, when she quietly took up her solitary post amongst the stricken patients of the cholera camp. The story now made public is that two Englishmen who visited the San Stefano camp, with the object of seeing what relief work was possible, found an old lady working amongst the soldiers. This was Miss Alt, a nurse who was sent out by Lady Dufferin many years ago when she desired to provide skilled nursing help for Turkish mothers. The scheme did not take root as it has done in India, but Miss Alt remained abroad, became a governess in Turkish families, and was employed in this capacity at San Stefano when the cholera camp was established there. Unaided by any other European, and without asking for any other foreign aid, she took up the work, and is spending the money she has earned, on the patients whom she is nursing.

The United States Ambassador, so the story runs, is offering a large part of the American Red Cross Fund intrusted to him for the organization of this cholera camp,

and the Secretary of the Embassy, Mr. Hoffman Philip, failing to secure a Red Crescent worker, has assumed the direction of the camp himself.

The Greek school at San Stefano has been taken as a hospital. It can accommodate a few hundred men, but, it is stated, that as practically no sanitary precautions have been taken, the place will immediately become pestilential, and it will be almost certain death for those who enter it.

It is in this hospital that Miss Alt is working, and, though we are sure she would be the last to desire applause for doing her duty, surely her heroism is of a quality to compare with that of the bravest men who, on the field of battle, perform deeds of valour which earn the Victoria Cross.

The stimulus of comradeship, and the excitement of the moment, are aids to the bravest which they would be the first to acknowledge. Even they might shrink from the self-imposed task of the solitary woman, who passes days and nights in the companionship of the dead and dying cholera patients, faithfully giving them such attention and alleviation as she is able to bestow. Is it possible that in the face of Monday's news the monotonous response can still be received from the British Red Cross Society in reply to enquiry as to whether nurses are being despatched, "We are not sending out women nurses"? It is even so. All honour to this brave Swiss woman, who, when our countrymen keep at home the nurses who might help her, and repudiate responsibility for any nurse going on her own account, quietly faces overwhelming odds, and places her skill, her means, her life at the disposal of the sick.

We are glad to learn from a later telegram from the same source that a Hungarian lady and a Scottish clergyman, the Rev. Robert Frew, have now joined Miss Alt.

OUR PRIZE COMPETITION.

WHAT FORM OF INFECTION IS LIKELY TO FOLLOW THE RETENTION OF THE PLACENTA AFTER DELIVERY, AND WHAT ARE ITS CHARACTERISTICS?

We have pleasure in awarding the prize this week to Miss Helen Cynthia Ashley, Royal Halifax Infirmary, Halifax.

PRIZE PAPER.

Sapremia, or localised sepsis, is the infection which is caused in the first place by retained pieces of placenta, but septicaemia, or blood-poisoning, may eventually follow. Sapremia is caused by a certain class of germs which find dead tissue necessary for their existence. They live and multiply on the pieces of dead placenta which are retained in the uterus, and the poisons which these waste products throw off are absorbed by the uterus, and so the infection is set up. This condition may predispose to septicaemia by diminishing the resisting power of the body. Severe cases of sapremia may be mistaken for mild cases of septicaemia, and the nature of the case is often only proved to be sapremia by the rapid recovery of the patient after the removal of the retained piece of placenta. Its characteristics are—

The local symptoms are marked. The patient may complain of after-pains, which in some cases are due to retained products. On examining the abdomen the uterus will be found to be tender, and larger than it normally should be—that is, involution is not progressing favourably. The lochial discharge is very offensive, and may be excessive.

There will also be the usual symptoms of fever—*e.g.*, rise of temperature, increased pulse rate; also the respirations may be quickened. The patient may complain of headache, pain in back and limbs; also of great thirst. She may also have loss of appetite, a furred tongue, and be troubled with constipation.

Whenever any or all of these symptoms or signs are present, the nurse or midwife must at once report the case to a registered medical practitioner, who will perform the necessary operation of emptying and douching out the uterus, and also give directions for the treatment which is to follow.

If the infection is purely sapremia, the patient should make a rapid recovery after the removal of the retained and waste products.

HONOURABLE MENTION.

The following competitors are accorded honourable mention:—Miss L. H. Buck, Miss Gladys Tatham, Miss N. Playne, Miss E. Newsome, Miss E. Frost, Miss S. A. G. Lett, Miss S. Simpson.

Miss E. Douglas' paper unfortunately arrived too late to be included in the competition.

Some competitors who mention the treatment of cases of retained placenta suggest hot vaginal douches, but make no mention of the removal of the cause of the trouble from the uterus. It must be borne in mind that the placenta is retained, not adherent. Its removal, therefore, may be accomplished by means of drugs administered by mouth causing contraction of the uterus, and consequently the expulsion of the retained portion, or by an intra-uterine douche, by means of which the retained placenta may be washed out, or by manual exploration of the uterus and removal of the piece of placenta. If the symptoms indicate that the condition is present it is not usually advisable to wait for the action of drugs, which may, after all, fail in their effect, for every moment is of importance to the patient, as the absorption of toxins is going on until the offending cause is removed. Immediate washing out of the uterine cavity affords the most satisfactory form of treatment, and usually the decomposed piece of placenta is returned with the douche, the temperature comes down, and the symptoms subside. It must be remembered that if a patient shows symptoms of rise of temperature and general malaise, which usually are present after a few days if there is retained placenta, she comes under the conditions in which, if a midwife is in attendance, medical help must be sent for—*i.e.*, "in all cases of illness." If a midwife or nurse is directed to give an intra-uterine douche she must remember that in skilled hands it is most efficacious; in unskilled hands, very dangerous. The dangers are: (1) The uterine wall may be pierced by the tube if not skilfully inserted. It should therefore be passed between two fingers of the left hand in the cervix, and thus guided within the uterus. The uterine tube used should be grooved, so that the fluid injected may readily flow back. The pressure should be slight, otherwise the fluid may pass through the fallopian tubes into the peritoneal cavity; therefore the douche-can should be very little above the patient. The fluid used should be sterile, and of a non-poisonous character, as a strong solution of such an agent as perchloride of mercury may become absorbed at the placental site, or find its way through the fallopian tubes, and poisoning ensue. It is also important that upon the withdrawal of the tube pressure should be made on the fundus of the uterus to ensure the expulsion of all fluid.

It is unnecessary to emphasise that the douche must be given under strictly aseptic conditions.

Miss Buck writes that the prompt recognition of retention of the placenta may save the patient's life, as removal of dead tissue will ensure the removal of the site of poison-producing organisms. Therefore, if a patient is found to have a high temperature, or if a temperature remains above 100° F. for more than 24 hours, a doctor must at once be called in. The midwife must not attend any other case until the period of infection is over, and she has been thoroughly disinfected; also her appliances.

Miss Fatham points out it is usual to at once clear out the uterus, either by curetting, or by removing any retained products with the hand. An intra-uterine douche may be ordered, and vaginal douches are also frequently used. The patient's power of resistance must be strengthened by plenty of light nourishment, rest, fresh air in the bedroom, and great cleanliness. The sanitary pad should be changed frequently.

Miss Lett says that retention of a piece of placenta after delivery is likely to lead to sepsis in one or other of its forms. The commonest and least serious form is that known as sapraemia. This form of sepsis is caused by the bacteria saprophytes, which lodge in the retained dead matter, producing ptomanias, which are absorbed by the patient.

Miss Edith Newsome states that the infection likely to occur as a result of a retained piece of placenta after delivery of the child is sepsis in one of its different forms, sapraemia, septicæmia, and sepsis.

QUESTION FOR NEXT WEEK.

What is cholera: its symptoms, the treatment usually prescribed, and the nursing points to be observed?

A FRIENDLY FUNCTION.

We are asked to announce that the arrangements for the Dinner to be given by members of the Nursing Profession to Mrs. Bedford Fenwick on December 14th are now complete. The Dinner will be held in the Victoria Hall of the Hotel Cecil, Strand, and Mrs. Walter Spencer will preside. The function is to be informal and friendly, and for that reason will be all the more pleasant and amusing.

TO HONOUR MISS NIGHTINGALE.

Mr. Walter Merrett's memorial statue of Miss Florence Nightingale, which he has sculptured to the order of the City Corporation, has been received at the Guildhall, where it will shortly find a permanent place in a prominent situation, probably in the lobby.

The statue represents her standing bare-headed, and is about 3 feet in height.

THE PLACE OF ECONOMY IN NURSING.

"I shall never employ a trained nurse again when I can avoid doing so," said a friend to me once, "they are too expensive. It is not the fees I object to, but the expenses which are due to extravagance in so many directions. When my husband was ill for three months we had a succession of nurses from various nursing homes and institutions, and they were all alike in this respect; not one appeared to have realised that the long illness of the breadwinner called for stringent economy wherever possible. One nurse sat so absorbed in a novel that she allowed the bottom of the bronchitis kettle to burn out, and when I called her attention to the fact she replied, cheerfully, 'We shall have to get a new kettle.' Not a word of apology for her carelessness!"

I have heard similar complaints in varying forms from many friends, and have myself witnessed a great deal of needless waste during illness. Precious Chippendale and Sheraton tables and trays disfigured by hot-water jugs are a common experience. It is true there are some homes where no other table is available, but it is a simple matter to cover it with several folded newspapers, over these a Turkish towel, and, lastly, a washable table-cover.

A nurse can never secure the best results for her work if the patient is even sub-consciously worrying about expense, or the spoiling of her household treasures. Unfortunately, with a large proportion of sick people some anxiety on the score of expense is inevitable, but the nurse should see to it that this concern is reduced to its minimum, not only regarding herself, but, so far as she can influence them, the servants also. For whenever sickness invades a household a large degree of demoralisation often occurs, and through varying causes, sometimes through misguided devotion, a somewhat reckless expenditure ensues. When the advanced stage of convalescence is reached the patient becomes aware of unusual bills to be met, with disastrous results from the nursing point of view. Too often all the blame is attributed to the fact that trained nurses were employed, and a bitter determination is arrived at to manage without such expensive help in the future.

It is just here that nurses should realise their high opportunities, and take every opening for driving home the lesson of economy to all in the house. Family devotion is often expressed in strangely disproportionate ways. I remember nursing a case where the patient's husband had recently presented her with a seventy-

guinea fur cape. The sick-room was on the top floor of a high London house, and the meals cooled during their ascent in the lift. I asked that a hot-water plate might be purchased for her use, as the illness was likely to last six weeks. Could I not possibly manage without? was the reply. They were only a young couple, and not at all rich. A request for an eighteenpenny tea-infuser was met with the same protest. However, the devotion being obvious, I succeeded in manifesting to the family the absolute need of these things for the patient's comfort, and therefore for her good recovery, and I pointed out several directions in which the outlay might be counterbalanced.

The all-important point of fires demands much knowledge and skill in the matter of fuel and stoking where coal bills have to be considered.

At another case, where necessary expenses were continuously deplored, I was asked one morning by her sister if the patient might have quails or snipe for her dinner. Did she specially desire quails or snipe? I inquired of the patient. No. She likes them as well as many another dish, not more. So I suggested, Why go to the expense of such birds when the patient was really well enough to eat a beefsteak pudding? "Would you like a beefsteak pudding?" I asked. She would, emphatically; so beefsteak pudding it was, a quite fascinating morsel, made in a lilliputian pudding basin.

Similarly, the household resources are often unduly strained to supply unnecessary alcoholic drinks, when judiciously prepared and administered drinks of various other kinds would nourish to the extent of making stimulants unmissed.

The chemist's bill after a case of illness usually reveals reckless orders on the part of both the nurse and the family. The generous state of mind which the suffering or risk of death to a dear one engenders so often manifests itself in this way, as the remaining superfluity of supplies testifies. Not all can afford to do as a friend of mine invariably does after a case of illness in her house, namely, pack all off to the local cottage hospital.

There are many ways in which resourcefulness on the part of the nurse may obviate a purchase that at first sight appears imperative though unattainable. Bed-tables, bed-rests, cradles, supports, screens, bed-warmers, bronchitis kettles, foot-baths, may all be improvised from articles already in the house or at the cost of a few pence.

Seeing that illness, sooner or later, invades most homes, I have often wondered why, in the country villages, the score or so of families who constitute "the gentry," and who are usually on terms of intimate friendship, do not arrange to purchase all the appliances, comforts, and luxuries incidental to the proper nursing of a week's illness between them, each retaining the appliance for which she has paid, everything being lent to the household which is for the time overtaken by illness.

Only the trained nurse can realise how frequently her efforts fall short of their best results because of the lack of numerous desirable appliances, which would soften the strain to her patient, now here, now there. To have the best pattern of bed-pan, and also the best pattern of douche-pan, instead of having to make a cheap and inferior bed-pan serve both purposes, implies ultimate health and strength, and therefore saving of expense, to the patient, though not all are sufficiently far-sighted to see this. Yet, failing suggestions and help from the nurse, the nursing in the vast majority of private houses must on the ground of expense fall far short of the best. One sees so many illustrations of the penny wise and pound foolish system during illness. The idea should be to economise in every respect that does not touch the patient, even indirectly, in order to increase spending facilities on those points that do affect him.

I remember a maternity case in which the need for economy was enjoined on the nurse who had been engaged at the eleventh hour. She found complete lack of many necessaries, and was begged to manage without them if at all possible. Yet a twenty-five guinea layette had been purchased, many of the garments being quite useless, and a relative had sent an assortment of twelve-guinea infant's cloaks from which the prospective mother could make a choice. It took some time to convince her that such a cloak was not only unnecessary but inadvisable, with its heavy weight of silk fringe, and that a third of its cost would secure the needed Shetland shawls and a light-weight cloak.

Not all nurses are competent to advise in this way; but all nurses should be. A very great proportion of this world's mental and physical suffering is directly due to wrong spending of money, time, and energy in every department of life, and many never realise this until it is clearly pointed out to them by another.

There is much cheese-paring and false economy to be met with; much meanness. But true economy is none of these. It is a far-

seeing, clear-sighted grasp of all the possibilities of a situation, and a habit of mind which secures the maximum advantage from every fraction of outlay, whether in energy or cash—which are usually interchangeable terms. True economy conduces to comfort, while false economy is the essence of discomfort.

We all know the bare, chilly, rigid atmosphere which fills the home of the woman whose economy is her god. But the rarer, true economy supplies a sense of warmth and comfort wherever it is encountered; in reality radiating from the guiding-soul of the household, which is able to expand in its consciousness of well-regulated, and therefore generous, supplying.

Amongst many stories of the expensiveness of trained nurses and their often unreasonable demands, one stands pre-eminent in my mind. A friend, who happened to be one of the most excellent nurses I have ever known, had just left a case. "Can you buy a nice pocket fruit-knife for eight-and-six?" she asked of me.

"Yes. Why?" I replied.

"Because mine was used for the patient, and got thrown into the fire with some orange-peel, so I have charged the people eight-and-six for it."

"Who threw the orange-peel into the fire?" I queried, prompted by my knowledge of the questioner.

"I did," was the reply!

M. M. G. B.

IRISH NURSES' ASSOCIATION.

The second of the lectures arranged for the Winter Session by the Irish Nurses' Association was given at 34, St. Stephen's Green, Dublin, on the evening of the 20th inst., by Dr. McVittie; subject, "The Health of the Child." Dr. McVittie, in the course of his lecture, drew attention to the extreme importance of the care of children's teeth, showing by slides and casts of contracted, as contrasted with normal, palates, how the former were the cause of adenoids and kindred troubles. Other slides were shown giving examples of various kinds of curvatures. The lecturer pointed out how in many cases this was caused by parents and teachers in schools allowing children to sit and stand in wrong positions. The importance of pure milk and the proper heat at which to sterilise it were among other points dealt with. A hearty vote of thanks to Dr. McVittie for his most highly instructive and deeply interesting lecture was proposed by Miss Studley and seconded by Miss Hogg.

NATIONAL COUNCIL OF NURSES OF GREAT BRITAIN AND IRELAND.

The annual meeting of the Council was held at the offices, 131, Oxford Street, London, W., on Saturday, 23rd inst. Mrs. Bedford Fenwick in the chair.

CORRESPONDENCE.

After the Minutes had been read by the Hon. Secretary, Miss B. Cutler, and confirmed, letters were read (1) from Miss L. L. Dock, the Hon. Secretary of the International Council, conveying an expression of thanks and warm appreciation from Sister Karll and the German nurses for the help and important part taken at the International Congress at Cologne by the National Council of Great Britain and Ireland. (2) From Miss Annie W. Goodrich, the President of the International Council, in response to a letter of congratulation upon her appointment, in which she wrote how deeply sensible she was of the honour and responsibility of the office, and ending, "We shall welcome the International Council to our country in 1915 with more pleasure than can well be expressed and with, I hope, evidences of professional progress that will in a measure compare with the progress of the last three years, which, it seems to me, has been the most impressive feature of the Cologne Congress." (3) From Miss Bergljot Larsson, President of the Norwegian National Association of Sick Nurses, stating that, inspired by all they saw and heard at Cologne, the Norwegian delegates went straightway home and formed their Trained Nurses' National Association. (4) From Miss L. L. Dock, saying she had been in conference with her colleagues in the United States, and, by correspondence, with those in California, and that a joint programme committee will be formed later to work out the entire programme for the gathering at San Francisco, which will include the President and Secretary of the International Council. The American Nurses' National Association will hold its annual meeting in conjunction with the International Congress. Three thousand nurses are expected to be present, and "there are large plans in the air." It is thought that June will be the best month for San Francisco. (5) Letters of acknowledgement of copies of the following resolution on the Overstrain of Nurses passed at Cologne were notified from the Local Government Boards, England, Scotland and Ireland, also from the Prime Minister, the Lord President of the Council, and the Home Secretary.

RESOLUTION.

Whereas with the advance made by scientists in the study and comprehension of the human mechanism, and with the new knowledge regarding the nature and effects of fatigue upon the human organism it is seen to be unscientific and wasteful to destroy human capacities by overstrain:

Resolved: That we earnestly beg hospital authorities to give the same consideration to the problem of overwork among nurses that industrial leaders are

giving to the question of overwork among workers in industry in order that the present grievous destruction of the health of nurses may cease."

The Chairman explained that although there was overwork in this country, the resolution was specially applicable to the present conditions in Germany.

THE PRESIDENT'S REPORT.

In the President's report the success of the meeting at Cologne was referred to briefly, as it has been so fully reported in the official organ of the Council, *THE BRITISH JOURNAL OF NURSING*.

The work of affiliated societies was notified. First, that of the Matrons' Council, which had held several successful meetings in the country—which provided an opportunity for Matrons to confer together on questions of interest to the profession at large, and to dispense hospitality. The Society for State Registration of Nurses continued to claim and work for legal status for trained nurses, and the Bill would be brought before Parliament until time was granted for its discussion, when there was little doubt it would be passed. In this connection it was stated in the Report: "There is no doubt that the present Government, professedly Liberal in its policy, is averse to legislation organising the work of women, and also that adverse social influence is employed against the Bill, both privately and through the subsidised press.

"On the other hand, a large number of Members of Parliament are in favour of justice to nurses and the sick, and it is through their influence and support that we must hope to gain just conditions.

"The lack of the adoption of professional standards, through a defined curriculum recognised by the authority of the State, is daily becoming more prejudicial to trained nurses. This is accentuated by the fact that the Central Midwives Board has the power of maintaining a standard for midwives under Act of Parliament, and if any women are too ignorant to be able to pass the examination of that Board after three months' training, or too criminal to be allowed to remain on the Midwives' Roll when they have gained admission to it, they can, and do, practise with impunity as "ordinary nurses," since there is no legal qualification for a trained nurse. The expression "ordinary nurse" presumably includes many women not trained in the duties of a nurse at all, but the result is that these ignorant and criminal women are confused in the public mind with highly skilled nurses, and the three months' midwife is regarded as having a higher status than the nurse who has spent three years in obtaining a thorough training in her profession.

"The evil of the depreciation of standards is further accentuated by the fact that Queen Victoria's Jubilee Institute, which was founded to provide specially qualified district nurses, and to maintain a certain uniform standard of efficiency throughout the United Kingdom, has departed from this standard, and, in addition

to thoroughly trained and efficient Queen's Nurses, recognises and inspects as district nurses women with only a six months' training in general nursing. But, as they require these women to have six months' training in midwifery and to qualify as certified midwives, in the rural districts of England and Wales the "nursing" of the sick poor is passing largely into the hands of midwives with a few months' training in general nursing, who undercut the certificated nurse. The result of this suicidal policy is that now there is a shortage of well-educated certificated nurses for district nursing work, and a difficulty in obtaining a highly trained and cultured class of women to act as Queen's Nurses among the poor.

"The lack of a definite standard of training is also apparent in Queen Alexandra's Imperial Military Nursing Service, in which in order to meet the now insufficient system of training and certification after two years' work, still in force at the London Hospital, the generally accepted standard of certification after three years' training in the wards has not yet been adopted for this Royal Military Service, and the three senior posts in the Service have been given to ladies holding the inferior qualification.

NURSING IN WAR.

"The lack of legal qualifications for the trained nurse, and consequently her lack of representation on committees concerned with the care of the sick, is exemplified in the attitude of the British Red Cross Society to trained nurses during the present war in the Near East. The Committee, which does not include any trained nurses in its members, being mainly composed of medical men and peeresses, calculates its expenditure at £1,000 a week, but it has not voluntarily sent one trained woman nurse to the seat of war, nor has it any corps of nurses, organised in time of peace, corresponding to the Territorial Service for home duty, upon which it can call. The six nurses from the London Hospital, and the six members of the Army Nursing Service Reserve, have all been sent out in response to Royal commands, and in this terrible crisis of war, pestilence and famine, the trained nurses of this country find themselves in the humiliating position of being prevented from offering their skilled services to the Balkan States, Greece and Turkey, through the official and national channel of aid.

NO REPRESENTATION ON ADVISORY COMMITTEES.

"The National Insurance Act touches the pocket of every trained nurse in the country earning a small salary. Nevertheless, we find a determined opposition on the part of the English and Irish Commissioners to grant to trained nurses that right of direct and independent representation upon the Advisory Committees in England and Ireland which has been granted to every other class of worker, and also to employers. Nor, when the Bill was still before Parliament, could any clause be inserted ensuring to the insured sick that the nurses supplied to them, and for whose services they will pay, shall have had a definite

professional training. Only registered medical practitioners and midwives certified under the Midwives Act are recognised, but, as there is no legal qualification for trained nurses, no standard of nursing could be incorporated in the Act.

"These are but a few instances of the disastrous conditions prevailing in regard to trained nurses owing to their lack of legal status."

THE NATIONAL COUNCIL OF WOMEN.

Upon the request of the President an additional delegate has been granted on the National Council of Women—and both delegates, Miss B. Cutler and Miss M. Breay, attended the Extraordinary Meeting held in London on the 20th inst., and voted in favour of the Resolution in connection with the Franchise Bill before Parliament, reaffirming the need for Women's Suffrage—proposed by Mrs. Creighton and seconded by Mrs. Fawcett, LL.D.

TREASURER'S REPORT.

The Treasurer's Report showed a balance on the year's expenses of £8 6s. 6d.

REPORT OF THE HON. LIBRARIAN.

Mrs. Stabb reported handsome gifts and support to the International Library. Miss Cureton gives annually a bound volume of the *BRITISH JOURNAL OF NURSING*, altogether 48 vols. Miss L. L. Dock gives a bound volume annually of the *American Journal of Nursing*, the set of twelve are now complete. The Associations of Nurses of Canada, Holland and Denmark donate bound volumes of their official organs, and the Associations of Nurses of New Zealand, Australasia and Victoria, India, Sweden, and the Bordeaux Nursing Schools send free copies of their journals. Money is required to bind the various magazines, and it was agreed that an attempt should be made to procure it, as it was recognised how increasingly valuable such a Library of Nursing Literature would become in time.

ELECTION OF HON. OFFICERS.

On the nomination of the Irish Nurses' Association Miss Carson Rae was elected Vice-President in the place of the late Mrs. Kildare Treacy.

Miss Bann to represent Fever Nurses, and Miss Annie Smith Infirmary Nurses, were elected Directors, and

Miss Cutler and Miss Forrest re-elected Hon. Secretary and Hon. Treasurer.

AMENDMENTS TO THE CONSTITUTION. AN ANNUAL CONFERENCE.

Several verbal amendments were agreed to in the Constitution, and the proposal of the President "That the National Council of Nurses shall hold an Annual Conference," was seconded by Miss G. A. Rogers and unanimously agreed to. It was agreed that the Triennial Conference of the International Council should be included, and meetings held in the two intervening years. The opinion was expressed that so much benefit had been derived from association and consultation between the professional nurses of the world

through the International Council that nothing but good could result from Conferences organized by the National Council. The arrangements were left to the Executive Committee.

THE BRITISH RED CROSS SOCIETY AND THE NURSING PROFESSION.

The Council felt strongly that action should be taken on the item in the Report which referred to the exclusion of trained women nurses from the various units sent to the Near East by the British Red Cross Society, for which a generous public had subscribed upwards of £30,000. The following resolution was passed unanimously, and it was directed that it should be sent to the Committee of the British Red Cross Society, the Secretary of State for War, and to the press:—

"This Council of trained nurses deprecates the policy of the British Red Cross Society in refusing to include thoroughly trained women nurses in the units sent to relieve the sick and wounded in the war in the Near East. This Council is of opinion that only nurses who are fully trained should be sent in this capacity, and that no base hospital can be considered efficiently equipped which has not such a staff."

The beautiful picture of Friederik: Fliedner sent by Sister Julie Borges was on view, and several of those present secured a copy.

This terminated the business of the meeting.

BEATRICE CUTLER, *Hon. Secretary.*

THE NURSES' MISSIONARY LEAGUE.

On Wednesday, November 13th, at University Hall, Gordon Square, the Rev. H. U. Weitbrecht, D.D., gave the second lecture on "Islam, its duties, present condition, and the effects of missionary work."

The lecturer showed how Mohammed, who based much of his religion on Judaism, took the first three great duties of Islam from the Sermon on the Mount, i.e., almsgiving, prayer, and fasting, and to these he added two others, that of confession and pilgrimage. These duties, the lecturer went on to say, are fairly well observed, and in devoutness and order of public worship and the care of the poor the Moslem is most exemplary, but, as we look on the practical effects of the faith with regard to the great relationships of human life, we cannot but feel that here are great blots on the Moslem system.

In connection with marriage, polygamy and all its attendant evils are sanctioned, slavery is the condition of service, and in relation to the State we have religious war, of which something has been heard lately in Turkey.

The lecturer appealed to those women who were thinking of missionary work abroad to

listen to the urgent call of the Mohammedan women, whose social as well as spiritual needs were crying out for the redemption which Christ alone brings.

Referring to the effect of Christian missions upon Islam, the lecturer explained that until after the battle of Plassy (1757), when the great majority of Moslems came under British rule, not much headway could be made, though splendid pioneer work was done by such men as St. Francis of Assisi, Raymond Lull, and Francis Xavier. For a Moslem to confess the Christian faith then meant persecution or even death. The lecturer went on to show how from the beginning of the nineteenth century Christian missions began to have an effect, until at the present time they are making Moslem converts in every part of the world. In the Punjab alone, out of fifteen clergymen working under one missionary society, ten of them are converts from the Moslem faith.

◆ ◆ ◆ HIGH TIME.

Mrs. Douglas Wylie, wife of Colonel Douglas Wylie, Medical Director of the British Red Cross Expedition to Turkey, is organizing locally Turkish-speaking women to help to nurse the sick and wounded. They are not connected with the British Red Cross Society, though it is possible that they may come officially under its control later. We are glad that someone should be endeavouring to place the aid of women nurses at the service of the sick and wounded.

◆ ◆ ◆ STATE REGISTRATION.

The Hon. Secretary of the Society for the State Registration of Trained Nurses has received the following letter from Miss Bella Crosby, President of the Graduate Nurses' Association of Ontario:—

DEAR MISS BREAY,—Your message, so kindly and thoughtfully sent by "The Society for the State Registration of Trained Nurses," was much appreciated. We thank you most sincerely for your congratulations. The executive was very much gratified that our work was so closely and sympathetically followed by our sisters in England.

May you soon have Registration too! We speak so often of the long, hard struggle you have had. But success will surely come, though it seems long delayed.

Again thanking you for your kind message,

I am, sincerely yours,

BELLA CROSBY.

APPOINTMENTS.

MATRONS.

The Jubilee Maternity Hospital, Kingston, Jamaica.—Miss Edith Mona Thompson has been appointed Matron. She was trained at the General Hospital, Northampton, and received her midwifery training at the East End Mothers' Home. She has held the posts of Sister and Night Sister at the Wakefield Infirmary, Sister at the East End Mothers' Lying-in Home, Second Assistant Matron at St. George's Infirmary, Fulham Road, S.W., and Matron in a West End Home. She is a certified midwife and a certified masseuse.

SISTERS.

Victoria Cottage Hospital, Guernsey.—Miss Bessie H. Neiland has been appointed Sister. She was trained at the General Hospital, Bury, Lancashire, and has held the position of Staff Nurse at the Stockton and Thornaby Hospital, Stockton-on-Tees.

The Infirmary, Plumstead.—Miss Ellen Disney has been appointed Sister. She was trained at the Bagthorpe Infirmary, Nottingham, where she subsequently held the position of Sister.

Miss Helena A. M. Kremer has also been appointed Sister. She was trained at the Central London Sick Asylum, Hendon, and the Winchester Infirmary, and has worked as a private nurse and midwife in Gainsborough, as Night Nurse at the City of London Mental Hospital, Dartford, and as Charge Nurse at the Winchester Infirmary.

Hospital for Women, Liverpool.—Miss A. M. Durning has been appointed Sister. She was trained at the Royal Infirmary, Sheffield, where she has held the position of Sister. She has also been Sister at Monsall Fever Hospital, Manchester, and Night Sister at the Batley and District Hospital, Batley.

NURSE.

County Infirmary, Cashel.—Miss J. M. Maher has been appointed Nurse in succession to Miss Kelly, who has been appointed Nurse under the County Tuberculosis Scheme.

SCHOOL NURSE.

Borough of Grimsby.—Miss Kathleen Drummond has been appointed School Nurse. She was trained at the General Infirmary, Stafford.

QUEEN VICTORIA'S JUBILEE INSTITUTE. INSPECTOR FOR WALES.

Miss Cathlin Cecily du Sautoy is appointed Inspector for Wales. She received training in General Nursing at Guy's Hospital, and in District Nursing at Bloomsbury, and has since been Queen's Nurse, Southwell (Notts), and County Superintendent, Somersetshire. Miss du Sautoy holds the Certificate of the Central Midwives Board, and also the Certificate of the Royal Sanitary Institute.

TRANSFERS AND APPOINTMENTS.

Miss Rhoda Griggs is appointed to Worcester; Miss Annice Orme to Barton, Middleton Tyas, &c.; Miss Annie Shaw to Coventry.

MEDALS AND CERTIFICATES.

On Thursday last, the 21st inst., a very pleasing ceremony took place at the Mile End Infirmary, the occasion being a visit from Miss Stansfeld, Superintendent Lady Inspector of the Local Government Board, to present the Medals and Certificates to the successful Nurses in the recent Examination. Among those present were the Infirmary Committee Chairman (Mr. W. Groves), and the Vice-Chairman (Mrs. I. M. Fletcher Porter), Miss Mowatt (Matron, Whitechapel Infirmary), Miss Bentley (Matron, South St. Pancras Infirmary), Miss Spittle (Matron, North St. Pancras Infirmary), Miss Dowbiggin (Matron, Edmonton Infirmary), the Rev. F. W. Botheroyd, B.A. (Chaplin), Dr. J. Harley Brooks (Medical Superintendent), Miss Preston (Matron), and Miss Pendrey (Assistant Matron).

Miss Stansfeld, who was accompanied by Mrs. Turner, gave a most instructive and inspiring address on the duties and work of a Nurse, laying special emphasis on the importance of what might be called little things, and singleness of purpose. She congratulated those who were to receive their certificates and prizes, telling them that now they could face their duties, not as probationers, but as fully-trained Nurses, and urging them not to forget the importance and even sacredness of their profession.

A hearty vote of thanks was accorded to Miss Stansfeld for her attendance and her helpful address, as was a similar vote of thanks to the Chairman, who admirably carried out the duties of the position.

The Medals and Certificates were given as under: Gold Medal (presented by the Mile End Guardians) Nurse Brailsford. Silver Medal (presented by Dr. Harley Brooks, Medical Superintendent), Nurse Jessie Sheret. Prize for neatness of work (given by Miss Preston, Matron), Nurse Meredith. All the above also received first class Certificates, as did Nurses A. J. Jones, M. Sheret, Martin, Blackwell, and Fellows.

WEDDING BELLS.

The approaching marriage is announced of Miss F. Mann (late Sister Luke, St. Bartholomew's Hospital, London). Her many friends will wish her all happiness in her new life.

THE PASSING BELL.

We greatly regret to announce the death of Sister Oliver, of Founder Ward, Middlesex Hospital, after a short illness. She was a general favourite, and many lovely flowers at the funeral testified to the affection in which she was held. The nursing staff sent a cross of violets and lilies six feet in length.

It is sad to announce that the body of Miss Margaret Dale Scott, a nurse at the Victoria Hospital for Children, Chelsea, who has been missing since the end of last month has been found in the river. At the inquest held on Monday the jury returned a verdict of "Suicide during temporary insanity."

NURSING ECHOES.

As so many progressive Nurses Societies are affiliated to the National Council of Women, we hope they will read carefully our report, in another column, of the Extraordinary Meeting convened to discuss a resolution on Women's Suffrage. As ambiguous and inaccurate accounts of the meeting have appeared in the press—and as an attempt is being made by the anti-suffragists to sow dissension in the Union—it is well that the exact truth should be known to the members of affiliated societies.

Miss Curtis and the nurses of the Hammersmith and Fulham District Nursing Association will be at home in the Hammersmith Town Hall on Thursday, December 12th, from 4.30 to 6.30, when the Countess Ferrers will announce the amounts collected by friends of the Association and thank the collectors.

When Miss Gibson, recognised as one of the leaders in Poor Law Infirmary work, retired from the position of Matron of the Poor Law Infirmary at Birmingham, one would naturally have supposed that the Guardians would have made a point of electing to succeed her, in a most arduous post, a lady who had wide experience of Poor Law nursing and administration, especially as there were several admirable candidates to select from. But presumably such experience was quite superfluous in the opinion of those of the Guardians who urged the election of the successful candidate, as the new Matron was trained at the London Hospital, and was promoted from the office of Matron to the Ruton Hospital, Northallerton, which contains fourteen beds, and which often has half that number of patients, and is, moreover, the Headquarters of the North Riding Rural Nursing Association, which purports to "train" nurses for the sick poor in a few months' time!

Now if a strong woman, thoroughly conversant with Poor Law methods and sound on the question of an efficient term of training, is needed anywhere she is needed at the Birmingham Infirmary, to judge from the adverse criticism of the nursing department which has for the past few months appeared constantly in the press. At a recent meeting of the Guardians, in reference to the overwork of the nurses, Mr. A. G. Carter moved that the question of wages be referred back as a protest against the way in which the nurses were overworked. If, he said, any outside employer

treated his employees as the Infirmary Committee treated their nurses, they would cry "Shame" about it.

Mrs. N. W. Williams seconded the amendment, remarking that the nurses were worked too hard for efficiency.

Mrs. A. Smith, speaking from her experience of Erdington Infirmary, asserted that Mr. Carter was not sufficiently acquainted with the facts, and said the nurses were quite happy and contented and not overworked.

Mrs. Williams retorted that she knew of several cases of breakdown among nurses at Erdington.

The amendment was defeated by 39 votes to 4.

Considering that there are 1,450 beds in the Birmingham Infirmary, of which the average number occupied is 1,126, and to cope with this number of sick people the nursing staff consists of 27 sisters, 45 staff nurses, and 45 probationers, without further ado we may claim that the nursing service is scandalously insufficient. Imagine 72 trained nurses and 45 probationers being provided to nurse 1,450 persons. Now is the time for the Matron to come forward and dispute such assertions as that made by Mrs. A. Smith that the nurses were "quite happy and contented, and not overworked." If under such conditions this is true, it is because the standard of nursing is far below par, and the patients neglected. This, we learn, is not the case throughout the infirmary. The overstrain of the nursing staff must result if 117 women, many of them young girls, attempt to do their duty to the 1,126 patients and keep in order 1,450 beds.

Dr. Hecker's treatise on the Overstrain of Nurses is now in the press, and will soon be issued in pamphlet form. Let us hope the Birmingham Guardians will read, mark, learn, and inwardly digest it, and that the whole Board will support the demand of the courageous minority of four for more humane treatment of the nursing staff.

Nurses' Social Union members in various parts of the country will be interested to hear that a N.S.U. Club Room has been established at Weston-super-Mare, in George's Café, High Street. This is a cheerful room with writing materials, and refreshments can be obtained at a specially reduced rate. Members must wear the official badge to obtain admission. As Weston-super-Mare is a popular health resort to which many nurses go, the

members of the Weston Branch felt that it would be an act of comradeship if they extended the hospitality of the Club Room to fellow-members from other branches. It would be a valuable development of the work of the Union if Club Rooms could be established in other places.

The risks which nurses encounter in the discharge of their duty were demonstrated at the Box Station to the horrified spectators last week, when a nurse belonging to the Kings-down House Asylum, Miss Holley, was waiting on the platform with a lady patient for a local train to Bath. Suddenly, as an express approached the patient jumped on to the permanent way, and tried to lay her head on the metals. The nurse immediately jumped after her, and struggled with her until the train was upon her, when she sprang to safety. The patient persisted in clinging to the line, and was cut to pieces.

Miss Holley deserves warm praise for her courageous attempt to save her patient's life.

The Glasgow and West of Scotland Co-operation of Trained Nurses held its twentieth annual meeting in the Charing Cross Halls last week, when the President, Lady Stirling-Maxwell, was in the chair. The report stated that the number of nurses at present on the Roll is 182. The number of cases attended during the year was 1,960, and the amount earned by the nurses £12,437. The financial statement showed that the total income for the year was £1,584 15s. 2d., and that there was a surplus of £243 7s. 5½d.

The adoption of the reports was moved by the Right Hon. the Lord Provost, Mr. D. M. Stevenson, who said that by means of the Society the employer and employed were able to get into touch with one another, and thus nurses were able to get regular employment, and the public good nurses.

On the motion of Dr. James A. Adams, who spoke in eulogistic terms of the work of the nurses, the office bearers were re-elected. Mrs. Ross Taylor was appointed an additional Vice-President, and Nurses Arnott, Grace Kennedy, Jessie Macpherson, and Margaret Mackay were elected members of the Executive Committee in place of nurses retiring by rotation.

The *Canadian Nurse* has several interesting announcements this month. First of all, that the nurses of British Columbia have recently organized a strong Provincial Association with

a view to securing registration. At once a Committee was appointed to draft a Bill which is to be presented at the next Session of the Provincial Legislature. The Old Country wishes all success, as every British State and Dominion which legislates for the protection of the sick makes it the more impossible for prejudice and privilege to exist at home.

When the Duchess of Connaught and Princess Patricia visited the Vancouver Home of the Victorian Order of Nurses, the Duchess was presented with the sum of upwards of two thousand dollars, collected for the work of the Order by request of Her Royal Highness. A pretty scene then ensued, when Mrs. John Acherley presented her baby, Victoria, four months old, who was born in the Home and is a Hawaiian princess. In the baby's name a sum of money was presented in a cocoanut shell, bearing on its surface an Hawaiian inscription of greeting. This was accompanied by long ropes of flowers, one of which was also presented to Princess Patricia. The little "princess" was duly admired, and then a photograph was taken of all these royalties, and sold for the benefit of the Home Fund.

Miss Helen A. Des Brisay, our bright Canadian colleague, who was with us in London and Cologne, has been giving an account in Montreal of the great German Congress. "On Tuesday night," she writes, "I was requested to appear in my costume as Jeanne Mance. I told them I could talk for a month and not exhaust the delightful theme, and that they must make every effort to go to San Francisco."

We learn that Mrs. Klosz, who was anxious to arrive in Bombay in time to attend the Conference of the Trained Nurses' Association of India, had to disembark from the "Himalaya" at Port Said, as little Marjorie, her baby, developed measles after leaving Marseilles. Thus Mrs. Klosz will be unavoidably absent from the Conference for which she had much information; but baby is better, so better luck next time.

LEAGUE NEWS.

A very pleasant General Meeting of the League of St. John's House Nurses took place on November 14th. Some discussion took place as to the best means of furthering the cause of State Registration, and Miss M. Breay kindly gave a short *résumé* of the present position, and at the request of the meeting, promised to embody it in an article for the *News*, which will appear shortly.

THE HOSPITAL WORLD.

THE CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.

The City of London Hospital for Diseases of the Chest, more popularly known as the Victoria Park Hospital, is most favourably placed for the work for which it is intended, for although it is in the midst of a dense population, it borders on that great lung of East London, the Victoria Park, and its spacious grounds form an island separated from the rest of the world by a road on each of the four sides.

The site is an interesting one, for it was formerly that of the episcopal palace of Bishop Bonner, who achieved an unenviable notoriety as "the burning Bishop." Hard by the chapel the mulberry tree may still be seen under which, according to Dr. Arnold Chaplin, tradition says this intolerant prelate "was wont to sit in the cool of the evening, and plan out the holocausts of the heretical Protestants." Now in deck chairs women patients enjoy the open-air cure, and perhaps the ripe mulberries, for the tree still bears fruit. Rumour has it that the Bishop still appears on the scene of his former activities, but that is as may be.

The foundation stone of the hospital, which is a substantial structure, was laid by the Prince Consort in 1851, and the entrance hall bears distinctive marks of the architecture of that period. Indeed, to one skilled in a knowledge of architecture, it was once remarked that to examine the date on the stone was superfluous; the great entrance-doors with their handsome brass hinges reveal it unmistakably.

To those who desire to know more of the early history of the hospital we commend an interesting article by Mr. George Watts, Secretary to the hospital, in the October issue of the *Hospital Gazette*.

The hospital contains 178 beds, and has four divisions, each corridor being in charge of a Sister with two staff nurses (who must hold a three years' certificate from a recognized hospital), in addition to probationers, working under her. The probationers are trained for two years, and, as they are taken at the age of 19, they can obtain this valuable experience before passing on to a general hospital. There are 17 beds on balconies for open-air treatment. Here the patients lie night and day, whatever the weather, protected, if necessary, by black mackintosh quilts. At first they dislike the treatment, but get to love it. The wards are very bright, many of them containing only a few beds; wide open windows and a low temperature are the order of the day,

though relics of the times when closed windows and a warm atmosphere were considered essential are still to be seen in the inlets provided for the admission of heated air, and the central tower by which the used air was removed from the wards. The appearance of the patients is in striking contrast to that which characterised the phthisical patient years ago. One sees no evidence of fragility, *no hectic flush, and indeed one must now regard these symptoms as typical of the treatment rather than the disease.

even with the doors wide open in the afternoon, the smell was very strong, when it is closed and the treatment in active progress, it must be a very powerful remedial agent. The nurse in attendance watches the patient through a glass partition which shuts off the chamber.

The greater part of the basement is allotted to the kitchen and its annexes, to cool-looking larders lined with white tiles, to the pasteurization of milk, and to store-room accommodation.



SHELTER FOR FEMALE PATIENTS, WITH CHAPEL AND MULBERRY TREE.

Both men and women are out of doors as much as possible; the men, when able, do a certain amount of light work; the women, as a rule, do nothing beyond their own needlework—there is a lull for once in their busy lives.

In the wards, treatment by creosote is often ordered. The patient wears a light mask over nose and mouth, pointed in shape something like a sugar-forcer, and kept in place by elastics over the ears. Inside, a piece of lint impregnated with creosote is placed, and this the wearer appears to become quite used to, and to wear constantly, except at meal-times.

In the basement is a chamber where creosote-inhalations are given daily to patients, and as,

In the wards, which are very bright and homely, with polished floors and plenty of sunshine, a feature is the brass jugs for the "doctors' basins," instead of the ordinary crockery ones. They were introduced by the late Matron, who, like others, was in despair over breakages, and it is certainly a happy and successful idea. They are polished by the night nurses, who have time for this duty as the wards are often light at night. The chapel, which was originally built as a chapel of ease to the Church of St. James-the-Less near by, is really a church of excellent proportions and reverent appointments. Shades of Bishop Bonner! Does he know that, notwithstanding the *auto da fés* of

Smithfield, Englishmen worship according to their conscience on the very site of his palace, in spite of all his endeavours to uproot the hated faith?

The Matron, Miss Dalton, was trained at King's College Hospital, under Miss Monk, of whom she speaks with gratitude and affection. In 1903 she moved on to the Royal Free Hospital, and, as Ward Sister, Sister House-keeper, and for the last three years as Assistant Matron, she has had most valuable experience to qualify her for the post of Matron at the Victoria Park Hospital, to which she was appointed some months ago. Anyone who notes her grip of the work as she goes about the hospital will realize that she has availed herself of it to the utmost.

Last week Sir Carl Meyer presided at the Fishmongers' Hall at the Festival Dinner of the institution, when the sum of £2,540 was collected.

We are indebted to the Secretary of the hospital for our illustration.

M. B.

REFLECTIONS

FROM A BOARD ROOM MIRROR.

Considerable progress has been made with the arrangements for the Christmas Pantomime Ball in aid of University College Hospital, which is to be held in the Albert Hall on December 31st. It is to be a very splendid affair.

It is announced that Mrs. James Taylor, of Chester, and her family, are defraying the expense of the new operating theatre, which forms an important part of the extension now being carried out at the Chester General Infirmary. The Theatre will be dedicated to the memory of the late Mr. James Taylor, F.R.C.S., who for forty years was connected with the Infirmary. The late Mr. Charles Jones has bequeathed £1,000 to the Infirmary, and towards the £10,000 required for renovation and extension nearly £20,000 has been subscribed.

Mr. Edward Graham Wood, of Manchester and Salford, has presented a cheque for £1,000 to endow a bed at St. Mary's Hospital for Women and Children, Manchester. Mr. Wood has helped to raise £50,000 for the same hospital, and this is the fourth bed which he has endowed in the district.

The King has been pleased to approve of the Albert Medal of the Second Class being conferred upon Mr. Arthur Hanson, of Burroughs, Wellcome & Co., in recognition of his gallantry in saving life in the Yangtze Gorges on November 13th, 1911.

"THE ORGANIZER."

Who is the anonymous "Organizer" of the Annual Nursing and Midwifery Conference who has addressed the following communication to many ladies holding responsible professional positions. Several matrons consider they have a right to know before any reply can be expected.

Dear Madam, For this Conference, which is held annually in London, we have a splendidly representative committee, but we are anxious that the special sections, such as Mental, District, Private, &c., should be of equal importance with the general hospital section, and we hope that you will allow us to add your name to the Committee, on which we have already those of several Matrons and Superintendents in these various branches.

This will not entail any definite work, but if you are not too busy we should be grateful for any suggestions as to subjects and speakers.

Yours faithfully,

THE ORGANIZER.

May we observe that the imperial "we" of the anonymous writer of this epistle need not be taken too seriously, as we learn that the lady who addresses the Nursing Profession with the royal prerogative is the lay editor of a pseudo-nursing journal. The question to be answered is, "Does the Nursing Profession in this country desire to be 'organised' and exploited for press purposes by a newspaper woman, or does it not?" Those who approve of anonymous manipulation will gratefully accede to the request, and those who do not will place the communication on the fireback, the proper place for letters from those who dare not sign their names. Perhaps a few words of criticism in this connection may be permissible.

A TRADE EXHIBITION.

A few years ago some business men realised that there was money to be made through a so-called Nursing Exhibition, that in organising a Trade Exhibition of goods and appliances used in medical treatment, and by nurses and midwives, a handsome profit might be made from charges for exhibitors' stalls, if a sufficient number of nurses and midwives attended the show. This was quite a justifiable bit of business. For several years this trade exhibit was held in London, when it was found it might pall unless the visitors were interested by other means. Why should they not listen to their own charming voices? Quite nice. Thus a Conference was called into existence to discuss professional questions, and just here the danger to the profession became apparent, and just here the Exhibition Committee took a false step.

Whilst assuring the profession generally that the Conference was controlled by a professional committee indeed, in the prospectus sent out the organising, advisory, and consultative committees were composed of professional persons the Exhibition Committee last year very unwisely permitted the practical organisation of the Conference

to be "nobbled" for unprofessional press purposes by a person anonymously signing herself "The Secretary."

When at the close of the Conference this fact became known, several professional nurses felt that they had been tricked into taking part in its proceedings, and we for one expressed this opinion in writing to the Organising Secretary of the Exhibition.

Let there be no misunderstanding this year amongst those nurses who stand for ethical professional standards, and self-government. We cannot without loss of self-respect, permit ourselves to be "organised" anonymously by unprofessional persons, who exploit our profession for profit, who are quacks in so far as they assume the right to criticise, advise, organise and control our professional affairs, without that professional knowledge and status, which alone entitles them to assume such authority.

Our duty to our profession is quite clear. We must have honourable publicity in every particular in connection with the Exhibition and Conference, or we must refuse to supply gratuitous "copy" or take part in its discussion.

If need be, we shall deal with this question in further detail.

PERSPIRATION AND TUBERCULOSIS INFECTION.

In a recent important communication to the Paris Academy of Medicine, Professor Poncet detailed the result of experiments regarding the transmission of tuberculosis by perspiration. He related how, after bringing about a profuse perspiration in consumptive patients, by means of hot-air douches, he made a careful examination of the perspiration, and discovered that it contained 42 per cent. of tuberculosis microbes. Thus, Professor Poncet alleges, the danger of contagion from the clothes of persons suffering from tuberculosis, or from objects touched by them, is very great; and he urges that in future stricter sanitary precautions must be taken. All the clothes and objects touched by the patient must be disinfected, without exception, and the strictest isolation observed. Reference has already appeared in these columns to the increasing use of Izal in up-to-date laundries; and in view of the above announcement, the importance of this precaution is emphasised. No doubt, too, the same safeguard will be adopted in the many sanatoria now in course of erection or equipment. As Professor Poncet points out, if the tuberculosis bacillus can leave the body by the skin, it can probably enter in the same manner; and, therefore, it behoves the managers of laundries to adopt every reasonable safeguard.

Miss Ellen C. Pimlott, a professional nurse, has been awarded £175 for personal injuries in an aeroplane accident last August, at Filey. We shall deal with several legal cases of interest to nurses next week.

CHRISTMAS GIFTS.

As the Christmas season comes round there are many anxious consultations as to the most acceptable presents for friends. For trained nurses a book which will be of practical use to them in their daily work is sure to be appreciated; but how is it possible to be sure that the book selected will not only be acceptable on the score of its utility, but will also have the attractive appearance which we should like our Christmas gift to possess?

It is quite possible in the case of "The Science and Art of Nursing," which is appreciated by so many nurses as a book of reference—for the Waverley Book Company, Ltd., which, in the ordinary way, supplies it on most easy terms (namely, a small first payment, and afterwards monthly instalments after the book has been delivered), is making a special Christmas offer. This is to allow the probable buyer to have the edition delivered, carriage paid, to read and examine it for four clear days; and to return it, carriage forward, to the publishers, if she decides it will not be useful. We think that such an offer has never before been made to nurses, and we do not anticipate that any of the handsome crimson and gold volumes will be returned at the expense of the publisher.

Our free approval order form for the use of those who like to see first what they are thinking of buying, which will be found in another column, should be sent to the Waverley Book Company, Ltd., 7-8, Old Bailey, London, E.C.

A VALUABLE TONIC WINE.

All nurses know that one of the most difficult things to combat in convalescence after severe illness is the depression and general loss of tone so often characteristic of this period. Recent experiments have shown that substances in alcoholic solutions are more quickly absorbed than those in aqueous solutions, and for this reason the Liebig's Extract of Meat and the Extract of Malt in Wincarnis are rapidly assimilated. The wine used is of a good quality and a stimulant to digestion, while the Malt Extract not only acts as a restorative, but also aids starch conversion. It has proved of much value in cases of influenza, anæmia and general physical weakness, and as Liebig's Extract is a Nerve Food, Wincarnis is often prescribed in cases of neurasthenia. It is supplied by Coleman & Co., Ltd., Wincarnis Works, Norwich.

HAZELINE CREAM.

The choice of an emollient is an important matter to nurses, for it is essential that in spite of much hard work and the use of strong antiseptics, their hands should be kept soft, smooth and supple. "Hazeline" Cream, supplied by Messrs. Burroughs Wellcome & Co., 6, Snow Hill Buildings, E.C., is an especially desirable and effective emollient, the excellence of which our readers can test free for themselves if they cut out and forward the coupon to be found on page ix of our advertisement columns.

OUTSIDE THE GATES.

THE NATIONAL COUNCIL OF WOMEN.

The members of the National Council of Women of Great Britain and Ireland owe a debt of gratitude to the fifty-eight of their number who requisitioned the Extraordinary Meeting of the Council held in the new Central Hall, Westminster, on Wednesday, November 20th, "to consider the Franchise and Registration Bill now before Parliament, and the necessity for the inclusion of women in any scheme of Franchise Reform, and the safeguarding of the powers they already possess in Local Government, and to pass such resolutions on the above subject as the Council may determine."

It was evident, as the room quickly filled with a crowd of earnest women, that the issues at stake were appreciated, and probably so large a number of past Presidents have never been on a platform at one time. The Presidential Address of Mrs. Allan Bright was listened to with intense silence, broken only for a moment when Mrs. Creighton, who arrived after the meeting had opened, was greeted with round after round of applause. Mrs. Bright stated that fifteen resolutions had been sent in for the consideration of the meeting, which fell under three heads.

1. In favour of re-affirming the resolution passed in 1902, and re-affirmed in 1909, in support of women's franchise.

2. Those against such affirmation.

3. Those urging the Government to amend the Franchise and Registration Bill so as to remove the present anomalies and disabilities in regard to Women's Local Government Franchise, concerning which she hoped the meeting would be unanimous.

RESOLUTION 1.

The first Resolution was moved by Mrs. Creighton, and seconded by Mrs. Henry Fawcett, L.L.D. It was:—

"That, in view of the fact that the questions of Parliamentary and local government franchises for women are to be discussed in connection with the Franchise and Registration Bill now before the House of Commons, the National Council of Women of Great Britain and Ireland re-affirms the following resolution, passed on October 30th, 1902, and again on October 20th, 1909.

'That without the firm foundation of the Parliamentary franchise for women there is no permanence for any advance gained by them';

and, while not expressing any opinion on the Bill, urges all Members of Parliament to vote so as to ensure that no Bill shall be passed which does not include some measure of Parliamentary Suffrage for Women."

Mrs. Creighton, in a clear and logical speech, asked her audience to consider first what the National Union of Women Workers stood for. It was, she said, working for the good of women and

children. In relation to the resolution which she had proposed, she thought it was asking too much of the supporters of women's suffrage in the National Council of Great Britain and Ireland, the Governing Body of the National Union of Women Workers, that the moment the Franchise Bill was before the country, their Council should refrain from expressing an opinion upon it. To adopt such a course would be to lend a weighty support to the opposition.

They were accused of going back on the "Compromise of 1910," but nothing was said at that time for or against the resolution on women's suffrage. What was done was that the Executive were prevented from taking hasty action on points which had not been sufficiently discussed. They were therefore at liberty to take action in regard to the Franchise Bill. On the other hand, the anti-suffragists had no occasion to ask the Prime Minister to exclude them from its benefits.

The Government had left it to Parliament to accept an amendment as to the inclusion of women if it thought fit. As women were challenged to show that they cared, let them do it in the strong, calm way that came from deep conviction, by steady patient work, and by devotion and zeal combined with toleration.

Mrs. Creighton then moved that the meeting re-affirm what, ever since it had begun to pass resolutions, had been the opinion of the Council, and concluded by saying that women workers knew so well how much the State needed the help of women that she could not doubt the result.

Mrs. Fawcett, who seconded the Resolution, said that it was no new departure. The members of the National Council had done much more than re-affirm the Resolution of 1902, for they had expressed in their actions their belief that "faith without works is dead," and in 1910 had memorialised the Prime Minister in favour of Mr. Shackleton's Bill. There was no compromise in 1910, but Mrs. Humphrey Ward was handsomely beaten by four votes to one.

What was decided was that the Executive should not take action on debatable questions without reference to the Council. Even supposing the carrying of this Resolution meant some loss of members, that must be faced. If we resolve to be content with what had been done in the past we should lose our vitality. There was no safety in remaining dormant.

The Resolution was supported by Mrs. Boulois.

The rejection of the Resolution was moved by Mrs. Humphrey Ward, who challenged the statement that there is no permanence for advances gained by women without the firm foundation of the Parliamentary franchise. She declared that nothing won legislatively by women had been lost and said that if the Resolution were passed it would be in defiance of the undertaking of 1910.

Miss Gladys Pott, who seconded, aroused much indignation by suggesting that a handsome sum of money given to the N.U.W.W. was given on the understanding of its neutrality.

Mrs. Humphry Ward's challenge was taken up by a speaker who showed that the cause of women's education has been set back.

Miss Potter, who spoke as one of the younger members of the society, in support of the Resolution, suggested that the young would be old some day and it was unwise to alienate their sympathies.

Several ladies who stated that they were strong Suffragists expressed their intention of voting against the Resolution.

The declaration of the poll when the voters returned from their respective lobbies was listened to with suppressed excitement. Thirteen members who were in favour of the Resolution, did not vote, there were 199 in favour of the Resolution and 59 against. The result was greeted with tremendous applause.

RESOLUTION II.

The second Resolution, proposed by Mrs. Dawson and seconded by Mrs. Edwin Gray, was carried unanimously. It was:—

"That this Meeting urges the Government to amend the Franchise and Registration Bill now before Parliament, so as to remove the anomalies and disabilities existing in the present law with regard to Women's Local Government Franchise, and to safeguard the powers already possessed by women."

It was decided to send the Resolutions to the Prime Minister, the Leader of the Opposition, and the heads of the various parties in the House of Commons, and also to the press.

It has been well said that neutrality on such a question is impossible.

BOOK OF THE WEEK.

"VALSERINE."*

After reading "Marie Claire," we had, of course, looked forward with interest to the next work from the pen of Marguerite Andoux. We must confess to disappointment now that it has arrived. We are told in the introduction that these sketches were written long before the book that brought the writer's name before the public was published. The volume consists of a collection of short sketches, the original and translation of which are given. They are, apparently, the spontaneous, and, one might also think, effortless production of a facile pen.

"Valsevine" is the longest of the series; and the introduction also tells us that it was intended for a longer story, and should not be considered as complete.

It describes how the father of the child Valsevine was arrested by the Customs officer, and the subsequent efforts of the little girl to earn a living for herself until such time as he should be released.

* By Marguerite Andoux. London: Chapman & Hall.

After a long journey in the carrier's cart, she arrives at the village of Saint Claude, where she is to learn diamond-cutting.

We give the following as a fair sample of the easy, simple style of the authoress:

"Valsevine seated herself like the others on a high stool. Her new blouse was a little too long, and caught at the knees. She folded her hands, as she knew a good little girl ought to fold them, and looked round at the others, as Madame Reny had told her to do. She remembered her father had chosen this trade for her a long time; and she felt glad at the thought he was not so unhappy as he might have been in prison, now that he knew his daughter was working at the diamond-cutting." And so on, reminding one of the old-fashioned tales that children of thirty or forty years ago were brought up on.

The story of "Catiche," who had St. Vitus' dance; and was so called by the ward-sister, because that was what she called all little girls who had St. Vitus' dance. "When she heard that was to be her name, she became furiously angry. She threw off her blanket, and wanted to beat the sister. She twisted and turned like a little worm, and said in her hoarse voice, 'You will see.' A nurse ran up and dabbed a wet cloth in her face, while the sister held her down on the bed. She refused to eat. They pinched her nose, to make her open her mouth; but she opened her lips only, and breathed through her clenched teeth." We commend this soothing treatment to our professional readers.

"Wolves! Wolves!" relates how old Granny refused to be operated upon; she said, "The pain is inside, but I have had it so long that I have got used to it now." Her daughter—a big woman, with a pointed nose and hard eyes—said, "If you won't let them operate on you, I will sell the donkey." And all the patients burst out laughing. A little thin, dark woman, in the ward, said she had come to before her operation was over, and four men had to hold her down, while the wound was being stitched up." It is not surprising that the fear of it broke down the old woman's mental balance, and she cried, "Wolves! Wolves!" all night. H. H.

COMING EVENTS.

November 30th.—The League of St. Bartholomew's Hospital Nurses. General Meeting, Clinical Lecture Theatre, 3 p.m. Social Gathering, 4 p.m.

December 3rd.—The Infants Hospital, Vincent Square, S.W. Lectures on Babies, "The Effects of Boiled Milk on the Infant and Child."

December 4th.—Irish Nurses' Association, 34, St. Stephen's Green, Dublin. "Flies and Disease," by Dr. McDowel Congrave.

December 4th.—Bridge Drive, arranged by Miss Carson-Rae, Café Cairo, Dublin. Tickets, 3s. each.

December 6th.—The Nurses' Co-operation. Show of the Nurses' Needlework Guild, in the Club Room, 35, Langham Street, W. Tea, 3.30 to 5.30.

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 REGISTRATION FEE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM—I have often heard nurses say "I'm against State Registration because I should have to pass another examination and pay £5 5s." I was pleased to see in the BRITISH JOURNAL OF NURSING report of the Matrons' Council Meeting at Wigan that you made it quite plain that the Registration Bill is not retrospective, and that in fact "all reputable trained nurses" might register during the three years' term of grace without further examination for the fee of £2 2s. And further that, after the term of grace, before registration all nurses would have the great advantage of competing in a one-standard examination (as provided by the Midwives Act for Midwives), and if successful would be granted the protected title of "Registered Nurse," and that the examination fee of £3 3s. would provide them "with the highest standard of medical and nursing examiners."

What a change is here. Do not many of us know how casual is both the teaching and examination as at present conducted, and what a tremendous effect it would have on nursing if the one portal could be instituted, and we could know what we had to learn, and that we should be efficiently instructed? I think a fee of £5 5s. for examination and registration very little to pay for the benefits to be received. Personally, I have spent much more on private supplementary study, before I felt fit to face the nursing of all sorts of patients in private nursing. My C.M.B. cost me £20, with fees and books. We seldom hear a nurse grumble at the fees from £15 to £30 to be paid for studying for the C.M.B., but because she gets her general nursing free, the fact of being called upon to pay £5 5s. for legal status as a general nurse appears superfluous. It might be if it ended there, but it does not. At present a four years' certificate from a leading training school stands for very little in the open market. Any one trained or untrained stands elbow to elbow with the certificated nurse, and charges equal fees from an exploited public.

This has been distinctly demonstrated by the army appointments, the Bart's Matronship, the untrained women who have dashed off to the Balkans, raw probationers used in nursing homes, the "mill hand" as cottage and village nurse in competition with the highly skilled Queen's Nurse, and inspected by the same officials; no representative on the Advisory Committee of the Insurance Commission, no trained Matron on the

British Red Cross Committee, or on the Council of Queen Victoria's Jubilee Institute. This is how nursing experts are ignored at present. In fact, lack of professional experience is apparently the only qualification demanded to fit men and women to compose those bodies, deputed to organise and supervise our skilled work!

How long are we going to submit to it? We are skilled professional workers, and our standards and our economic interests are the sport of persons who have never done one honest day's bread winning, or, so far as many women are concerned rate-paying, in their lives.

Surely every nurse worth her salt would be willing to pay £5 5s. for the incalculable advantage of providing for a Central Governing Body largely elected by the profession themselves, which would understand their professional needs, and further them. Both in the interests of the sick and those who spend years of their lives in qualifying themselves to nurse them, I for one would willingly pay much more. It would be cheap in comparison with the price we now pay.

Yours truly,

MEMBER R. N. S.

TO CORRESPONDENTS.

The Editor begs to thank several old friends for their very kind letters sent to the JOURNAL referring to the happy event to take place on December 14th. It is not because she does not appreciate their sentiments that they are withheld from publication, but because a becoming editorial modesty naturally demands it!

OUR CHRISTMAS COMPETITION.

TOYS FOR TINIES.

Four Five Shilling Prizes will be awarded in December for the best toys made at the cost of not more than 6d. The toys must be sent to the Editorial Office, 20, Upper Wimpole Street, London, W., by December 14th, with the coupon which will appear in the issue of December 7th. All the toys will be distributed to poor children under five years of age, so they should be made to meet the tastes of tinies.

OUR PRIZE COMPETITIONS.

December 7th.—What is cholera, its symptoms, the treatment usually prescribed, and the nursing points to be observed?

December 14th.—Describe the treatment of Rodent Ulcer.

December 21st.—How would you amuse a convalescent child aged 5 to 8 years isolated with infectious disease?

December 28th.—What symptoms would lead you to suspect apoplexy? Give nursing treatment of apoplexy.

The Midwife.

THE STORK.

The pupil-midwives trained at the General Lying-in Hospital, York Road, wear a charming armband with a neat little design of a stork. The armband is of white linen, the stork and the letters "G.L.I.H." are embroidered in blue. "But why the stork?" someone may ask; a few details about the bird may convince of the suitability of the emblem.

The common Dutch name for the bird is *ooyevaar*, which can be traced through many forms to the old word *odeboro*, "the bringer of food." The word stork (German *storch*) comes from a word *storge*, meaning "natural affection." The Hebrews called it *chaseda*, which signifies pity or mercy, and by the Romans it was called the "pious" bird; the Emperors that merited this title had this emblem on the medals struck in their honour. The bird therefore has a happy name well justified by its character.

There are about twelve species of stork, but the one most generally known is the common or white stork (*cinchona alba*). It is a migratory bird. "The stork in heaven knoweth her appointed times" (Jeremiah). It is found in Holland, Germany, Poland, Turkey, Asia Minor, Persia, &c.; its eastern range extends to Japan; it frequently takes up its winter quarters in Egypt. It is very rarely found in the British Isles. The stork arrives in the northern countries in February or March, and returns to Africa at the end of the summer in large flocks by night. So punctual is it in its reappearance that the Persians had a festival in their almanacs, "The Coming of the Storks." They return to their nests of the previous year. The favourite spots for these are the tops of tall trees, roofs or spires; in Holland and some other countries large boxes or cart-wheels are placed on houses to tempt the young birds to build thereupon, so cherished is the bird. There is a quaint superstition that the stork never builds on a bad man's house. Four to five eggs are laid; these are white pitted with granular depressions; the incubation period is a month. Both male and female are devoted to their young and to the old birds of the flock. Who has not heard of the storks at the conflagration of Delft, who,

failing in their efforts to save their young from the flames, remained with them and perished?

In a German newspaper there appeared the following charming and well-authenticated observation on the parental devotion of the birds. A house on which storks had built their nest and hatched their young took fire. The parent birds were seen flying to a ford, where they plunged into water; they then returned to the nest, flapped their wings vigorously, then returned again and again to the water, and by means of sheer ingenuity succeeded in so soaking the surroundings of the nest that it was saved from burning; in the meantime the fire had been got under control. Though the stork is benign as a rule, if ill-treated or insulted it shows plenty of spirit. A tragic story is told of the results of robbing a stork's nest. A collector was very keen to get an egg as a specimen; he therefore climbed up and abstracted one, substituting in its place a goose's egg; the change was apparently unnoticed, and finally the hatching took place. There was much ado at the nest when the intruder was discovered. The male bird disappeared on the first day, and reappeared on the fourth day with a huge flight of storks. The female continued to sit on the nest, looking depressed and scared. A solemn parliament was then held, several storks appearing to address the rest; then, with dismal cries, the mate, followed by a great number of his allies, set upon the female and destroyed her, the young gosling, and the rude nest of twigs.

The white stork is about 3½ feet in length; its bill is larger than its head; the gait is slow and measured, its flight high and powerful. It frequents marshes, and feeds on eels, frogs, lizards, snakes, young birds, and offal. In many towns it plays the part of sanitary commissioner, and wanders unmolested through the streets, clearing them of garbage. There are laws protecting the birds from injury, so great is the service they render.

There are numerous legendary tales and many proverbs about the stork. In Holland and Germany the little children think the stork brings the babies to their mothers, either fetching them up from a well or from under a bush. In the following dainty poem Ella Wheeler Willeox weaves this popular idea into verse.—

BABYLAND.

Have you heard of the Valley of Babyland ?
 The realm where the dear little darlings stay
 Till the kind storks go, as all men know,
 And oh ! so tenderly bring them away ?
 The paths are winding and past all finding
 By all save the storks who understand
 The gates and the highways and the intricate
 byways
 That lead to Babyland.

All over the Valley of Babyland
 Sweet flowers bloom in the soft green moss,
 And under the ferns fair, and under the plant
 there
 Lie little heads like spoofs of floss.
 With a soothing number the river of slumber
 Flows o'er a bedway of silver sand,
 And angels are keeping watch o'er the sleeping
 Babes of Babyland.

The path to the Valley of Babyland
 Only the kingly, kind storks know.
 If they fly over mountains or wade through
 fountains,
 No man sees them come or go.
 But an angel maybe, who guards some baby,
 Or a fairy, perhaps, with her magic wand
 Brings them straightway to the wonderful gateway
 That leads to Babyland.

And there in the Valley of Babyland,
 Under the mosses and leaves and ferns,
 Like an unfledged starling, they find the darling,
 For whom the heart of a mother yearns.
 And they lift him lightly, and snug him tightly
 In feathers soft as a lady's hand.
 And off with a rockaway step they work away
 Out of Babyland.

As they go from the Valley of Babyland
 Forth into the world of great unrest,
 Sometimes in weeping he wakes from sleeping
 Before he reaches his mother's breast.
 Ah ! how she blesses him, how she caresses him !
 Bonniest bud in the bright homeland,
 That o'er land and water the kind stork brought
 her
 From far-off Babyland.

There is a popular saying that in the house
 over which the stork builds its nest the mother
 never dies in childbirth—so may it be where
 the York Road "storks" go.

We see the stork, then, as a "bringer of
 good," tender to the young and aged, full of
 natural affection, with a high standard of
 morals; a valuable assistant to the sanitary
 authorities, warmly welcomed in its periodic
 visits, faithful to its old haunts, punctual,
 gentle, spirited if wronged. York Road, then,
 has well-chosen "the stork" as an emblem
 for the midwives trained there.

M. O. H.

THE CENTRAL MIDWIVES' BOARD.

A meeting of the Central Midwives' Board was held at Caxton House, Westminster, on Thursday November 21st, Sir Francis Champneys presiding.

REPORT OF PENAL CASES COMMITTEE

Final reports, requested by the Board from the Local Supervising Authorities, were received in nine cases. On the recommendation of the Penal Cases Committee, it was decided to take no further action in seven cases. In the remaining two, as the reports were unsatisfactory, it was decided to cite the midwives to appear before the Board.

Interim reports were received in seven cases. In one it was decided to cite the midwife to appear before the Board; and in another, to adjourn the case for further information.

A letter was considered from the Governor of H.M. Prison at Leeds, notifying the conviction of a certified midwife at the Barnsley Borough Petty Sessions, for assault; and that she had been sentenced to ten days' hard labour, or a fine of 31s. It was decided to cite the midwife to appear before the Board.

On the recommendation of the Penal Cases Committee, it was decided to cite thirty midwives to appear before the Board, making thirty-two in all.

REPORT OF STANDING COMMITTEE.

The following letters were considered:

(1) From the Secretary of the Monmouthshire Training Centre for Midwives, reporting that a false reference from the Matron of the Monmouthshire Maternity Home had been given by a certified midwife, with the view of obtaining a position at the King Edward VII. Hospital, Windsor. The Standing Committee recommended:

"That the facts be laid before the local police, and that, failing action by them, the matter be laid before the Public Prosecutor; and that, failing action by him, the matter be referred to the Penal Cases Committee."

Mr. Parker Young moved the following amendment, which was seconded by Miss Paget, that
 "As this is a case which is punishable at law, the two institutions be informed accordingly."

The amendment was lost, and the recommendation of the Standing Committee adopted.

(2) From Dr. J. C. Heaven, Acting Inspector of Midwives for Bristol, enquiring whether an uncertified woman, practising as a midwife who makes no special charge for her services, but accepts whatever her patient likes to give her, is practising as a midwife for gain and consequently within the terms of Section 1 (2) of the Midwives Act, 1902.

It was decided to reply that the answer be that the question raised has not yet been settled in law; and that the only way to settle it is by instituting a prosecution under the Act Section 1 (2).

(3) From the Hon. Secretary of the Norwich Maternity Charity, submitting the applications of Dr. Arthur Crook and Dr. Ernest Bertram Hinde

for approval as Supervisors at the Written Examinations, held at Norwich. The applications were granted.

(4) From the Clerk of the Middlesex County Council, as to the difficulty of prosecuting uncertified women under Section 1 (2) of the Midwives Act, 1902, for practising as midwives. From Dr. J. R. Kaye, County Medical Officer for the West Riding, on the same subject.

It was agreed that a copy of the correspondence be sent to the Privy Council.

APPLICATIONS.

The applications of seven midwives for the removal of their names from the Roll were received, and it was decided that the applications be granted.

The applications of Dr. Norman Barnet Benjafield and Dr. Robert Douglas Laurie, for recognition as teachers, were granted.

The applications of Mr. Samuel T. Lord, M.R.C.S., and Dr. Theodore F. Dillon, for recognition, under Rule C (1, 2), were granted *pro hac vice*.

The applications of the following certified midwives for approval, under Rule C, 1 (2), were granted: Misses Clara Elizabeth Smith, District Midwife, Royal Maternity Charity, London; Hannah Matilda Wright, Wealdstone; Jane Margaret Ostle, Hammersmith; Minnie Page, Chelsea; Jane Anne Scholfield, Midwife for the Borough of Portsmouth Maternity Charity, and Elizabeth S. Tate, Lady Superintendent Ulster Hospital for Children and Women.

The Secretary presented his report on the recent examination, which he stated was the largest ever held.

The meeting then terminated.

CONVICTION UNDER THE MIDWIVES ACT.

The Midwives Act Committee reported to the London County Council, on Tuesday, in connection with the legal proceedings, instituted by the Council against Nora Rolfe, of No. 6, Heckfield Place, Fulham, for having habitually and for gain practised midwifery, contrary to the provisions of Section 1 (2) of the Midwives Act, 1902, that the case was heard at the West London Police Court, on November 8th, 1912, when she was convicted, and sentenced to one month's imprisonment, in default of paying a fine of £2 with £1 5s. costs.

MATERNITY NURSING ASSOCIATION.

A fancy fair was held last week on behalf of the good work being done in connection with the Maternity Nursing Association, 63, Myddleton Square, Clerkenwell. The Mayor of Finsbury, Alderman H. B. Barton, J.P., was present, wearing his chain of office, and the proceedings were formally opened by the Viscountess St. Aldwyn, who spoke of the benefit of the skill of the staff and their wonderful influence in the interests of

sobriety, morality and goodness. There were a number of attractive stalls, the Provision Stall being in charge of Lady Leach, and the Hon. Treasurer, Miss Blunt; and Miss Muriel, the Matron, and the staff of the Home presided over the Fancy Stall. The receipts amounted to about £150.

THE DANGER OF EARRINGS FOR INFANTS.

Just why the poor baby should sport a pair of earrings in this practical age probably no one can explain, says the *Dietetic and Hygienic Gazette*. It is true, just the same, that the practice of piercing baby's ears has survived from an earlier stage, and our district nurses will encounter such cases occasionally. Epstein has been making investigations into the hygienic significance of this procedure and his report in a German periodical is reviewed for the *Archives of Pediatrics*, from which we quote:

Very little has been said about the danger of earrings in infants. Infections of all kinds and severe cases of eczema may result from the wound which has been made during ear piercing in infants. Epstein reports a few cases from the literature in which it has been conclusively shown that tuberculosis may result from ear piercing. He also reports two cases which he had observed and which had developed tuberculosis in this same way (infection from ear piercing).

A relic of barbarism is this custom, without a doubt. Now that we are sparing no pains to keep babies clean inside and out, let us be vigilant in cases where the baby is liable to be imposed upon in this outrageous way.

THE CARE OF LYING-IN WOMEN.

The case with which a woman can "gain a connection" in caring for lying-in patients or the sick is exemplified in the case which we recorded last week, when the solicitor of a woman summoned for breaches of the Midwives Act, of which on one charge she was exonerated, told the Court that she took up the work by accident, having been called in in an emergency in the first instance, and subsequently gaining employment because she was passed on from one case to another. Of course, she cannot practise as a certified midwife. The Midwives Act protects the lying-in woman from being attended by those who have not a certain amount of knowledge, but no minimum amount of knowledge is required before a woman can practise as a nurse. Surely it is time that professional nurses, who know the need of skilled nursing for lying-in women, and the dangers that beset them if their attendants are not skilled, left no step unturned to secure a minimum standard for registered nurses. There are many people even at the present day who think that a kindly woman is all that is necessary for a nurse for the sick—instinct will do the rest. We who know differently should not be content till every member of the public knows it too.

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EDITORIAL.

A DEGREE IN NURSING.

An interesting development of the work at Teachers' College, Columbia University, New York, affecting the Course of Nursing and Health, is the division of the College into two Departments, the School of Education, and the new School of Practical Arts. The report of Miss Nutting, the Director, to the Annual Meeting of the Society of Superintendents of Training Schools for Nurses, which, it will be remembered, initiated the course (at first known as the course in Hospital Economics) is published in full in the transactions of the Society, and shows how the good work, quietly begun by a few Superintendents, has prospered, till now a student at Teachers' College working for a degree, may receive substantial recognition for time spent in hospital while taking her practical nursing course. She enters the School of Practical Arts direct from a high school, takes her preliminary sciences in one or two years, enters a nursing school, and if the work done in the school is of a high character, with good solid theoretical courses, it is counted towards the degree, and the student can return on the satisfactory completion of her course to finish work for her degree.

This is the first time that any college has undertaken to give credit for the years spent in a nursing school, and, as Miss Goodrich pointed out when the report was presented, Miss Nutting is mainly responsible for having secured this recognition.

The result of this achievement is that New York must be accorded the position of leader in the world of nursing education, for nowhere else has nursing been organized on such liberal lines, or accorded a place in the university curriculum. We congratulate the American Superintendents, and especially Miss Nutting, on the result of

their public spirited work, and American nurses on the unique educational advantages which have been secured to them. Is it too much to hope that since it is too late for this country to have the honour of leading the way in the organization of nursing education on university lines, it will at least not delay to recognize that this is the place where it rightly belongs, and that the authorities of the Nursing Schools of the large London and provincial hospitals will seek to place these schools in the relations to University education which have already been established with such excellent results in the case of medical education.

Nothing would counteract more effectively the downward grade of nursing in this country, and that this is necessary cannot be doubted. On all sides one hears the opinion expressed that the type of woman entering the nursing profession does not compare favourably as to education, physique, or endurance with that which was available a quarter of a century ago. There is, indeed, little to attract the more intelligent class of woman to nursing at the present time, except her irradicable love of humanity and her desire to serve it. The quality and thoroughness of the training received is uncertain, there is no legal recognition of qualifications at its conclusion. There is nothing to differentiate the thoroughly trained, competent nurse in the public mind from the incompetent and half-trained woman, and promotion is almost invariably the result of influence rather than merit.

To give a guarantee of a thorough professional training, followed by legal status, is the surest means of inducing the most conscientious type of candidates to seek admission to nurse training schools.

It is to be hoped that the example of organization in the United States of America may be our inspiration.

MEDICAL MATTERS.

THE HYGIENE OF THE BRAIN WORKER.

The *British Medical Journal* for November 30th contains a most interesting article on "The Hygiene of the Brain Worker," in which we read that brain workers, like those whose sphere of labour is more mechanical, suffer from what may be called, in a special sense, professional diseases. These depend partly on the nature of the work, partly on the conditions under which it has to be done. The life both of the scientific and of the literary worker is one that places great strain on the nervous centres. The brain, like the muscles, is liable to fatigue when used too intensely or too long. This fatigue is the result of a process which brings about changes in the constitution of the blood. These necessarily react on the circulatory apparatus, causing more or less disorder in its action. This disorder is re-echoed throughout the system; the stomach, the liver, and the other organs suffer to some extent, each after its kind. In a word, fatigue of the brain entails fatigue of the body generally. Even the muscles lose something of their vigour, and diminution takes place in the resistance of the body to harmful influences. . . . It has been proved experimentally that brain work causes actual waste of tissue, an amount of organic refuse being thrown out of the body which corresponds to the intensity of the mental activity. It has also been shown by the thermometer that the brain is heated by work; this, of course, means increased combustion. . . . Hence the very conditions of intellectual work tend to upset the balance of power in the organic functions of the body which constitutes health. When depressing influences, such as poverty, anxiety, or ill-health are added to these conditions, the strain of intellectual life is at its maximum.

Among the main causes of the strain of brain work is want of sufficient sleep, which, we are told, will in time wear out the finest and strongest brain. All sorts of disorders—neurasthenia, melancholia, disordered nutrition, convulsive disorders—result from want of sleep. Lastly, a word of warning is given concerning intermittent excesses in the way of exercise. Till an anti-toxin is discovered which shall neutralize the toxin of fatigue, brain workers are urged not to be too strenuous in their use of the week-end holiday, as they become poisoned by an excess of waste products engendered by unwonted exertion.

CLINICAL NOTES ON SOME COMMON AILMENTS.

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

DISORDERS OF MENSTRUATION.

It has been recently pointed out to me that I have not included in this series of articles any description of the common irregularities in the menstrual process to which many women are subject, and it was further stated that in the ordinary text-book of gynaecology the articles on this subject are often written in somewhat involved language. I purpose, therefore, giving firstly a short description of the phenomena of normal menstruation, and then discussing the chief variations from this type, together with the treatment of the distressing symptoms to which they give rise.

The difficulty with regard to the descriptions in the text-books lies in the fact that the whole process of menstruation is but imperfectly understood, and that there are several rather different theories to account for its phenomena. Inasmuch as a text-book is written mainly for students who have to pass examinations on the subject, it is necessary that these theories should be discussed, but for our purpose this is not essential, and we can, therefore, omit confusing details for the purpose of gaining a clear idea of the *rationale* of the subject.

The essential feature of menstruation is that it accompanies, and is secondary to, ovulation. In healthy women, at intervals of 28 or 30 days an ovum escapes from the gland which manufactures it—and which is called the ovary—into the abdominal cavity.

Except in very abnormal circumstances, it does not lie there, but is picked up by the end of the Fallopian tube, or oviduct, as it is sometimes called, and conveyed into the uterus. There it either meets with the male element, which is a microscopic body known as a spermatozoon, or it does not. In the former case the two combine and develop into a foetus, and pregnancy ensues, or it is cast out from the uterus altogether in the process which is known as menstruation.

The ovum itself is so small that it can only be seen under a powerful microscope, so it is obvious that something more than this is shed also. What happens is that every time an ovum reaches the uterus and is not fertilised, either the whole, according to some authorities, or the superficial layer, according to others (the difference does not matter to us in the least), of the lining membrane of the uterus breaks up into its constituent cells, and leaves

the body in the form of a discharge. The separation of the lining is accompanied by some hæmorrhage, the amount of which varies in normal women within very wide limits, and at different times and ages, and this gives the discharge its characteristic appearance.

In savage races, and in some very healthy civilised women, this process is entirely painless, but in the average woman there is normally a certain amount of pain—which is commonly felt in the back, and is most marked at the onset of the flow—and there are also symptoms of general discomfort, such as lassitude and headache.

Normally the total quantity of the discharge is from two to eight ounces, and the period lasts for from two to eight days. The interval between successive periods is most commonly 28 days, but it may be less than this—down to 21 days—without there being necessarily anything wrong with the patient. The periods begin as a rule at the age of 13 to 15, and cease gradually between 45 and 50, which latter event is known as the menopause. Menstruation is normally absent during pregnancy and lactation.

So much for the normal. We can have deviations from this either in the quantity of the discharge, in the frequency of the periods, or in the symptoms which each period produces. Classifying these, we get:—

Amenorrhœa.—Absence of the period altogether.

Menorrhagia.—When the flow is too profuse.

Dysmenorrhœa.—When the process is accompanied by an excess of pain.

We will now discuss each of these separately.

Amenorrhœa may be due—apart from pregnancy or lactation—either to some constitutional ailment or to disease of the genital organs themselves, the former being by far the most common, by reason of the fact that pelvic disease more often gives rise to excessive, irregular, or painful menstruation, than to cessation of the flow.

Still, the trouble is sometimes in the uterus or ovaries, and the first point is whether the patient has ever menstruated, or whether the periods have ceased after having been well established. In the former case there is almost certainly something abnormal which has existed from birth, such as absence of the uterus altogether, or congenital defects in the ovaries, or it may be some obstruction in the vagina to the flow. We need not dwell on these, as it is simply a question of making a proper examination and discovering the defect.

Of local causes for cessation of menstruation after it has been well established, the com-

monest are inflammation of the tubes and ovaries from gonorrhœal infection, and ovarian cysts. The former acts by sealing up the ends of the oviducts, so that an ovum, even if the ovary is healthy enough to produce one, is not able to reach the uterus. This is not the place in which to dilate upon the evil effects of gonorrhœal inflammation in the female, as amenorrhœa is one of the least important of its results, but one cannot pass the subject by without observing that it is usually contracted by the female in entire innocence, and in consequence of ignorance, which is the more inexcusable because it is in the majority of instances entirely unnecessary, and is due, in fact, to the shirking of responsibility, not only by parents, but also, unfortunately, by teachers also. In any case where marriage is contemplated, and previous gonorrhœa is possible, evidence should first be obtained by bacteriological examination that the risk of infection no longer exists before union should be permitted.

The commonest causes of amenorrhœa, however, are two—namely, phthisis and anæmia. It should be mentioned, however, that it is not uncommon for temporary amenorrhœa to occur in young girls when a sudden change takes place from a sedentary to a laborious life; thus, it is often seen amongst new probationers in a hospital. This type should cause no alarm, as it tends to disappear by itself, or with the assistance of a general tonic.

Amenorrhœa in anæmia is really conservative, and is simply an effort of nature to guard against any avoidable loss of blood. As it almost always disappears on marriage, it need give rise to no apprehension. Still, it is an indication for treating the anæmia in the manner described in a previous article. When due to phthisis, it is often one of the earliest symptoms of this disease, and it should always be taken as a reason for examining the chest. Under open-air treatment, the flow often returns.

There is really no drug that will of itself cause the return of a flow which has ceased, and the remedies advertised for this purpose are often worse than quackery. Both in anæmia and in phthisis, iron is useful, and it may often be combined with arsenic and manganese; it is essential that any tendency to constipation should be treated.

(To be continued.)

An interesting lecture, which attracted a large audience, was delivered on Friday, November 20th, by Dr. J. C. Rankin, on "Skin Diseases and their Treatment," to the Ulster Branch of the Irish Nurses' Association

THE PREPARATION OF PATIENTS FOR AN INJECTION OF 606.

At the present day neo-salvarsan is fast replacing the original 606, otherwise called salvarsan. Not only is the drug at least as successful in its therapeutic effect as the original, but it has also the additional value of easy preparation and an almost entire absence of ill effects.

Every patient who undergoes this treatment should be prepared as for operation, except that the enema should be omitted. An aperient should be given overnight, and a very light breakfast of tea, bovril, or suchlike diet. Milk should be avoided, as its tendency to produce vomiting has been repeatedly proved.

As regards the actual preparation of the skin, iodine is sometimes used, but experience shows that this so stains the skin, especially when applied to the arms of rather stout patients and women in particular, that it makes it very difficult to trace the veins. The application of ether just before the injection is therefore advocated.

Doctors who have given a large number of injections find that it is better to give them as early in the day as possible, largely on account of the psychological effect the delay produces on the patient.

After an injection of the old 606, in spite of all that may be done in the way of careful preparation of the patient, the use of freshly distilled water, filtering the solution, &c., rigors, diarrhoea, vomiting, sweating, headache, and even more serious complications may be expected. With the use of neo-salvarsan, if carefully given, ill-effects are rarely noted, and it is quite usual for the patient to sleep for the remainder of the day. Indeed, it may be given in a consulting room and the patient then driven home, but absolute rest must be ensured on his return.

As regards food after an injection of neo-salvarsan, soup, fish, bovril, or the like may be given in about four hours; but with the old 606 it is advisable to wait a little longer, and milk should be avoided.

With an injection of the original, complete rest in bed is essential, otherwise syncope is not unknown. A close watch should be kept on pulse and temperature, and every careful administrator will want to know the amount of urine passed, its character, and to examine for albumen, &c.

Most doctors bring their own apparatus, but a piece of rubber tubing and an old pair of

artery forceps should be provided to dam back the flow of blood in the veins, and also a plentiful supply of hot water. Means should be at hand for warming up the saline or distilled water which the administrator as a rule brings with him.

After the administration, especially with the older drug, any secondary rash may become more brilliant and urticaria may develop. Patients sometimes complain of tasting the drug, tingling sensation in the tongue, and not uncommonly, on the next day, of a mild attack of tonsillitis.

The administration of the drug is a knack, and consists largely in penetrating successfully the lumen of the vein (the median cephalic or basilic being chosen), without the escape of the prepared solution into the perivascular tissues and without an incision being made over the long axis of the vein, the technique of infusion being adopted. At the present day several doses are given, and obviously, should the vein have to be exposed, patients would resent multiple incisions.

The principle of an injection is that, the veins of the forearm having been made as tense and prominent as possible, a needle, attached to a rubber tubing having in close proximity to its base a glass window, is thrust into the vein, and saline, which is contained in a receptacle attached to the distal end of the rubber, is allowed to flow into it. Immediately the puncture is made any administrator who has not had sufficient experience to tell by the feel (which one cannot describe) should lower the receptacle below the level of the arm and ascertain, by the presence of dark venous blood in the window, that he has successfully perforated and entered only the chosen vein. Having ascertained this the receptacle is raised, and at the same time a piece of india-rubber tubing fixed round the arm by the artery forceps is removed. The arm, cleaned with ether, lies horizontally on a pillow covered by a sterilised towel. The solution of the drug is now allowed to flow, and from $\frac{1}{2}$ to $\frac{3}{4}$ pint of fluid in all passed into the circulatory system, a small quantity of saline following the 606 solution so as to wash the apparatus through.

Nearly each administrator of note has his own apparatus, but the above description indicates the principle. All sorts of devices are used for the avoidance of air bubbles, and a nurse will do well to carefully examine the construction of the apparatus which may be handed to her to take to pieces and sterilise before use, so that she may be able to put it together afterwards.

K. H. W.

OUR PRIZE COMPETITION.

WHAT IS CHOLERA, ITS SYMPTOMS, THE TREATMENT USUALLY PRESCRIBED AND THE NURSING POINTS TO BE OBSERVED?

We have pleasure in awarding the prize this week to Miss S. Simpson, Borough Sanatorium, Bridlington.

PRIZE PAPER.

Cholera is an acute disease, of which the principal features are the profuse discharge of watery evacuations from the bowels, vomiting, collapse, cramps in the calves and feet, and suppression of urine.

Cholera is communicable from man to man, and may occur in epidemics; it makes but little distinction of sex, age, or condition. There is frequently a premonitory stage of diarrhoea, or, in the absence of diarrhoea, the patient is depressed and uncomfortable, and complains of headache, vertigo, noises in the head, or oppression at the epigastrium, and this stage lasts from one to two or three days. Then the patient is seized with violent diarrhoea, and the discharges soon lose all biliary colouring matter and look like whey, or water in which rice has been boiled (rice-water stools). These are neutral or slightly alkaline. Sometimes the stools have a pinkish tinge from the admixture of blood. The purging is accompanied by very little pain or griping. After one or more hours of purging, vomiting sets in; at first food is ejected, then a whey-like fluid like the intestinal discharges. The vomiting is easy, often a mere regurgitation. The patient suffers from anorexia and thirst, the tongue is white and may become dry, and the epigastrium is sensitive to pressure. At the same time there are severe and extremely painful cramps in the calves and the legs and feet, and less often in the hands and trunk. Soon the patient sinks into collapse—the algidæ stage. The surface of the body becomes cold and livid, the hands and feet, face and nose are pinched and blue, the eyes are sunken and the breath is cold.

The axillary temperature falls, four or five degrees below normal, although in the rectum it may register 100° to 104° F. The pulse is small, thready and almost imperceptible, numbering from 50 to 100. Respirations are short and quick, from 30 to 40 a minute. There is great muscular prostration, but the patient is restless, throwing his limbs about, and the voice is hoarse or he may lose his voice altogether. In cases that survive the collapse there is a gradual rise of temperature. The skin begins to regain its natural colour and lose its shrunken appearance, the cramp and rest-

lessness cease, the pulse improves and may become slower than in health. The face becomes congested with patches of dusky redness; the conjunctivæ are injected. This is the first stage of reaction, and, if there is no relapse, it goes on to recovery.

In the first stage the diarrhoea may be treated with opiates or astringents, but these are no good in the pronounced stages of the disease itself, as whatever is introduced into the stomach will be vomited again or will be unabsorbed from the inactive condition of the circulation. Stimulants may be given with caution, and some relief may be obtained from sucking ice.

Cold compresses will relieve the præcordial distress. Small doses of morphia subcutaneously or gentle friction with chloroform will relieve the cramps. The condition of collapse may be combated by supplying heat by means of warm blankets, hot bottles (protected by flannel bags) placed to feet and thighs.

The intravenous injections of saline solutions do good in cases of profound collapse. In the stage of reaction, the patient should be kept cool; diarrhoea, if it continues, should be treated by opiates and astringents; the vomiting by effervescing draughts or by opium. Light, nutritious food should be given frequently and in small quantities. If there is much vomiting it may have to be given per rectum.

Continued suppression of urine will require small doses of salines and counter-irritation, or cupping glasses to the loins.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss A. Wellington, Miss O'Brien, Miss S. A. G. Lett, Miss M. Dods, Miss Macfarlane, and Miss B. James. Several of the papers were of a high standard, so that there was some difficulty in awarding the prize.

Miss A. Wellington states that the word "Cholera" comes from two Greek words meaning "bile" and "I flow."

Cholera has two distinct forms—simple cholera and malignant cholera—and though essentially different they may present many symptoms of resemblance.

Miss M. Dods defines cholera as a severe, malignant, infectious disease due to a definite germ (Koch's bacillus). It is rarely seen in temperate regions, or in places where sanitation and water are good, and only then when introduced by persons already suffering (probably in a mild form) from the disease, having brought it from the tropics. It is usually epidemic, though in many places it is

endemic, sporadic cases occurring at all seasons. Sometimes the infection will lie dormant in the soil for a year or more, and then break out as a raging epidemic in places which are insanitary, as when soldiers camp on infected soil and drink polluted water. . . . The infection may also be carried in clothing which has been soiled by cholera excreta or vomit. It is known that cholera rarely attacks properly trained attendants on the sick in a well-regulated hospital, but it may easily be contracted by those who are not careful, and eat with infected hands.

Miss Dods also draws attention to the fact that when the patient is collapsed it is not easy to judge the moment when death occurs, and great skill and experience are necessary. Cases have occurred amongst natives in India in which patients who are not dead have been placed in a mortuary.

The three stages—(1) of profuse evacuations, late of the characteristic rice-water type, (2) of collapse, when the patient becomes cold and clammy and the temperature sinks to 94° or 95°, terminating (3) either in coma and death, or in reaction and recovery—are mentioned by most competitors.

Miss Lett states that as regards herself the nurse must attend to her own health by taking regular meals and sufficient rest, being very careful as to what she eats, avoiding tinned fruits, meats, &c., raw or stale vegetables, pastry, cheese, nuts, or, in fact, any indigestible foods. She must keep her person and clothing in a condition of absolute cleanliness. The hands and forearms must be thoroughly scrubbed and disinfected after attending to the patient, before leaving the room and before partaking of food. Food must on no account be taken in the sick room.

All dusting must be done with a duster wrung out in 1 in 20 carbolic acid and the floor swabbed over with the same.

The nurse must remember herself, and impress on the other members of the household, not to neglect the slightest symptoms of diarrhoea.

QUESTION FOR NEXT WEEK.

Describe the Treatment of Rodent Ulcer.

We are pleased to learn from local sources that much interest has been aroused in the State Registration question, through the recent meeting of the Matrons' Council at Wigan, and it is suggested that meetings should be held to explain the aims of the Bill at Liverpool and Manchester. Perhaps this may be done by-and-by.

THE LEAGUE OF ST. BARTHOLOMEW'S HOSPITAL NURSES.

The Winter General Meeting of the League of St. Bartholomew's Hospital Nurses was held on Saturday, November 30th, at St. Bartholomew's Hospital, E.C. Miss Cox-Davies, President, was in the chair. After the minutes had been read by the Secretary, the President drew attention to the useful work accomplished by the Benevolent Fund for the last two years in making provision for the care of a former Sister of the hospital, and providing her with money for her small needs. She passed away in October, and the League sent flowers and was represented at her funeral. It was, she thought, one of the most helpful things the League had done. She appealed for donations to the fund from all members of the League. If each would give a shilling a year its usefulness might be extended.

The next business was to elect an Hon. Treasurer, in place of Miss Whitley. The President said that the characteristic of Miss Whitley's work had been its thoroughness, and it was this characteristic which had decided her to give it up for the present, as her address would be uncertain for a time. The Executive nominated Mrs. Shuter as her successor, and, on the motion of Miss Waind, seconded by Miss Musson, she was unanimously elected, and accepted office.

Miss Cox-Davies then proposed from the chair a cordial vote of thanks to Miss Whitley for her work. Her long-suffering had, she said, been beyond words. On the motion of Mrs. Wates, the vote was extended to include her sister, to whom the League was also indebted for much assistance, and this was cordially carried.

Miss E. M. Hunter, the fraternal delegate sent by the League to the International Congress of Nurses at Cologne, then gave a most interesting report of the proceedings of that unforgettable week, explaining that, though she might relate what had actually happened, she could not hope to convey to those who were not present the inspiration of the occasion. She had travelled out with Mrs. Bedford Fenwick and others, and learnt much about internationalism before she arrived at Cologne. She referred to the excellent organization of the Congress, and to the quiet, effective, personality of Sister Karll, the President, who had been able to inspire the Mayor of Cologne with enthusiasm.

In connection with the Nursing Exhibition, Miss Hunter said that the splints sent by the

Bart's League received much notice and admiration. In Germany splints are usually padded by instrument makers. The Nursing Pageant was filled with solemnity, with the beauty of the spirit of nursing. Miss Hunter described the ceremonial of the opening day—the Welcome, the Watchword, the affiliation of new countries, and the conferring of Hon. Membership of the National Council of Great Britain and Ireland upon Sister Karll by Mrs. Bedford Fenwick in the name of the Council.

At the banquet at the Hotel Disch, Miss Dock was, she said, quite inimitable, and even chafed the Germans in open speech upon their thoroughness.

She concluded by thanking the League for electing her as their delegate, for had they not sent her she would have missed an experience which would be a life-long joy to look back upon.

The thanks of the League were conveyed to Miss Hunter by the President for so admirably representing it, and for her excellent report.

Mrs. Stevens (formerly Dowrie) then spoke, and said that she had recently travelled home from Burma *via* Siberia, and, thanks to the addresses in the League Journal, had been able to visit members in China and Corea, including Mrs. Douglas Gray, Mrs. Weir, and others. The League was greatly appreciated by the members abroad, perhaps even more than by those at home, and she wanted to thank those who had got it up, and kept it going. She brought many messages of remembrance to various Sisters, and to Lizzie (on the door).

The President notified that when the list of members of No. 1 Territorial Hospital was revised shortly there would probably be from eight to ten vacancies.

The meeting then terminated, and the members adjourned to the Nurses' Home, when tea was served.

NURSES' SOCIAL UNION.

The first meeting for this season (1912-13) of the Nurses' Social Union was held on Tuesday, the 26th ult., by kind invitation of Mrs. Herbert Scharlieb, at 49, Wimpole Street, W.

After tea, and a few words of explanation of the special aims of the Union, an address was given by Mrs. Scharlieb, M.D.M.S., on "Pasteur: His Life and Work." The address was illustrated by lantern slides, and was listened to with the greatest interest by about a hundred members.

A vote of thanks to the lecturer was moved and very heartily responded to, and Mrs. Scharlieb, in reply, begged all nurses to read Pasteur's life in order more thoroughly to appreciate his character and the enormous debt owed to him by humanity.

Mrs. Herbert Scharlieb was also warmly thanked for her hospitality and for her sympathy with the aims of the Union.

The address was of extreme interest, and made a promising and delightful beginning to what it is hoped will be a helpful and successful Session.

Dr. Murray Leslie will lecture on *Eugenics* on Wednesday, December 11th, at 3.15, in the Lecture Hall of the Institute of Hygiene, Devonshire Street, Harley Street, W.

Mr. Stephen Paget has kindly promised to be the lecturer in January, and the date and hour of his lecture, with the names and other particulars of the lecturers for February and March, will be announced later.

These lectures are all free to members of the Union, who are requested to wear their badges or bring their cards of membership.

Nurses who are not members will be charged 6d. Admission 1s.

THE JOY OF SERVICE.

We hear that the Nursing Staff of the British Red Crescent Society now working at Scutari are so busy they have no time to think of anything outside their own gates. One sends a few lines, in which she writes: "Our patients are marvellously heroic. Men shot through the lungs, the eye, the jaw, with limbs hanging and every movement an agony, still smile when we dress them, and thank us most pathetically. They are most fine, well-built men, too, and most amusing in their ways. They all look so happy, and those who are able go round and chat on their friends' beds. Of course, our off-duty time is often nil. I cannot describe to you the joy of being of use and of making some of these poor fellows happy. I am glad every hour of the day that I came."

Miss Macqueen, until recently Superintendent of Nurses for England under Queen Victoria's Jubilee Institute, is leaving this week for Salonica, where her work will be the distribution of relief in connection with the Macedonian Relief Fund. Miss Macqueen will stay at an Augustinian Convent, where the Sister-in-Charge is a sister of Mrs. Bishop (Miss Isabella Bird). We are sure the help of so experienced and capable a worker will be invaluable.

Miss Alt, who has been attending cholera patients, has been admitted to the British Hospital at Constantinople, having broken down from overwork. It is not believed that she has cholera, but to trained nurses in this country the breakdown of this heroic nurse from sheer overwork has from the first appeared inevitable.

APPOINTMENTS.

MATRON.

Sanatorium, Haddington.—Miss Helen Forrest has been appointed Matron. She was trained at the Royal Infirmary and the City Hospital, Edinburgh, and has held the position of Sister in the latter Institution.

ASSISTANT MATRON.

Taunton and Somerset Hospital, Taunton.—Miss Elizabeth Whittam has been appointed Assistant Matron. She was trained at Guy's Hospital, London; and is at present Night Sister at the Essex County Hospital, Colchester. She holds the certificate of the Incorporated Society of Trained Masseuses.

Royal United Hospital, Bath.—Miss A. W. Willis has been appointed Assistant Matron. She was trained at the General Hospital, Birmingham, where she has held the position of Sister. She has also held the position of Night Sister at the Hospital for Diseases of the Throat in Golden Square, London; of Temporary Night Sister and of Housekeeping Sister at the Bronpton Hospital; and of Home Sister at the Royal Infirmary, Hull.

SISTER.

Bethnal Green Infirmary, Cambridge Heath, London.—Miss Ellen West has been appointed Sister. She received her training at the Wandsworth Infirmary, and the Chelsea Hospital for Women, and has been Theatre and Ward Sister at St. James's Infirmary, Ouseley Road, S.W. (the new Wandsworth Infirmary), and holiday Sister at the Chelsea Hospital for Women.

General Hospital, Nottingham.—Miss Frances E. Thompson has been appointed Sister. She was trained at the Sussex County Hospital, Brighton; and, previous to her general training, was for four years at the Children's Convalescent Hospital, West Kirby. She has been Charge-Nurse at a Surgical Home, in Bournemouth; and Sister at the Sussex County Hospital, Brighton.

CHARGE NURSE.

Oulton Union Infirmary, near Lowestoft.—Miss Elsie Roy has been appointed Charge Nurse. She was trained at Arbroath Infirmary, and has done private nursing in connection with the Oldham Nursing Association, and has been Staff Nurse at the Hornsea Cottage Hospital, and pupil midwife at the East End Mothers' Lying-in Home, London.

SCHOOL NURSE.

Staffordshire County Council, Stafford.—Miss Florence Mary Leese has been appointed School Nurse. She was trained at the East London Hospital and the West Ham Infirmary, and has held the position of School Nurse at Walsall.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Staff Nurse, Miss Mary Ann Lovett, resigns her appointment (December 4th); Miss Annie Elizabeth Featherstonhaugh, to be Staff Nurse (March 27th).

QUEEN VICTORIA'S JUBILEE INSTITUTE.

Transfers and Appointments:—Miss Lucy Glass is appointed to West Riding Nursing Association as Assistant Superintendent, Miss Ellen Jopson to Strood, Miss Jessie McCleod Leitch, to Middleton, Miss Annie Meeson to Liverpool (Central), Miss Ada Milner to St. Buryan, Miss Emily Routledge to Burnley, Miss Ada Skerratt to Lancaster, Miss Annie Swinburne to Stockton-on-Tees, Miss Miriam Whitman to Paddington.

Miss Lucy Mabel Glass was trained in General Nursing at the Royal Free Hospital, and in District Nursing at Bloomsbury, and has since held the following appointments:—Queen's Nurse, South Tottenham, Chatham, Gloucester; Assistant Superintendent, Gloucestershire County Nursing Association; School Nurse and Health Visitor, Darwen; Assistant Superintendent, Leicester. Miss Glass holds the certificate of the Central Midwives Board, and has had experience in the nursing of sick children at Pendlebury.

AMERICAN WOMEN HONOURED.

The late Miss Clara Barton, whose name will always be associated with pioneer Red Cross work in America, left instructions in her will for the appointment of a Committee, to arrange for the publication of her biography. Her great friend, Mrs. John Logan, is also arranging for the erection of a monument to her memory, probably at Washington, the headquarters of the Red Cross work.

Miss Mabel Boardman, the Secretary of the American Red Cross Society, has received the insignia of the Fifth Class of the Order of the Crown from the Japanese Emperor in recognition of distinguished service. President Taft has written to the Emperor thanking his Imperial Majesty for the honour thus conferred on the women of the United States.

BEQUEST BY A HOSPITAL SISTER.

The late Miss Caroline Mildred Riley (Sister Pitcairn), whose estate has been sworn at the gross sum of £6,279, the net personality totalling £6,220, has bequeathed her residuary estate to the Samaritan Fund of St. Bartholomew's Hospital.

THE PASSING BELL.

We regret to record the death of Miss Ida Barlow, a nurse at the Royal Hospital, Sheffield, as the result of an accident. The nurse got out of bed, intending to have a bath, lit the gas in her bedroom, and threw down the match, thinking it was out. It, however, set fire to her night-dress; and when other nurses, hearing her screams, entered, the flames reached her shoulders. She died after two weeks of intense suffering. At the inquest, her father stated that he believed her night-dress was of flannelette.

NURSING ECHOES.

Princess Marie Louise of Schleswig-Holstein, who on Thursday in last week visited the North Ormsby Hospital, Middlesbrough, much admired, with others who saw them for the first time, the beautiful stained glass windows in the main entrance hall of the hospital. One of these is a memorial to Mother Teresa, founder of the community of the Holy Rood, whose service extended from 1858—1885; the second to Sister Mary, the founder of the first cottage hospital, whose devoted work was carried on between 1858—1873; and the third is a memorial to Sister Elizabeth, Mother Superior from 1870—1905. A tablet under this window records that Sister Elizabeth gave 35 years of her life to the service of the sick. The Princess, who was received at the hospital by the Mother Superior and Sister Louise, gave great pleasure by speaking to many of the patients.

Every year the Ladies' Association make an appeal in aid of the Samaritan Fund, which is in connection with the Great Northern Central Hospital. Gifts of one pound in weight, one pound cash, or one pound in value are what the Ladies ask for on this occasion. At the same time they are glad to receive any kind of article—provided always it is useful and saleable—for the benefit of the Fund.

This year the eighth annual Pound Day seems to have been a wonderfully practical success, and Lady Maud Warrender received the gifts.

A feature of Pound Day is the interesting and novel competitions which take place during the afternoon and evening. A doll competition proved highly successful, a prize being awarded in each class by the largest number of votes of those present. The dolls had a stall all to themselves, and those remaining unsold were kept for the children in the hospital. The prize for the best doll dressed with the least cost was awarded to Miss Robey, for one whose clothes consisted of a dish cloth (for the skirt) and a duster which served as a cloak. She was indeed the Cinderella of the party, and she bore the following inscription:—"Servant maid, who can cook, wash, dust, and is never insolent. Wages 1s. 6d." For the best dressed large doll, Mrs. D. Waterlow's nurse was awarded the first prize, and the prize for the best dressed small doll was divided between Mrs. A. Cluse and Mrs. Sawbridge. Miss Riley sent the best doll dressed in knitting. For the best crochet doll a special prize, given by

Miss Hill, was awarded Mary Steadman, an inmate, aged seventy, of the Paddington Workhouse. Another old lady at the same institution also sent a doll, dressed by herself.

Mrs. Staff gained the prize for the best bag, and prizes were also awarded for the best home-made cake in each of two classes, Miss Hurford gaining the award for the best fancy or ornamental cake, and Mrs. Hills the prize for the best plain cake. It should be added that the cakes were judged by an expert, and were afterwards sold. This competition was under the management of Mrs. Glenton Kerr, the wife of the Secretary. Valuable assistance was given by Mr. G. Panter, the Assistant Secretary, and Miss Bird, the Matron, and the nursing staff, who entirely provided one of the stalls.

Such competitions arouse wide interest in an institution, and many of the patients' friends can afford and gladly give a pound in kind.

The medical officer of the Lambeth Infirmary, Dr. Baly, has suggested to the Guardians some means whereby the strain on the nursing staff, due to the refusal of the Local Government Board to sanction an increase of 20 nurses, which the Guardians considered imperative, may be reduced. The Local Government Board would only permit the employment of ten additional nurses, and Dr. Baly, in a special report, suggests the provision of new beds, up-to-date lifts, more even floors, and more efficient telephones, which he believes would make the work of the nurses easier, and so help to make up for the deficiency in their number.

Attention has been called in the daily Press to what is described as "the hospital nurse peril," namely, that women dressed in the uniform of the hospital nurse decoy girls with the story that a relative has been hurt and taken to a hospital, and when they accompany her in a taxi-cab no more is heard of them. This impudent assumption of the uniform of an honourable profession for the purposes of the white slave traffic should rather be described as "the bogus nurse peril," which in these days appears to be rampant, bolstered up as it is by those who deny State protection to the well-trained and responsible members of our profession.

In this connection we would warn private nurses against the motor-car frauds. A few weeks ago a well-dressed and gentlemanly man came to the office of the Registered Nurses' Society, and was anxious to take a nurse off at

once to his brother, who had met with a motor-car accident (it had been reported in the morning's papers). As the nurses do not live on the premises this he could not do. At the request of the Secretary he then gave the name of a house and occupant and address at Denmark Hill. As the case had been represented as urgent a nurse as soon as possible went off from her own address in a taxi, but no such house and no such address existed; thus the Society was defrauded of 14s. It would be interesting to know what would have happened to the nurse had she been carried off in the car. Anyway it is worth while using very great caution in accepting such an invitation.

The Bedale Rural Council have decided to accept the offer of the North Riding Rural Nursing Association to clean and air the isolation hospital, including provisions and railway expenses, for £33 5s. per annum, and also to nurse one patient at a fee of £3 per week, and more than one of £2 10s. per week. We hope that the Council has ascertained the quality of the nursing to be provided, as the ordinary fee of a private nurse holding a three years' certificate is £3 3s. per week for an infectious case, or £2 2s. for an ordinary case.

Writing in the *West Riding Magazine*, Miss Violetta Thurston, the Superintendent, says, in addressing the nurses:—

"Most of you, I expect, read about the great Nursing Congress that took place at Cologne in August. I was fortunate enough to be present and was much struck by the feeling of union and co-operation that existed among the Nurses there. There were Nurses from nearly every country, Germany, France, Great Britain, Austria, Holland, Italy, Finland, Russia, India, Japan, America, New Zealand, Australia, and others—they spoke different languages, but they had the one ideal in common—co-operation—working together to lift our profession on to a higher plane, to secure for the coming generation of Nurses more education, better training, fuller opportunities than we had ourselves. If this spirit can pervade an International gathering, much more should we in the same country, bound together by innumerable ties, try to break down the barriers which are apt to be built so high round the different classes of the profession. Hospital nurses, district nurses, private nurses, school nurses, all have much to learn from each other, and all can help each other in different ways."

Our National Council of Nurses provides for such co-operation—Hospital and Infirmary, Private and School Nurses through their

Leagues are already in affiliation. District nurses at present have no organization of their own. Why do not the Queen's Nurses form a League? The Superintendents have their Associations, and meet most happily together. Through national affiliation they could then all link up with the International Council of Nurses, which convened the Congress at Cologne, to which Miss Thurston alludes with approval. As the National Council of Nurses will in future hold an annual Conference, means will thus be available for social amenities and free discussion between all branches of the profession.

Miss Jeannie Sutherland is thoroughly enjoying her visit to Canada and the United States *en route* for home in New Zealand. She has visited many hospitals, and specially enjoyed a reception given in her honour in Toronto by the Ontario Graduate Nurses' Association, where she was entertained to tea at the Nurses' Club. Here she again met Miss Snively and Miss Rogers, last seen at Cologne; also Miss Crosby, the editor of the *Canadian Nurse*. Miss Sutherland writes: "They were all interested to hear about State Registration in New Zealand, and of the very great benefit it has been to our profession there. I feel proud of my country when I note that so many other places of greater importance in the world are so far behind us in many things. What a pity we are so far away. I shall do all I can to rouse the spirit of internationalism amongst our nurses on my return to New Zealand, and hope it will be well represented in 1915."

Miss Nutting writes: "We have greatly enjoyed having Miss Brodrick here, and all of our people have been greatly impressed with her self-sacrificing devotion to her work and people. She came to one of our teas at the College, and you should have seen our students crowding around her, eagerly listening to her stories of her work. She has been, indeed, a welcome visitor, and I trust has succeeded in securing further support for her hospital settlement."

It will not upset the equilibrium of this witty and devoted social reformer that during her absence, when unable to defend herself, the commercial nursing press has week by week imputed unworthy motives to her visit to the States. We all know, when face to face with her traducers, how capable Miss Brodrick is of smiting them hip and thigh with the retort courteous.

THE HOSPITAL WORLD.

THE HAMMERSMITH INFIRMARY.

The Hammersmith Infirmary, Ducane Road, Shepherd's Bush, one of London's newest infirmaries—which must not, by the way, be confused with the Fulham Infirmary at Hammersmith—is well placed in an open situation, with the White City on one side and Wormwood Scrubs prison on the other. As will be seen from our illustration, it is a handsome building in the form of a double H, and its size may be estimated from the fact that the corridor, which runs the entire length of the building, is a quarter of a mile in length.



THE HAMMERSMITH INFIRMARY, W.

The wards are very bright and cheerful, each containing some 28 beds. There are two on a floor, and one Sister is responsible for the two. Besides the medical and surgical wards there is an isolation block, and it was satisfactory to learn from the Matron, Miss Northover, that all cases of syphilis are sent to this block, and the nurses are aware of the kind of cases which they are nursing and the dangers connected with this kind of work. Miss Northover considers that notification is the only means by which this disease can be coped with, but fears that the opposition to this would be too strong for such notification to come within the sphere of practical politics.

The children's ward is a happy place, but pathetic when one notices the wizened faces of the marasmus babies, or is introduced to the healthy-looking infant found on a doorstep.

The maternity block is self-contained, and each bed in the ward has its own little white-curtained cot attached. The babies look as healthy, sturdy, and winsome as babies born in happier circumstances.

The bed in the labour ward is excellent in design—high, and of a design which makes any sagging an impossibility. The Infirmary is recognized as a training school in midwifery by the Central Midwives Board, and this valuable experience is offered to those who have done well in their general training, as it is, of course, impossible for all the probationers to pass through the maternity ward. The maternity pupils, two in number, have a most comfortable

sitting-room allotted to them, which they can use for studying.

The operating theatre is excellently equipped, and all the nurses are taught to know the instruments, and are expected to be able to fetch any instrument which may be asked for. The silver-plated and copper sterilizers are evidently the pride of the Sister-in-Charge, and are burnished to a state of perfection not to be surpassed in any hospital in the kingdom.

The training of the nurses must be a matter which receives considerable consideration, both from the Medical Superintendent and the Matron, and they strike the visitor as keen, alert, and professional in appearance. Miss Northover, besides holding a certificate of three years' training from the Middlesex Hospital, is a certified midwife and certified masseuse, and, in addition, has had practical ex-

perience in laundry work and cookery, so that she is exceptionally well qualified to superintend a training school for nurses. Previous to her appointment as Matron to the Hammersmith Infirmary she was Assistant Matron at the Croydon Infirmary, so that she is well acquainted with the many problems of the Poor Law.

The nurses have very comfortable quarters in their Home, and each has a separate bedroom.

administration of the institution should be in the hands of the Asylums Board.

The Board is to be congratulated that it has decided to appoint a research bacteriologist at a salary of £500 a year in accordance with the recommendation of the Hospitals Committee, whose duty it would be to inquire into the causation, infectivity, prevention, and treatment of zymotic disease.

In support of the proposal the committee stated that since 1870 the admissions to the Board's fever



THE CHILDREN'S WARD, HAMMERSMITH INFIRMARY.

The great kitchen is fitted with every modern convenience, and the scrubbed table, which is in daily use, is as white as the deck of a man-of-war. Higher praise is impossible. M. B.

REFLECTIONS

FROM A BOARD ROOM MIRROR.

The Metropolitan Asylums Board decided provisionally last Saturday to allocate the lower Southern Convalescent Hospital at Dartford as a sanatorium where tuberculous patients can be received and treated under the Insurance Act on terms proposed by the London County Council. It is proposed that the Council should select the patients, determine the length of their stay, and pay the entire cost of their treatment, but that the engagement of the staff and the general

hospitals have been upwards of 500,000, and the number of deaths nearly 40,000. Since the Board was constituted about £15,000,000 have been expended in the provision of hospitals for and in the treatment of infectious sick, but no practical step has been taken with the view of ascertaining the causes of the diseases received into the hospitals.

The total number of deaths from the principal epidemic diseases during the last five years in London has been 22,649, of which 10,199, or 45 per cent., were attributed to measles. The committee stated that these facts fully justify the making of a determined attempt to save life and to reduce the great expense involved in maintaining large isolation hospitals. It is confidently believed that these results are likely to be achieved when the causes of zymotic disease have been discovered.

The Right Hon. Earl Fortescue (Lord Lieutenant of the County of Devonshire) has consented to accept the office of President of the Twenty-eighth Congress of the Royal Sanitary Institute, to be held at Exeter from July 7th to 12th, 1913.

An additional wing has been erected at the Huntingdon Hospital as a memorial to the late King. The Earl of Sandwich, who opened the new building recently, said that his late Majesty would have been pleased with this way of perpetuating his work, as no one devoted more time, care and attention to the sick poor than King Edward.

The new dispensary of the Royal Victoria Hospital for Consumption in Lady Lawson Street, Edinburgh, was opened last Saturday by Lord Dunedin. Sir Alexander Christison presided. Lord Dunedin said that one of the first men who really woke up to the fact that tuberculosis could be combated by an organised campaign was Dr. Philip, of Edinburgh. A demonstration of the methods of the Edinburgh system for the prevention and treatment of tuberculosis was given in the United Free Assembly Hall in the evening. Sir Malcolm Morris, who presided, referred to persons in the late stage of consumption, and said that it would be far safer if they would allow themselves to be separated from their friends and go to a home. If they did that, it would do more to check the spread of the disease than almost any other thing.

The work of extension of the nurses' home at the Holborn Union Infirmary, Highgate, has cost £4,802. It will be a very great boon.

The "Mary" Fund, in support of the rebuilding of the Children's Hospital, at Aberdeen, is arousing the interest of many Marys. One little girl has gathered together £21 7s. 1d., who has herself been a patient.

Mr. Henry Johnston has retired from the office of Secretary and Treasurer of the Western Infirmary, Glasgow, which he has held since the institution was opened thirty-eight years ago, and his son, Mr. John Matheson Johnston, C.A., has been appointed his successor. Mr. Johnston is naturally highly gratified that the directors have seen fit to appoint his son as his successor.

The committee of the Lister Memorial fund desire to draw attention to a suggestion which has been made in Glasgow that one of the wards of the Royal Infirmary in that city, where Lord Lister's antiseptic methods were first put into practice, should be preserved as a museum in which objects of interest associated with him and his discoveries might be exhibited. The committee have been informed that the directors of the infirmary have given their sanction to this scheme. Objects, personal or other, associated with Lister's life and work are earnestly desired, and will be gladly received by the Superintendent, Royal Infirmary, Glasgow.

LEGAL MATTERS.

MATRON'S LIBEL ACTION.

We recently reported that the libel action brought by Miss Elizabeth Birnie Couper, Matron of the Clackmannan Combination Infectious Diseases Hospital, Alloa, against Lord Balfour of Burleigh, had been adjourned for the decision of the Court, as to whether there was a case to go to the jury. The plaintiff complained that letters written by Lord Balfour to the County Clerk and the Local Government Board, reflected on her professional capacity. The defender pleaded privilege, and denied that the letters were susceptible of the meaning attached to them by the plaintiff; and that, there being no relevant case, the action should be dismissed.

Lord Dewar has now decided that the case must go to trial by jury. In giving judgment, in the Court of Sessions, Edinburgh, his lordship stated his opinion that the occasions upon which the letters were written were privileged; but the plaintiff had set forth on record facts and circumstances from which, if proved, a jury might reasonably infer malice, and she was entitled to have her case submitted to a jury. Although the defendant was privileged in placing facts as to mismanagement before the hospital authorities, he appeared to have gone beyond what was necessary for that purpose, in suggesting that the plaintiff was guilty of "criminal conduct," and of "fabricating" documents.

His lordship thought it possible that the jury might, if they thought proper, reasonably reach the conclusion that the statements made were so extravagant and reckless as to be inconsistent with the bonâ-fide discharge of public duty, and to infer malice. If it were true that the defendant knew after the first inquiry that there were no grounds in fact for imputing criminal conduct to the plaintiff, it was difficult to see what legitimate purpose could be served in repeating the charge and continuing to press it against her. Of course, the defendant might have quite a good explanation to offer, and the plaintiff might be entirely wrong in thinking that he was actuated by any malicious motive. His lordship expressed no opinion upon that—all he decided was that the pursuer in the circumstances was entitled to have her case laid before a jury.

It is expected that the case will be tried before the end of the year.

ACTION FOR DAMAGES.

In the King's Bench Division of the High Court, recently, before the Lord Chief Justice and a special jury, Miss Grace Mary Lloyd, formerly Assistant Matron at the Ladywell Workhouse, brought an action against the Bermondsey Guardians, in whose jurisdiction the workhouse is, to recover damages for alleged wrongful dismissal. The defence was (1) That, as the contract of the Guardians with the plaintiff was not under seal, the defendants, being a corporation, were not bound by it; (2) that they were entitled, under

that constitution, to dismiss the plaintiff without notice, and that, in any case, she was only entitled to a month's notice; (3) that, in lieu of notice, a cheque for one month's salary and one for emoluments had been sent her by the Guardians.

Miss Lloyd claimed three months' notice. She stated, in evidence, that she did not remember signing a contract. Her counsel argued that legally the power of removal of a paid official considered unsuitable was vested in the Local Government Board, not the Guardians.

The judge gave judgment for the Guardians, emphasising the fact that the plaintiff had accepted money in lieu of notice. Her proper course would have been to return the cheque. He held that the Guardians were entitled to dismiss her without notice; and that, as she was only required to give a month's notice, she could not expect to receive three months.

Nurses should remember that all their contracts with corporate bodies must be under seal, otherwise they are worthless.

-HOWARD v. PLUNKETT.

In the Nisi Prius Court, Dublin, recently, before Mr. Justice Dodd and a City Special Jury, Miss Margaret M. Howard, a maternity nurse in the employment of the Guardians of the Balrothery Union, claimed £500 damages against Mrs. Plunkett (a Vice-President of the local branch of the Women's National Health Association and a member of the Committee of Queen Victoria's Jubilee Institute for Nurses for Portmarnock and Baldoyle) and Mr. Thomas L. Plunkett, D.L., of Portmarnock House, Baldoyle, for alleged libel in a letter addressed to the Clerk of the Guardians.

The Judge, after hearing the arguments on the question of privilege, said the case was one of great importance. It was the duty of any person in the community to call the attention of the proper authority to the discharge of duty by any person in a public position. But considerateness should not be lost sight of. He was satisfied that the two ladies before him in their zeal for the poor forgot their duty to the poor nurse, who ought to have received consideration from the lady of the manor and her friends. The plaintiff, according to the excellent report of Dr. Kiernan, discharged her duty with admirable care, and she had been completely exonerated by the Guardians. Her character had been cleared beyond question. If the law permitted he would certainly do otherwise than he was about to do, namely, declare the plea of privilege well founded and that the verdict should be for the defendants. He thought that, having regard to the circumstances of the case, the defendants should pay the costs of the action. This was agreed, Mr. Serjeant Moriarty saying that although the plaintiff had lodged £50 in Court as security for costs, the defendants were willing to forego them, provided the case was not carried further.

We report these cases as we consider it most important that nurses should know their position before the law.

SOCIAL SERVICE.

HOW TO LIFT THE BOTTOM DOG.

Who can remove the blot on fair England's face by bringing order out of disorder and dirt in our slums? Streets full of people half of whom are wasters, or worse living on white slaves. An unenviable position that of Clearing House for such traffic. Such is what the world says of us.

We have had a Royal Commission on the Poor Law, files of recommendations have been pigeon-holed, much water has flowed under London Bridge and over the bodies of the lost since that date, thousands are still homeless each night, a not pleasing sight to our visitors from Dominions over the sea as they told us last year, or satisfactory reflection for those in comfortable homes. Lives squandered!

For the past eight years Amsterdam has been dealing with the question of how to lift the bottom dog and his belongings to respectable citizenship. What impressed the writer on a recent visit to Amsterdam was the absence of miserable creatures wandering aimlessly up and down the streets, avoided by perhaps less deserving if more fortunate citizens. The explanation came when after calling on a friend for the purpose of getting leave to see over the Wilhelmina Hospital next day we were asked would we like to visit the Night Shelter, Wilhelmina Gasthuis, which was not far off. Such an offer was not to be refused, though we were somewhat hungry, dusty and weary after a day's travel. Accompanied by our two kind friends, we were taken by a short but dark route across the Park and wood. Being pitch dark we stumbled at times, but eventually came in sight of a large and lighted building which gives food and shelter to 500 and upwards every night.

An old building, some years ago discarded by the hospital authorities, has been, by the energy of one man and the contributions of many others, with the help of willing women workers, turned into a haven of refuge without the grating key and grunt of Bumble and his successors.

Doors are opened at seven in the evening, and until eleven. When they are closed the staff is fully occupied in receiving, registering, bathing, feeding and putting to bed 500 of Amsterdam's homeless. As we walked up, a little girl with a baby in her arms stood in front of the gate, behind her the mother of both, with two others, little more than babies. These five passed to the Reception Room, where a kindly Sister took down particulars and then passed them on to bath, food and bed.

Later on, when looking into a bathroom, we saw a nice, clean little person being dried, and smiling. One of our party observed, "Why, Sister, whenever I come round you seem to be always washing children." The cheery reply, "Yes, I spend a large part of the night here," indicated benefit to the community as well as the child.

We were received by the Director, a man who impressed one with his energy and determination to lift some of those miserable creatures into a better mode of life. His clean white jacket indicated readiness to check the spread of disease by himself aiding in the removal of such a blot to civilisation.

Every applicant—unless under the influence of drink—is on reception registered, then given a bag on which is a large number. In this bag is a clean shirt. After bath and food he goes to bed putting his clothes into the bag. This bag of clothes is conveyed to the disinfection chamber in the basement, put into the zymotic over at one end, and after being subjected to great heat, taken out at the other, carried back to the dormitory, and placed on a chair or stool at the foot of the bed ready to be put on clean next morning. At any time after 5 a.m. the man can get up, put on these disinfected clothes, have a breakfast, and set forth in search of a job, more fit to mix with others and not so likely to be rejected by employers as he might be dirty and breakfastless.

Four nights' lodging is given free, and then if the man is unsuccessful in finding employment he goes before the Director, who endeavours to find where the difficulty arises. If inefficient, he is helped by some training, wood-chopping, paper sorting, &c. No loafing. Big boys are dealt with a little more rigorously, to avoid their drifting into the shiftless class and adding to the population more of the same sort.

Women are equally helped, and it must help them for the struggles of the day to have had a clean bed and quiet sleep. The bedsteads are of iron frame, sacking laced down either side makes them easy of removal for cleansing. Babies go to one division, where in plain but clean box cots they have the opportunity of sleeping, the mother coming every three hours to the breast fed, the others are attended to by the Sisters in charge.

In the boys' dormitory there were extra beds down the middle, indicating pressure for accommodation, but no unpleasantness from want of air. Commenting on the crowded state we were told that one was closed for disinfection. Again, asking a question as to certain beds, we were told those boys wet their beds, therefore are made to get out every two hours. So an endeavour is made to instil more cleanly habits.

Having made a round of the entire building close on midnight, the hospitality of the Director's wife provided us cocoa and eggs and bread-and-butter. Then by almost deserted streets we returned to our hotel, feeling that Amsterdam was setting an example which might with advantage be copied. Unfortunately some cities only gather these outcasts together, stopping short of helping them to help themselves.

CLARA LEE.

The problem of the "bottom dog" is an acute one in this country, and it is of great interest to hear of the successful work going on in Holland.

OUTSIDE THE GATES.

WOMEN.

The Reception held on Tuesday, at the Knightsbridge Palace Hotel, by the Women Writers Suffrage League, to meet the new President, Mrs. Flora Annie Steel, was a very distinguished assembly, and most brilliant little speeches were delivered on "Why I am a Suffragist."

Mrs. Steel's address was delightful, inspired with fine feeling and dignity, and to listen eagerly on one afternoon to Mr. F. W. Pethick Lawrence, Madame Sarah Grand, Mrs. Israel Zangwill, Miss Beatrice Harraden, Mrs. Baillie Reynolds, Miss Belle Lowndes, Mr. A. G. Gardiner, and half a dozen others, and still talk Suffrage over the teacups, proves how deeply in earnest the Women Writers are in their demand for the Vote.

Mrs. Bedford Fenwick has been elected Chairman of Council of the Society of Women Journalists. The charming rooms in quiet St. Bride's Avenue, Fleet Street, are most conveniently situated for busy women journalists. There all the principal papers can be scanned, resting meanwhile in a really comfortable chair. The library is growing rapidly—a great boon to those who are eager to read new books. Young journalists are finding the help and expert advice to be obtained from the courteous officers of the very greatest use in starting their literary career.

The current issue of *The Englishwoman* publishes a most interesting article by Mr. Charles D. MacKellar, on Miss Edith Mary Durham, War Correspondent at the front in the Near East. "It is," we are told "ten years ago or even more, since Miss Durham first became a wanderer in these Balkan lands, and in that long space of time she has become very well acquainted with some of them, and especially with the mountains of Albania, and the warlike tribes who dwell in them and at their feet. She has acquired the Serb language, and also a certain knowledge of the Albanian tongue, which is the ancient Illyrian. She has studied their customs and ways, their songs and legends, and made herself familiar with their hopes, their wrongs, and their ambitions. The Albanians are a chivalrous race, and because she so trusted herself amongst them, she won their confidence and regard."

Thus it came to pass that when a short time ago a tired, wet, muddy, famishing woman rode into the midst of the Malissori tribesmen, she was received with cries of "Our Queen has come back," and "greeting her in their wild way, the weirdly picturesque mountain warriors, armed to the teeth and keen for war, rode on with her through the wet mist and mirk of the night, till a rough mountain home received them, and their heroic but bedraggled "Queen" sat down with them to take her share in their rough meal of a sheep boiled almost whole!"

BOOK OF THE WEEK.

"ADNAM'S ORCHARD."*

It is some long time since Sarah Grand has given the public anything from her pen, and this last novel, produced after an interval of years, tells of careful work and observation of men, women (especially women) and things pertaining to the present age.

Adnam was the dreamer of a yeoman farmer's family, or rather he was assigned the rôle of dreamer by his family. At the time the story opens he emerges from the chrysalis and bursts upon his astonished family his determination to take over the old orchard and its neighbouring unused acres "to make a profit for myself. That's the poetry that appeals to me at present." This he proceeds to do, under happy relations of Capital and Labour. And we must congratulate the writer for presenting to the public such a reasonable and broad-minded handling of the social problems of the day.

The little duchess who was on intimate terms with Adnam's mother, she having been governess in the ducal family, is a happy sketch of a brainless little nonentity, albeit meaning well.

"What are you doing in the orchard, Mrs. Pratt?" the Duchess burst out. "I looked over the hedge as I passed. I never saw such a mess in my life! And Adnam was all mixed up in it. What a pity to spoil your picturesque old orchard, and that dear old field. Surely you've not let Adnam get any dreadful new ideas. The dear weeds, they were so pretty!"

"But they were so unwholesome, and there is no profit to be made out of weeds," Mrs. Pratt reminded her.

"My dear Ursula," the Duchess protested, "surely you have not begun to talk like that! The Duke says it is all materialism. People think of nothing but profit now, and how to make things pay. You used to have ideals."

"I have still," Mrs. Pratt answered. "I want to see the weeds killed everywhere."

The sketch of the Perrys' little home, where love and happiness made up for lack of income, is sympathetically drawn.

"O Alick, you *are* a help! Look at that kettle!"

He looked, but saw nothing wrong. "It's full," he said.

"Yes, it's full," she retorted. "And when do you think it will boil? Aren't you a man all over. Would a woman have put on a kettle to boil without lighting the gas?"

"No, my dear. A woman would have set the gas flaring and put on an empty kettle. We are but parts of one stupendous whole. Men and women make the same mistakes, but make them differently. It comes to the same thing in the end—the kettle does not boil. This is the balance of Nature preserved."

* By Sarah Grand. London: William Heinemann.

Ella, the beautiful lace-maker, stands for the enfranchisement of women, and in frank language she speaks to the Duke, who is interested in her craft.

"Isn't it right and wise for a woman in my position to face life with bald statements? You will see if you will be good enough to think for a moment, that women are expected—are trained—to trade upon their beauty. Their lives are so arranged that there is no possibility of their trading on anything else. Half the marriages made are trade unions. The fact is repulsive in itself, but your opinion of it, your feeling about it, depends on the way it is done. You heap opprobrious epithets upon the unsuccessful woman but there is no honour too great for the one that succeeds—even at the price of her honour. Your servant girl with a baby is made an outcast—your king's mistress is made a duchess, and her son's sons govern the land."

The Duke prepared to pursue the conversation in comfort by crossing his leg and clapping his ankle over a silk sock of vivid tartan.

"And have you worked out, you and Mrs. Pratt, a remedy for the social imbroglio?" he asked.

"The remedy . . . is for men to take women into their counsels. What can be a greater muddle of haphazard than life as most of us are compelled to live it. And they continue to muddle along until woman makes her escape and is free to develop the best that is in her."

"I see," said the Duke, "I see."

Though it is evident that the Duke had some special interest in Ella, it is not clear what it is. We have a great deal to thank the authoress for. Her frank and well-balanced views of social problems should arrest the attention of thoughtful persons. But in our opinion she has endeavoured to cover too much ground, and the introduction of so many characters and so much detail has injured concentration on a great ideal.

H. H.

COMING EVENTS.

December 6th.—The Nurses' Co-operation. Show of the Nurses' Needlework Guild, in the Club Room, 35, Langham Street, W. Tea, 3.30 to 5.30.

December 10th.—Army and Navy Male Nurses' Co-operation. Fifth Annual General Meeting. St. James's Theatre, St. James, S.W. 3 p.m.

December 10th.—The Infants' Hospital, Vincent Square, S.W. Lectures on Babies: "Intestinal Toxiæmia," by Dr. Ralph Vincent. 3.30 p.m.

December 11th.—Nurses' Social Union. Lecture on "Eugenics," by Dr. Murray Leslie. Institute of Hygiene, Devonshire Street, W. 3.15.

December 12th.—Hammersmith and District Nursing Association, Carnforth Lodge. Miss Curtis and the Nurses at Home. 4.30 to 6.30.

December 14th.—Dinner. Mrs. Bedford Fenwick, Guest of Honour, given by members of the Nursing Profession. Mrs. Walter Spencer in the Chair. Hotel Cecil, Strand, W.C. 7.30 p.m.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

"THE ORGANISER."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—This week's article in the JOURNAL on "The Organiser" greatly interests me, and I cordially endorse the criticisms therein contained. I emphatically object to receive such anonymous communications. Not long ago one reached me in connection with the business of the Home in which I work, presumably from the same source, signed "The Editor." A day or two after it was followed up by a second letter which contained "greatly surprised" enquiries as to why its forerunner had not been answered! To expect a professional or a business woman to entertain anonymous appeals shows an amazing ignorance of the responsibility resting on a trained nurse, in whatsoever capacity she may be employed. The danger to the ethical standards of our profession of permitting unprofessional, anonymous influence and control in its counsels cannot be over-rated, or too determinedly discouraged by professional nurses.

Yours faithfully,

ELLEN B. KINGSFORD.

Fallow Corner North Finchley.

THE DEPRECIATION OF DISTRICT NURSING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—You must forgive me for saying that your article of the 16th ult., under the above heading, is a delightful example of what would happen if women ever got into Parliament. Reason would play second fiddle to emotion.

Your scheme of nursing the whole population with fully-trained hospital nurses, of a high social position, at the expense of the ratepayers, may be a heavenly vision, or may be *æ gri insomnia vana*, but it is, most assuredly, not practicable at present.

The question, therefore, is not whether it is better to give scholarships to already trained nurses than to teach midwifery and help girls to rise in the world, but whether it is better to assist the poor and suffering with the best means available, or to leave them to stew in their own juice. Is not half a loaf better than no bread?

If broadcloth is unattainable, is not fustian preferable to a fig leaf?

You say No. Either a first-class service or nothing. I say Yes. Do the best you can with what you can get. What would you do with those who need help pending the realization of your prayers and aspirations?

As regards your ill-tempered criticisms of County Nursing Associations, which I presume include the Queen's Institute, under whose skilled supervision

we work, I can safely leave the Queen's and other County Associations to defend themselves.

But for my own County Association I can most emphatically assert that your allegation of laymen and women without any practical experience degrading the standards of the nursing profession is absolutely and entirely untrue. It is quite evident that in this instance at all events you wrote of what you were entirely ignorant. We have on our Executive Committee and in our Superintendents not only persons of very large practical experience in nursing, but experts and recognised authorities on this subject and on all matters connected therewith.

And so far from degrading the standard of nursing it is being raised every day. What sort of nursing obtained before this Association was started?

Was the Holt-Ockley system better than what we practise? And the reason why we send village nurses, who are under constant expert supervision, and are learning more and more daily, to local associations is because there is a great demand for them, and because local associations, which are mostly provident or co-operative Societies, cannot afford a better article.

As to "sweated labour," you do not question my assertion that it is reasonable for the novice's pay to be small during her first period of service, or that her pay compares favourably with that earned by men and boys. What do you pay a hospital nurse during the two first years of her pupilage?

It is surely against your democratic principles to argue that a skilled nurse cannot arise from the class of girls who go into shops or factories. Would you insist that all your nurses should be descendants of peers or of the landed gentry, or where do you draw the social line?

Is not Sergeant Whatisname often a better drill instructor than his Captain?

Finally, I may remind you that nurses of whatever grade are servants of the public and adjuncts of the medical profession, without whom they are impotent; that the former may and will employ what they want, not what you think they ought to want, and you may as well attempt to dictate to the ratepayer what class of nurse he shall employ, as my cook may attempt to force me to go through an elaborate French menu when I infinitely prefer a mutton chop.

May I also say that you have a long and weary road in front of you; that it is surely better to utilize existing conditions and enlist the help and sympathy of those who are working in the same field, than to attempt to gain your desired end by violence, whether of language or otherwise, which will help your protégées about as much as breaking a Regent Street window will help you to get a vote.

Yours faithfully,

H. R. BRUNNER,

Hon. Sec., Staffordshire County
Nursing Association.

Chaseley House, Rugeley.

The attitude of mind of the writer of the above letter, towards womanhood in general, is of so convincing a character that we feel sure no remarks of ours are required to emphasise the danger to any class of women workers being controlled by so intolerant a type. We would ask our readers to refresh their memories on the question under discussion—the Depreciation of District Nursing and the sweating of Village Nurses—by referring to our article which appeared in the issue of November 16th last. Our demand is, and (in spite of the arrogant denial of our correspondent of our right to an opinion concerning the nursing profession, of which we have been an active member for thirty-four years), we shall continue to demand, that before women, whatever their class, are entrusted by lay, self-elected committees with the care of the sick poor, they shall be efficiently trained, and when so trained they shall be paid a just salary for their work. This appears to us an entirely unemotional business proposition, although it may not appeal to the "reason" of our correspondent. We may pass over as irrelevant impertinent personalities. They break no bones.

The fact remains that the standard of knowledge for village nurses, as defined by lay County Nursing Associations, is in the opinion of nursing experts dangerously insufficient, and we may add, the valuable lives of the sick poor are often at the mercy of persons whom the members of these committees would not employ during sickness in their own homes. These workers are encouraged to consider themselves "trained" and "skilled" nurses by the committees who employ them. They are neither one nor the other. Moreover, the name of "nurse" is substituted for the legal title of "certified midwife" conferred upon them by the State, for no other reason, as far as we can gather, than to deceive the sick poor as to their real lack of nursing status.

Our correspondent claims that village nurses are under "constant expert supervision." We deny this. It is not possible in rural districts. It is impossible for Superintendents and Inspectors in far country places to exercise "constant" or effective "supervision" over the work of village nurses. Weeks elapse between visits, and it is our experience that between times the village nurse is usually "supervised" by a lady of social position, who knows nothing of trained nursing and has never spent twenty-four hours in a hospital ward in her life.

The "novice" in the hospital service has a small salary, but she is a pupil learning a skilled profession, by which, in the future, she can earn an honourable livelihood; and is under "constant expert supervision"; but that a "novice" employed by County Nursing Associations, should not only be supplied to the trusting and ignorant poor as a skilled worker, but be compelled to pay for the experience gained at their expense, is the acme of class impertinence—both classes being poor are thus spitefully treated by their social superiors, who treat the economic needs of each with equal

contempt. As to whether the wages of the nurse "novice," compare satisfactorily with those earned by "boys," employed, presumably in rural districts, in feeding the pigs and cleansing the crew-yard, is an item of political economy which might receive consideration at the next District Nursing Conference!

We are well aware that all wage-earners, even Cabinet Ministers, are servants of the public, who pay their salaries, although this fact would appear to slip their elastic memories when they urge that tax-paying women should be chucked downstairs, when they venture to remind them in public that all taxation without representation is tyranny. But, in this connection, the poor are not asked by their social superiors "what they want," as to the quality of their nursing, but are compelled to submit to the ministrations of those supplied to them by irresponsible Associations, who thus dictate to the ratepayer what standard of nursing he shall employ.

Like the majority of tax-paying, rate-paying professional women, we are fully aware, that such abuses as that under discussion—the provision of women's unskilled work as "skilled," to the defenceless poor, at sweated rates of remuneration for the worker, because the system is cheap, will never cease until we women have the political power to stop it.

It is not merely a "heavenly vision" that the population should be justly and generously treated when sick. It is the practical aim of every trained nurse worthy of the name, and long may it continue to be so. To offer them a shoddy substitute is to mock their urgent necessities.—Ed.]

COMMENTS AND REPLIES.

Richmondite.—Will "Richmondite" send her name to the Editor, not for publication, but because it is our journalistic rule that those who write under a pseudonym for publication should furnish their names for the Editor's information?

OUR CHRISTMAS COMPETITION.

TOYS FOR TINIERS.

Four Five Shilling Prizes will be awarded in December for the best toys made at the cost of not more than 6d. The toys must be sent to the Editorial Office, 20, Upper Wimpole Street, London, W., by December 14th, with the coupon appearing in this issue on page XII. All the toys will be distributed to poor children under five years of age, so they should be made to meet the tastes of tinies.

OUR PRIZE COMPETITIONS.

December 14th.—Describe the treatment of Rodent Ulcer.

December 21st.—How would you amuse a convalescent child aged 5 to 8 years isolated with infectious disease?

December 28th.—What symptoms would lead you to suspect apoplexy? Give nursing treatment of apoplexy.

The Midwife.

A CHAMPION BABY.

The charming portrait of Muriel Tanguy, aged ten weeks, which appears on this page, was photographed by Miss Tait McKay, Superintendent of the Cornwall County Nursing Association.

Little Muriel won the First Prize at a Baby Show which recently took place at the Guildhall, Saltash, for which there were fifty five entries, and which was organised in aid of the funds of the Saltash and District Nursing Association.

The Show was opened by the Mayor of Saltash, who expressed his pleasure at being present at the Show, but at the same time said that he thought that in a town like Saltash there ought to be a sufficient number of people willing to subscribe the amount required annually without having to resort to such efforts to

find the necessary money. There could be no greater charity than that which provided the very sick with the very best of nursing. He hoped the Show would be a great success.

The judging of the babies took place in the Mayor's parlour, the judges being Dr. Burnet, County Medical Officer; Miss Tait McKay, who, besides being County Superintendent is Inspector of Midwives for Cornwall; and Miss Parkins, Superintendent, Three Towns Nursing Association.

The prizes, which were numerous, and awarded in no less than six classes, were presented by Mrs. Halsey, of St. Ann's House, Pill. The championship prize consisted of a silver-plated knife, fork and spoon in a case, which was presented by a well-known firm.

At the conclusion of the prize-giving, Dr. Burnet made some remarks as judge, dispelling the illusion that the heaviest baby was necessarily the best, condemning bottles with long tubes,

and dummy teats, and making strong points of cleanliness and suitable clothing. He also said that the judges had had a very difficult task, owing to the high standard attained by the babies.

Mr. Richard Miller, in proposing a vote of thanks to Dr. Burnet, Miss McKay, and Mrs. Halsey, said he had seen many sights in his life, but never a prettier one than they had had that afternoon.

A pretty incident of the proceedings was the presentation of beautiful bouquets to Mrs. Halsey and Miss Tait McKay by Miss Marjorie Titterton and Master Roy Simons.

A sale of work and other attractions were well supported during the day.

A UNIQUE STALL.

A very interesting feature of the Bazaar opened last week by the Duchess of Bedford in aid of St. Mary's Hospital for Women in Manchester was a unique

collection of dainty feminine apparel made by women convicts undergoing long sentences in Strangeways and Aylesbury Prisons, and girls in the Borstal Institution at Aylesbury. The Exhibition served to demonstrate the kind of educational teaching given by the women inspectors to prisoners. The work of the convicts and women prisoners was exceptionally beautiful, and was marked by fine finish and clever workmanship. At the Borstal Institution the girls are taught sewing and laundry work, and are given a really sound training in domestic economy. Mrs. Phillips, the Bazaar Secretary, is one of the lady visitors in connection with Strangeways Prison, and she pays a high tribute to the wardresses engaged there. We wonder if any hospital ever had so pathetic a contribution in aid of its funds before.

Miss A. K. Brooks, the Matron, and the nursing staff worked hard for the success of the Bazaar.



A CHAMPION BABY.—MURIEL TANGUY, AGED 10 WEEKS

THE ASSOCIATION FOR PROMOTING THE TRAINING AND SUPPLY OF MIDWIVES.

A meeting of the Council of the above Association was held at Caxton Hall, Westminster, on Thursday, November 28th. Princess Christian was announced to preside, but wrote expressing her regret at being unable to do so. The chair was taken by Sir George Fordham; and, on his motion, the following new members of the Council were elected: The Bishop of Barking, the Bishop of Southwark, Lady Parker, Mrs. Leverton Harris, and Dr. Christopher Addison, M.P.

Mrs. Wallace Bruce then presented the Report on the general work of the Association. The work, she said, had been uneventful, consisting principally in training, and watching over the interests of midwives.

The Association had now trained some 160 midwives, who kept in close touch with the office. The Secretary, Miss Ford, succeeded most admirably in securing their confidence. The Association had published a leaflet for mothers, addressed to working women, which could be obtained through the office, Dacre House, Dean Farrar Street, S.W.; and also the speech made by Mrs. von Glehn at the summer meeting. There was a strong tendency to evade the Act in the Eastern Counties, and to employ untrained women professedly acting as nurses under doctors.

In Chesterfield there had been an agreement among the doctors, that their services must be retained in midwives' cases by the payment of a fee of 5s., otherwise they would not attend.

At the recent meeting of the General Medical Council, this action had been strongly condemned.

The Council had thought hard and worked hard in relation to the National Insurance Act, but, as they were not employers of labour, it did not directly affect them. They were indebted to Miss Ford for the careful study she had made of the Act.

Miss Lorent Grant (Acting Treasurer) then presented the Financial Statement. Their golden nest-egg for training purposes was melting; and they must, she said, obtain more, or the training of pupils would have to be reduced. They had, however, received two unexpected donations from the Goldsmiths' and Skinners' Companies.

Miss Lucy Robinson gave an interesting account of the work done at the East Ham Home, which, she said, increased in usefulness every year. The large experience gained in the district was most useful to the pupils subsequently. They were deeply interested in their work, and the Association was indebted to those who trained them for their enthusiasm and zeal.

Mr. Fremantle (County Medical Officer of Health for Hertfordshire) then spoke on the organisation of midwifery in the Counties. In the course of his remarks he spoke of the tendency towards a falling-off in the supply of midwives; and the question of salaries was one which must be considered in the

future. For the ordinary nurse and ordinary midwife in the counties, there was no inducement to take up the work, except from motives of philanthropy.

Referring to the Insurance Act, Mr. Fremantle said it was still uncertain how the Maternity Benefit would be distributed. He hoped it would be paid over to the individual, and that the midwives would then get their share. Unless local Associations were on the alert, all the work would pass to the Insurance Committees to arrange.

In his concluding remarks, Sir George Fordham pointed out that on each Insurance Committee the Commissioners had placed one midwife. He hoped she was going to be an intelligent sentinel.

The meeting concluded with a vote of thanks to the chair and Mr. Fremantle, proposed by Miss Amy Hughes and seconded by Miss Alice Gregory.

AN EFFECTIVE CRIB WARMER.

A contemporary describes an effective crib-warmer, in use in the Presbyterian Hospital, New York. The sides of the bassinet in which the baby lies are covered with asbestos boards, and beneath is an electric heater or foot-warmer, with cable-couplings and switch, which allows the current to be regulated. In a warm air-chamber, between the bassinet and the foot-warmer, is a partition, so constructed with reference to the baby's position in the crib that the heat is reflected to the lower end of the bassinet. The child's feet are thus kept warm, while a lower temperature is maintained at the head.

THE BRITISH HOSPITAL FOR MOTHERS AND BABIES.

With the approval of King Edward's Hospital Fund for London and the Charity Commissioners, an amalgamation of the British Lying-in Hospital with the Home for Mother and Babies, Woolwich, has been provisionally arranged under the combined title of the British Hospital for Mothers and Babies. The sub-title of the latter institution—National Training School for District Midwives—will be retained, and the joint hospital will occupy a new building shortly to be erected at Woolwich.

The new Hospital will have some 30 beds, and the special features connected with its work will be (a) the admission of a limited number of cases where pregnancy is complicated by disease or otherwise, and consequently the patients would not be admitted to general or maternity hospitals, but these cases of complication are to be in a separate block from that where the ordinary maternity cases are to be treated; (b) the admission for a long period of prematurely born infants requiring special treatment; (c) a longer and better training of midwives and monthly nurses than is now given at maternity hospitals, with special attention to the training of district midwives; and (d) through the district midwives and others to spread a better knowledge of the care and feeding of infants.

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EDITORIAL.

A MERRY CHRISTMAS.

Once again the approach of Christmas reminds us that if we wish our greetings to reach our many friends in the United States and Canada in the West, and in India and elsewhere in the East, the current issue must carry them abroad, and even so the New Year will have dawned for some weeks before the Journal delivers its message of goodwill and friendship in Australia and New Zealand.

Year by year, as we count our friends in the journalistic world, we rejoice to add to their number. For years this Journal was the only professional paper through which nurses all over the world could keep in touch with one another.

Now each of the nine countries affiliated to the International Council of Nurses has its own professionally edited paper, and to these those of Sweden and Norway must be added. Through these journals we have the joy of sharing the aims and aspirations of our colleagues throughout the world, and, while to each and all of our readers, we send hearty greetings for their personal happiness and professional success, the Journal carries a special greeting of warm regard to the group of distinguished nurses who, in all parts of the world, are valiantly voicing the interests of their colleagues, which are identical with those of the sick; women—in whatever part of the world they may be found—who, realizing the paramount necessity to the nursing profession of organs of their own in the press are undertaking the onerous task of editing nursing journals.

If devotion to duty often brings weariness, disappointment, heartache, those who have assumed this burden know that it has its joys as well as its sorrows, and its

satisfaction in work accomplished. We can wish nothing better for our friends in the journalistic world, as they take stock of their assets at the close of the year, than that it shall find them with some bit of work begun when the year was new, achieved before its close, and that the new year will bring them their heart's desire, well knowing that that desire will be for the uplift of the profession which they serve with such singlehearted devotion.

To nurses at home, wherever they are found, in hospitals, in infirmaries, in asylums, in the homes of the rich and the poor, in schools, and in institutions of all kinds, we extend our heartiest greetings. Last but not least to the midwives who in rain and sunshine, by night and by day, are to be found responding to the call of duty and carrying into the homes of the poor, for small financial reward, the knowledge and skill of the professional worker, the sympathy and strength which true women can afford to mother and child.

To the patients who are debarred from entering into the usual festivities at this season, the hearts of all nurses go out in sympathy, with the result that in hospitals and infirmaries at least, those who are not acutely ill will probably keep the most memorable Christmas of their lives, and look back upon it in days to come as a time of great and unexpected happiness. For the children, Christmas in hospital means a glimpse into a hitherto undreamt of fairy land.

For most of our readers Christmas will not mean a time for personal pleasure, rather one of extra work and endurance, yet if in the still hours of the morning they worship at the manger throne of Bethlehem they will not miss its own special gifts of joy and peace.

CLINICAL NOTES ON SOME COMMON AILMENTS.

BY A. KNYVET GORDON, M.B. CANTAB.

DISORDERS OF MENSTRUATION.

(Continued from page 451.)

MENORRHAGIA.

Here the trouble lies in the fact that the patient is losing too much. Either the flow at each period is profuse, or it is repeated at unduly short intervals. Sometimes the discharge of blood does not cease between the periods, in which case the name "menorrhagia" is given to the condition.

For convenience we may divide the subject of menorrhagia into two parts, according as to whether it occurs in women who have, or who have not, borne children respectively. In unmarried girls it is not uncommon to find that the periods are either too profuse, or occur too frequently, when there is nothing radically wrong with the pelvic organs themselves. It often, for instance, is a result of an exciting and exacting social life combined with late hours and want of exercise—the sort of thing that occurs in a London "season," for instance. Or it may occur during convalescence from any serious illness, especially when the patient has been allowed to get up too soon. In others the periods are apt to recur too frequently whenever the patient is run down from any cause.

Again, it may occur in some constitutional diseases, such as valvular disease of the heart and sluggishness of the liver. It is often a sign of secret drinking.

Later on in life, especially when bleeding occurs about the time of the menopause, it is often due to cancer of the uterus, and there is perhaps no more pernicious "vulgar error" than the quite common belief that hæmorrhage about this time is a natural event. In the vast majority of instances, cancer of the uterus can be detected by examination sufficiently early to enable us to hold out a reasonable prospect of complete cure by operation, but it is comparatively seldom that the patient gives us the chance. Time after time, when one sees for the first time a woman suffering from this horrible disease, one is met by the answer, "But I thought it was the change of life." I am sure that nurses in particular can do very much to combat this most pernicious error.

Another cause is fibroid tumour of the uterus. In this condition we have the wall of the uterus growing out in lumps; after a while these project into the interior of the uterus, and

develop a stalk like a pear. This becomes twisted, so that there is obstruction to the return of blood from the tumour, and the blood vessels in the mucous membrane covering it become too full, and ultimately burst. Hæmorrhage from fibroids usually starts not as a sudden flow, but as a gradual increase in the amount lost at the monthly periods, so it is not, as a rule, until the tumours are fairly large that the patient seeks advice. In the majority of cases, women with fibroid tumours present themselves for treatment between the ages of thirty and forty, though there can be little doubt that the real onset is really much sooner than this as a rule.

In married women, in addition to the previously mentioned causes, which sometimes are even more frequent than in the unmarried, we get an additional source of undue hæmorrhages in the changes that may occur in connection with pregnancy. One of the most common of these is the failure of the uterus to contract properly after childbirth or a miscarriage. I am not referring here to the hæmorrhage which takes place immediately after these events, and is known as post partum hæmorrhage, but rather to a condition which is apt to occur later on.

What happens is this: After childbirth, or miscarriage—more frequently the latter, as patients are apt to treat this with scant respect—the woman, instead of taking matters seriously, and lying in bed for an adequate time—usually at least ten days—gets up and goes about her work or fulfils some social engagement. Perhaps she feels none the worse for this at the time, and until her periods commence, when, to her surprise, she finds that the flow is so excessive as to compel her to lie in bed and send for a doctor, and a similar trouble occurs with each successive period.

On examining such a case we find that the uterus, instead of being firm and small, is flabby, and larger than it should be, and it not infrequently happens that we find in its interior a piece of the placenta, or afterbirth, which should have come away completely at the time of the childbirth or miscarriage. This failure of the uterus to contract properly is known as subinvolution, and is much more common than it ought to be.

Another cause of menorrhagia in married women is a chronic inflammation of the lining membrane of the uterus, or endometritis, as it is called. This is very apt to follow on subinvolution, and occurs most commonly in those who have had many children with unduly short intervals between each birth. In addition to

the excessive hæmorrhage at the periods, these women suffer from a constant dragging pain in the back, and a white vaginal discharge in between the periods. The lives that some of these women lead is rather a pathetic one. They never have time to lay up, and, being practically always pregnant, they have to work, and wash and scrub, and to feed and clothe their children to the accompaniment of perpetual backache, and an utter hopelessness of outlook on life in general. Once or twice a week they stand in the miserable procession that one sees at the out-patient door of a gynecological hospital. The best of them—heroines in very truth—are half-starved because they feed their children before they nourish themselves, and there is not always enough for both; the worst take to secret drinking, and who shall blame them for seeking a period of anaesthesia, however brief it be? Before we do so we must either give them a better and cheaper anaesthetic or render anaesthesia itself unnecessary. Otherwise we are talking unadulterated cant.

The treatment of menorrhagia is that of the underlying cause. In married women the first thing to do is to make a thorough examination of the pelvic organs per vaginam. One may find evidence of fibroids, and the question of removing either the tumours from their bed in the uterine wall, or the uterus itself has to be considered. If the patient is approaching the time of life at which it may reasonably be expected that the periods will cease, and the hæmorrhage is not very severe, it may be advisable to wait, as these tumours frequently shrivel up at the menopause, and give no further trouble. Otherwise they should certainly be removed, as, apart from the bleeding to which they give rise, they are apt to suppurate, or even become cancerous.

If, on the other hand, there should be any suspicion of cancer of the womb, a small portion should be removed and examined under the microscope. If the suspicion is confirmed, the entire uterus and its surroundings should be removed without delay.

If there be any evidence of retention of a portion of placenta, or of a miscarriage, the interior of the uterus should be curetted—scraped, that is to say—and the raw surface swabbed over with some strong antiseptic. This treatment also answers equally well in cases of chronic endometritis.

In unmarried women it is as well to try the effect of drugs and of alteration of the mode of living before resorting to a local examination, unless there is any suspicion of cancer. Ergot

and iron are both useful, and sometimes calcium lactate, but reversion to a sensible and more primitive way of living is essential when the trouble is due to artificial habits. Late hours, excitement, and alcohol must be entirely forbidden. In severe cases curetting often acts like a charm.

(To be continued.)

HOSPITAL HYGIENE.

Dr. Anna Hamilton, in an interesting article on hospital hygiene published in the last issue of *La Garde-Malade Hospitalière*, points out that this does not depend only on the architect, or on medical administration, but on the knowledge of the nurses, who never leave the wards day or night, and who thus wield true authority in them. It is recognized in certain countries that the instruction of nurses in hygiene is one of the most important parts of their training. This instruction comprises the hygiene of the sick person, of his surroundings, and of the nurse. Dr. Hamilton discusses the latter under three heads, viz., hygiene of the body, of the clothing, of the alimentary and respiratory tracts. The hygiene of the body she discusses under the heads of the skin, the teeth, the hair, and the nails. Cleanliness of the skin is, she points out, infinitely more important for the hospital nurse than for the woman of the world, but is frequently neglected in French and Italian hospitals. In northern countries a washstand is provided for each nurse, besides bathroom accommodation. In the south, where both lay and religious nurses are often lodged in dormitories, there is often not a washstand in the dormitory, or only a basin and jug of water without other accessories. There may be a sufficiency of water if there is a tap, but the fixture of the basin underneath prevents the performance of a complete toilet. Certainly all hospitals allow their nurses to use the common bathrooms, but these are far from the nurses' apartments, and not easy of access morning and evening at a time when they might be used, and when the hours of service for the patients are over the officer responsible puts the key in his or her pocket, and does not readily give it up. Dr. Hamilton insists on the importance of brushing the teeth, which she says is hardly ever done, so that the buccal cavity is a hotbed of fermentation; of the care of the hair, which, when uncovered, is exposed to dust and frequently touched by the fingers; and of the care of the nails, which are constantly in contact with the patients, their linen, their medicine, and their food. It is

essential in the interests of the sick that those who care for them should keep their nails very short, and brush them very frequently. Uniform should be convenient for work, have the minimum capacity for retaining infection, and be able to be put on quickly.

NURSING AT THE SEAT OF WAR.

According to the *British Medical Journal*, the British Red Cross Mission at the seat of war is now represented by a personnel of 213, made up as follows:—

- 3 Directors (1 for Turkey, 1 for Greece, 1 for North Balkan States).
- 34 Medical officers.
- 35 Dressers.
 - 1 X-ray operator.
 - 9 Sergeants.
 - 2 Clerks.
 - 5 Cooks.
- 118 Orderlies.
 - 6 Trained female nurses.

This list does not include interpreters, cooks, bathmen, transport men, and other helpers engaged locally.

We are then informed that:—

"Ladies inquiring at the Society's office are surprised to be informed that none of the belligerents have made application for English nurses. The reason, however, is obvious. An ample supply of well-trained hospital nurses is to be obtained much nearer at hand, namely, in Italy, Austria, and Germany. Nurses, indeed, are more easily obtained and at less cost from Southern France and Russia than from England. From Russia a large number of nurses have come in connection with the Greek Church," and that "an ample supply of Turkish-speaking female nurses has been obtained locally."

If these statements are inspired to excuse the negligence of the British Red Cross Society in failing to send out to the seat of war an adequate supply of British nurses—acknowledged to be the best in Europe—it only exposes the ignorance and injustice of the committee in this connection. Italy, Austria, France, and Russia have only of recent years begun to train civil nurses, and they owe much to the English women who have taken part in such training. Moreover, the committee has appealed to the British public for money to supply nurses, and until British nurses have proved themselves incapable of performing their duties, the committee has no right to exclude them and subsidise foreign

religious, and women of inferior qualifications, in their place. As a correspondent points out in another column, a very serious slur has thus been cast upon the nursing profession in this country.

We congratulate Mrs. St. Clair Stobart, the organizer of the Women's Sick and Wounded Convoy Corps. A few weeks ago we had an appointment with her to talk over past experiences in the Græco-Turkish War, when behold a summons, and, like the woman of energy she is, she was off to the seat of war, and we never met. Now we learn from headquarters, 39, Great Smith Street, S.W., that in Lozengrade, not far from Kirk Kilisse, the little group of sixteen persons sent out by the Corps have set up their hospital. It is staffed by two women doctors, a surgeon, seven trained nurses, with cooks and other helpers, and they are attached to the Bulgarian Army and wear the Bulgarian Red Cross. Everywhere they have been met with kindness.

At Sofia, says the *Evening Standard*, where Mrs. St. Clair Stobart, the commandant, met them, the nurses were received by the Queen of Bulgaria in special audience. To each one she presented a signed photograph of herself, and the young Princesses offered bouquets. When the party left, the Queen's equestrian saw them off at the station, and Her Majesty had thoughtfully ordered a supply of provisions for the journey.

Customs officers at the frontiers showed them every courtesy, the mountain of baggage—sixty packages, without the hand luggage—was passed without question or delay. Stores, both medical and domestic, to the value of £400, were in those cases.

Kirk Kilisse was not the end of their travels, and the next journey was not accomplished in anything like such comfort. Before Lozengrade was reached the party had to travel for seven days through the mountains in slow ox-carts. One night they slept with some French nuns, but the other nights were spent in the open. There in the solitude of the mountains they outspanned the oxen, tucked themselves up in the wagons, and slept till sunrise.

At last the long caravan came into Lozengrade, and within thirty hours of arrival the women, with the seven men who have been placed under their orders to do the heavy work, had got the hospital in working order. Truly a splendid achievement for the Women's Sick and Wounded Convoy Corps!

This is the first time that an opportunity has arisen for testing the practical value of the training undergone by the members of the

Corps. None but those who have completed the three years' course have gone out, and all are over thirty years of age.

THE TRUTH FROM SCUTARI

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM, I have seen notices in several English papers to the effect that the Red Crescent Society are doing nothing, and though we are not here to criticise or defend, I think it is fair it should be made known in an equally public manner that this refers to the Ottoman Red Crescent Society, who are beset by many difficulties, not the least being the tremendous number of troops engaged and the huge tract of territory over which they are distributed.

The British Red Crescent Society is quite distinct from the above, and as many people in England are subscribing to our funds it is well to make the difference known. We do not wish to advertise ourselves in any way, but I should be glad if you would insert a brief notice to the above effect in case any misunderstanding should occur in the minds of our fellow nurses and others.

Our first unit went up to St. Stefano only three days ago, and the paragraph in the *Daily Telegraph*, saying that Red Crescent attendants stood about refusing water and bread or to lift the heads of the cholera people, was written some days before our party arrived. Our hands are full here, and our Society is leaving no stone unturned to relieve the sufferings of the people.

Yours sincerely,

Scutari, KATHERINE H. WHEATLEY.
November 29th, 1912.

In Tuesday's *Times* the special correspondent, writing from Constantinople on the San Stefano Hospital, remarked on the opportune arrival of the English contingent of the Red Crescent "which has already done excellent work."

Miss Alt, who is now in the British Seamen's Hospital, Stamboul, was, after her breakdown with overwork, nursed by Sister Stewart and Sister Mackenzie at the hospital at St. Stefano organized by the British Red Crescent Society. Sister Wheatley is in charge at Scutari, and the wounded treated have done wonderfully well, many having already returned to the front.

Cholera is now a thing of the past, or exists in a very mild form, but there is great suffering from dysentery and gangrene. The nurses are doing much work amongst the refugees. Nothing can exceed the courtesy with which they are being treated by all concerned, nor the gratitude expressed for their skilled work, which is considered invaluable.

THE NURSES' CHORAL AND SOCIAL LEAGUE.

A most delightful and enjoyable musical At Home was given on December 6th by Mrs. Carreg-McCowan, the President, to the members of the Nurses' Choral and Social League, at 50, Queen's Gate. Many members, matrons and nurses, were present, and the business meeting was first held, at which a most satisfactory report was presented, after which songs and recitations and tea followed in the dining-room. At 5.30 Dr. Cyril Horsford gave a short but very interesting address on Voice Production.

REPORT OF THE PRESIDENT.

It is with much pleasure that I read your executive committee's report of our past year's work. We have had the great pleasure of having the consent of Her Highness the Princess Marie Louise of Schleswig-Holstein to become the Patron of our League, and I am sure I am voicing the opinion of all members of the Nurses' Choral and Social League that her consenting to be our Patron has been a great joy and pleasure to one and all.

Miss Barton consenting to be Vice-President has been a great help to our League: she takes such a real interest in the work.

During the autumn and spring terms we held 163 classes, eight at infirmaries and two open classes taken by the conductor, open to all nurses and hon. members. We add to our infirmary classes this year four new ones, namely, Upper Edmonton, Bethnal Green, Isleworth and Shore-ditch.

The spring open classes at Maida Vale were held by the kind invitation of the Matron of Paddington Infirmary at 84, Warwick Avenue. This was a great help to the League, not to have to pay 10s. 6d. per class for the room.

Our membership has greatly increased in numbers. In 1911 and 1912 we numbered on our list over 500.

At the concerts our Choral numbered over 200 on the platform. Our concerts were most successful. We held one at the Kensington Town Hall December, 1911, and another in March at the Caxton Hall.

The Press were very kind in their remarks, and highly complimented the Choral on its progress.

Our conductor, Dr. Hickox, and all the other teachers tell us it is a real pleasure to them, these classes, as everyone connected with our Choral are so happy and interested and they carry out our motto in the true sense. Harmony and goodwill is so thoroughly the order of the day with all. We must take this opportunity to express our thanks to the professionals who helped us at our concert and at our "At-home," and also the Nursing

Press, the Matrons, and all the hon. lady secretaries who gave so much time to working up our Choral.

We feel, as your executive committee, satisfied at our progress during the past terms, and can only hope the coming one will make as good progress.

SPEECH OF THE VICE-PRESIDENT, MISS E. C. BARTON.

"I should like, as Vice-President of our Choral League, to say just a word or two.

"We all appreciate the power and charm of music, and how much it can soothe and stimulate us in our daily work.

"A great many lectures are provided for nurses, and guilds and entertainments of various kinds, but, as far as I know, there is no other society for bringing music into the lives of nurses who are working in institutions.

"Mrs. Carreg-McCowan has had the happy thought of starting classes which have this object in view, and she has provided such excellent teachers and accompanists that each class is like an individual singing lesson, and teaches part singing, so that the nurses learn a great deal more than just merely the music before them. The Choral League has been so well organised that the members have the satisfaction of knowing that, financially, it is practically self-supporting.

"It is only natural among such a migratory community as nurses, who are always changing, that it is not always easy to have a sufficient number of musical nurses to form a class. At present, owing to a lack of singing nurses, the classes at Fulham, Shoreditch and Upper Edmonton Infirmaries have been temporarily suspended, but hope at a future time to commence again. Two new classes have been started at St. Marylebone and at Hammersmith Infirmaries. Individual nurses who wish to can always attend at Central classes for practice.

"It has been customary in the past to have in the winter two separate terms, one ending at Christmas with a concert and the other in March. It has been decided, after much consideration, to make a new departure this winter, and have one term of classes spread out through the winter and one concert which would take place in February or March. The concerts in the past have been most enjoyable; we shall look forward to this next one, at which a cantata will be sung.

"I am sure I am speaking for all the members when I say we deeply appreciate all that our President, Mrs. Carreg-McCowan, has done, and is doing, for the Choral League, the thoughtful and skilful way she has worked out every detail so that the classes may be as helpful and enjoyable as possible, also for her kind hospitality and unfailing courtesy and sympathy to the nurses. I beg to move a most hearty vote of thanks to our President."

The vote was passed by acclamation.

The Nurses' Choral and Social League has

quite a special line of work all its own, and is calculated to meet the need of fresh and outside interests for nurses, and to act as a relaxation from their very serious work.

Its objects are to draw together all trained nurses and their friends, to form classes of different kinds for mutual improvement and social intercourse. The committee, largely composed of nurses, finds teachers, arranges concerts and receptions, and makes financial arrangements.

Nurses attend concerts in full indoor uniform, and honorary members wear white blouses or dresses.

For the present the centre of the League is at 50, Queen's Gate, London, S.W., where all information may be obtained from Mrs. Carreg-McCowan by letter.

NURSES' NEEDLEWORK GUILD.

The show of the Nurses' Needlework Guild, on view at the Annual At Home of the Nurses' Co-operation, at 35, Langham Street, W., on Friday, December 6th, exceeded that of all previous years, both numerically and also in attractiveness and utility. Miss Hoadley, Lady Superintendent of the Nurses' Co-operation, was present throughout the afternoon, receiving the guests with great geniality and kindness, and Miss Laura Baker, the Sister-in-Charge, who is also the Hon. Secretary of the Guild, looked after the comfort of the 350 visitors, and received many congratulations on the year's work. The garments numbered 1,225, and included not only warm petticoats, knickers, nightdresses, woollies, and every kind of useful garment for women and girls, but men's shirts, vests, and 27 delightful great-coats for boys, and a most fascinating collection of baby garments and boots. Amongst others present were Miss Gethen, Secretary of the Co-operation, Dr. Ethel Lamport, and Miss C. B. Leigh, Matron of the Central London Sick Asylum. Tea was served in the charming restaurant, and at 5.30, as soon as the guests had departed, the business began of despatching parcels to the recipients, for distribution amongst outgoing patients. The institutions which shared the good things were the following hospitals:—Guy's, St. Mary's, Paddington, the London University College, the Royal Free, the Metropolitan, the Miller, the West Ham Hospital, the Brompton Hospital for Consumption, the Prince of Wales' Hospital, Tottenham, the Mildmay Hospital, the British Lying-in, the Clapham Maternity, the East End Mothers' Home, Poplar Hospital for Accidents,

Central London Sick Asylum, Nazareth Home, Metropolitan Convalescent Home, Broadstairs, St. John's Hospital, Lewisham, and the Margaret Street Sanatorium, Hastings.

OUR PRIZE COMPETITION.

We regret that no paper has been received of sufficient merit in connection with our prize competition to justify our awarding a prize.

QUESTION FOR NEXT WEEK.

How would you amuse a convalescent child, aged five to eight years, isolated with infectious disease.

EASY TO TRANSFER.

We have been asked to mention that any nurse who desires to transfer from one Insurance Society approved by the Commissioners to another is quite at liberty to do so. A regular transfer form is provided by the Commissioners for the purpose. We emphasise this because nurses have been informed at the office of the Nurses' Insurance Society that it is impossible to transfer, and as this is quite untrue we advise them not to be deterred from transferring if they wish to do so.

A "NIGHTINGALE" PRIZE.

The Scottish Society of Trained Nurses has decided, as will be seen from a letter in our correspondence columns, to institute a "Nightingale" Prize, in connection with a competition which may be shared in by all trained nurses. The prize will, in the first instance, take the form of a medal, and every care will be taken by the examiners appointed to maintain a high standard of efficiency in connection with the award of the prize.

THE IRISH NURSES' ASSOCIATION.

Dr. MacDowel Cosgrave gave a most interesting lecture on "Flies and Disease" in the lecture-room of the Irish Nurses' Association on December 4th. The lecturer first explained in what way mosquitoes were the cause of the spread of tropical diseases, such as malaria and yellow fever, and gave a short account of the methods adopted for their extermination. He also spoke of the danger of the spread of infection by the common house fly, through contamination of food, &c. The lecture was illustrated throughout by beautifully finished lantern slides, and those present thoroughly enjoyed it. A hearty vote of thanks to the lecturer was passed.

NEWS FROM NORWAY.

The Chairman of the Norwegian National Association of Trained Nurses, Sister Bergljot Larsson, Christiania, in a circular letter to Norwegian nurses inviting all to help to form the Association, states that for long there has been need to unite. Sick nursing is so high a calling that it must not be degraded, and the ease with which it may be undertaken in private work, without preliminary training, gives women the opportunity to take upon themselves the responsibility of nursing, such as should only be entrusted to fully trained nurses, and it is self-evident that this is a great disadvantage both to the patient and to nursing as a profession. Further, that the result of existing conditions is that unsuitable women work as sick nurses.

Trained nurses, like other professional people, must therefore, she points out, uphold their status and their rights, and only those women should have the right to be professional nurses, and use the name of Sister, who will train adequately for their profession. On this account she urges Norwegian nurses to bind themselves together to help to support one another in the endeavour to become more proficient in their calling, and to encourage and help nurses who have only a partial and insufficient training to seek a fuller one.

The aim of the Norwegian Trained Nurses' Association is:—

(a) To establish the position of Norwegian Trained Nurses, and to bring about a greater bond of union between trained nurses than at present exists.

(b) To watch over the interests, economic and collegiate, of nurses.

(c) To work for the development of the position of sick nurses, and for the advance of sick-nursing as a profession.

It is with great pleasure we have received the first number of *Sykpleien*, the organ of the Norwegian Trained Nurses' Association, edited by Sister Bergljot Larsson, the President of the Association. It contains an article on the foundation of the International Council of Nurses and of the Congress in Cologne, and of the general meeting of the members of the newly-formed association, as well as greetings from other countries on its foundation, and many more interesting items. The Association has shown its wisdom thus early in its career in appreciating the importance of possessing a professional organ, under its own control. We wish it all success in its work, and very especially

we desire to express our good wishes for the future of the latest addition to the ranks of professional journals, well knowing how onerous a task is the editorship of a paper pledged to voice the interests and express the professional voice of trained nurses.

A GOOD CHANCE.

An opportunity for a trained nurse, with experience in the management of a private nursing home, and who is willing to expend some capital in acquiring the goodwill of such a Home in India, will be found in our advertisement columns. Miss Butcher, the proprietor of the Bellevue Sanatorium, Murree, Punjab, who has another Home in the South of India, is desirous of disposing of the one at Murree. We understand that it affords good prospects for a hard worker in a delightful climate.

THE REGISTRATION LAW IN ILLINOIS.

We are sometimes apt to think that the difficulty encountered in maintaining professional standards in this country is not experienced to the same extent elsewhere; but, recently, the experience of registered nurses in Illinois, U.S.A., shows that they need to be on the alert, if they are not to be deprived of the benefit of their registration law, for which they worked and fought hard, against a very unscrupulous interested opposition, for several years. In April last, it came to the knowledge of the State Board of Examiners, that, in a catalogue issued by the Rhodes Avenue Hospital, the names of the Supervising Nurse (Miss Randel), and the Head Nurse, were published, bearing the title "R. N." Thereupon, as they were not registered in the State of Illinois, the Secretary wrote to enquire if they were registered in any other State. No answer was received, and prosecution followed. It came out in evidence that the offending catalogue, which is an official document of the hospital, was published by the authority of the Superintendent (Dr. Deacon). The Supervising Nurse pleaded ignorance of any knowledge that the letters "R. N." were appended to her name till after publication; but it was proved that she made no effort to rectify the mistake. The judge, who, in the first instance, was understood to order the destruction of the catalogues, which was not done, at the next hearing ruled that he had no jurisdiction, since the defendant had nothing to do with the publication of the offending title, and that he had only recommended the destruction of the catalogues. He decided in favour of the defendant.

Miss Randel is now suing the members of the State Board of Examiners for 25,000 dollars damages, for false arrest and malicious prosecution. The registered nurses of the State appear to be fully alive to the fact that it is their duty to stand by the State Board, and support their efforts to protect the status of the registered nurse.

APPOINTMENTS.

MATRON.

Skipton and District Hospital, Skipton, Yorkshire.—Miss Florence Eggins has been appointed Matron. She was trained at the General Infirmary, Worcester, where she subsequently for three years held in succession the positions of Out-patient Sister and Ward Sister. In 1904 she was appointed Sister at the Royal Infirmary, Preston, where she remained for seven years as Night Sister and Sister in the children's and women's wards. Last year she was appointed Senior Sister at the Children's Hospital, Bradford, with charge of the theatre, out-patient department, and X-Ray departments.

Cottage Hospital, Tavistock.—Miss Mary F. Heaton has been appointed Matron. She was trained at the Royal Albert Edward Infirmary, Wigan, where she has held the positions of Night Superintendent, Sister, and Temporary Assistant Matron.

HOME SISTER.

Royal Southern Hospital, Liverpool.—Miss Agnes Bagnall has been appointed Home Sister. She was trained at the General Hospital, Birmingham, and has held the position of Sister at the Clayton Hospital, Wakefield, and of Night Sister at the General Infirmary, Chester.

COUNTY SUPERINTENDENT.

Surrey County Nursing Association, Guildford.—Miss Mary Simpson has been appointed County Superintendent. She was trained at the Cumberland Infirmary, Carlisle, and has held the position of Sister at the Plaistow Fever Hospital. She has also been on the staff of the British Lying-in Hospital, Endell Street, for a year and a half, and Midwife and Charge Nurse at the Louise Margaret Hospital, Aldershot, for a similar period. She has had experience as a trainer of nurses at Plaistow, and as Assistant Superintendent of District Nurses at Manchester. Since 1908 she has been a Queen's Nurse. She has also had experience of private nursing.

WARD SISTER.

Chelsea Infirmary, Chelsea, S.W.—The following ladies have been appointed Ward Sisters: Miss Maud le Bas, trained at the Westminster Hospital, Broad Sanctuary, S.W.; Miss Margaret Houston, trained at the Middlesex Hospital, S.W.; Miss Mabel Taaffe, trained at the Brownlow Hill Infirmary, Liverpool.

South Devon and East Cornwall Hospital, Plymouth.—Miss Cecilia Blackler has been appointed Sister of the Finsen Light and X-Ray Department. She was trained at the South Devon Hospital, Plymouth, and subsequently temporarily acted as Sister. She has also been Staff Nurse at the Hospital, Wellington, Somerset, and has a certificate for ophthalmic nursing from the Royal London Ophthalmic Hospital, E.C.

Royal Victoria and West Hants Hospital, Bournemouth.—Miss Constance M. Ryley has

been appointed Sister. She was trained at the General Hospital, Great Yarmouth, and has held the position of Staff Nurse at the Hospital for Women, Soho Square, W.C., Charge Nurse at the Royal United Hospital, Bath, Night Sister at the Kent and Canterbury Hospital, and Ward Sister at the Jenny Lind Hospital, Norwich.

The Sanatorium, Nairobi, E. Africa. Miss Edith Spencer is shortly proceeding to East Africa to take up work in connection with a new Sanatorium for European settlers and others, which is being opened to meet the needs of those who can afford to pay for treatment and skilled nursing when ill. Miss Spencer was trained at the Royal South Hants and Southampton Hospital, where she held the position of Sister. She has lately done private nursing in connection with the Registered Nurses Society, London.

SCHOOL NURSE.

Borough of Lowestoft. Miss Gertrude Pameley has been appointed School Nurse. She was trained at the East Sussex Hospital, Hastings, and the Isolation Hospital, Burton-on-Trent, and has been Staff Nurse and Charge Nurse at the Small-pox Hospital there, Charge Nurse at the Children's Home, Herne Bay, and for the past two years has been District Nurse at Hollinwood, Oldham.

Borough of Macclesfield.—Miss L. Finigan has been appointed School Nurse. She was instructed at the School of Hygiene, Liverpool University, and has been Health Visitor at Bootle near Liverpool.

HEALTH VISITOR.

County of Berkshire.—Miss Katie Dwyer has been appointed Health Visitor for Schools. She was trained at St. Leonard's Infirmary, Shore-ditch, where she has acted as Holiday Sister. She is a certified midwife.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

Transfers and Appointments.—Miss Louisa Andrew is appointed to Tipton. Miss Rosaline Lee to East Quantoxhead, Miss Ethel Maconachie to East Quantoxhead, Miss Ada Morgan to Lichfield, Miss Gertrude Page to Central St. Pancras as School Nurse, Miss Celia Perkins, to Brixton, Miss Jane Simpson to Darwen. Miss Winefride Smith to Exmouth.

RESIGNATIONS.

Miss F. Hale, Miss M. Travler, and Miss M. Owen, School Nurses in the Public Health Department of the London County Council, have resigned their appointments.

A SAD DEATH.

It is sad to have to record the suicide of another nurse, Miss Kate Oxley, who jumped from the window of her flat in Upper Montague Street, and sustained fracture of the skull. Evidence was given that she had suffered from neurasthenia, and a verdict of suicide while temporarily insane was returned.

NURSING ECHOES.

The surprise visit paid by the Queen to the Victoria Cottage Hospital at Worksop during her visit to Welbeck last week, gave the very greatest pleasure to the staff and patients. Her Majesty was received by the Secretary, Mr. J. Boothroyd, Dr. Marie Simpson, and the Matron, and after visiting all the wards expressed her pleasure with the manner in which the hospital was equipped for the treatment and comfort of the patients.

The Council of the Queen Victoria's Jubilee Institute for Nurses met at the offices of the Institute in Victoria Street on Wednesday, December 4th, Mr. D. F. Pennant, Hon. Secretary, presiding. The question of coming to an agreement for payment for the nursing of insured persons was considered, and the view was expressed that some general arrangement for this purpose ought to be established. The appointment was reported of Miss A. J. Buckle, the present superintendent at Brighton, to succeed Miss K. S. Macqueen as Nursing Superintendent for England, and of Miss Annie Michie, Superintendent of the Worcester Nursing Association, to succeed Miss Peterkin as Superintendent of the Irish branch. One hundred and thirty-six nurses have been enrolled as Queen's nurses.

Lady Northcliffe has promised the sum of £100 for the erection of a balcony outside the ward used for sick nurses at the London Hospital. This is a very practical and thoughtful gift.

The second annual meeting of the Linen League of St. Bartholomew's Hospital, Rochester, was held at the hospital recently. Mrs. Lane, Vice-President, reported an increase of subscriptions and articles made. The articles—all of a useful character and made to hospital pattern—were on view. The Matron, Miss Pote Hunt, was given half the money in hand to supply the most needful articles required for the patients' use. As the patients treated in the hospital cover a wide area, it was hoped that many more members would join and assist this most useful Society.

A lecture was delivered last week by Mr. Blayney at the club rooms of the Catholic Nurses' Association, 51, Mountjoy Square, Dublin, on "Fractures and their Modern Treatment." The treatment of fractures by massage was dealt with in the lecture. A very interesting subject.

The marble statuette of Miss Florence Nightingale, by Mr. Walter Merrett, now in the Art Gallery of the Guildhall, is here reproduced. It is pleasant to know that this fitting recognition has been accorded to London's illustrious Free-woman. No doubt many nurses will pay a visit to the Guildhall to see the statuette. The photograph is by the *Central News Illustrated*.

What can be more illogical than excluding lady doctors holding clinical assistantships from the male wards of the Manchester Royal Infirmary, and yet utilising the services of women nurses in every department?

Discussing the subject in the *Medical Students' Gazette*, a writer indulges in some pertinent criticism on this question:

"We should be more honest if we were to admit to ourselves that it is not because there is no accommodation for them that women cannot be made eligible for resident posts. We should be truer to ourselves if we admitted that there were no duties which a woman cannot perform as well and purely as a man. There is no disguising the fact that the supposed difficulty rests wholly on the catheter and sound business, which, after all applies to a limited number of patients, especially in the medical wards.

"We are quick and thoughtful to save women's morals, but we do not relinquish any of our own rights in the female wards in the supposed cause of morality. . . . We don't mind so long as they are nurses working under our

direction; but when the woman becomes scientifically our equal, we take all possible privileges from her to protect her from those things which we order another woman to do the next minute.



MISS FLORENCE NIGHTINGALE, O.M.

"Men calmly do all manner of things for female patients in their routine, and are none the worse for them. But they say that it would lower the moral standards of women if they had to deal with male patients. Are nurses of a lower standard of purity than other women, because they have to perform duties which are sometimes more revolting than those which a doctor would be expected to perform? The question needs no answer. The whole argument in denying women medical privileges is based on extravagant falsehoods about lack of accommodation that would not deceive a child."

Miss Elston, Directrice of the Tondou Civil Hospital at Bordeaux, has now returned to duty there. Upon the invitation of the Government, Miss Elston has been in Algiers, entrusted with the mission of organising a School of Nursing in connection with the Parnet Hospital on the same system which has proved so useful in the Gironde. Miss Elston's work in France reflects the greatest credit upon

English nursing, which her colleagues in the International Council warmly appreciate.

The *Standard* reports that in memory of Mme. Feuillet, who died at Meknès, in Morocco, as a result of her devotion to the Red

Cross service, the French Minister of War has signified his intention of naming the military hospital at Rabat the "Marie Feuillet." Mme. Feuillet was chief of the staff of women nurses of L'Union des Femmes de France, and best known of all France's field nurses. In recognition of her services in war areas of Northern Africa, and the help she rendered in organising the nurses' expedition to Messina, she was this summer admitted to the Legion of Honour. Up to within a short time of her death, in spite of her own ill-health, she was actively engaged in nursing wounded soldiers and generally superintending the Red Cross service of Morocco.

Lord Gladstone recently publicly announced in Johannesburg that the scheme to establish an Order of Nurses in South Africa was now established. An appeal for funds in its support, as a King Edward memorial for the Union, was made on the anniversary of the late King's birthday, and medallion buttons were also sold. Although 150,000 of these badges were prepared they were not sufficient to meet the anticipated demand, and 40 towns had to arrange other methods of street collection.

On Tuesday afternoon, December 10th, the fifth annual meeting of the Army and Navy Male Nurses' Co-operation, 11A, Welbeck Street, W., was held at the St. James' Theatre, S.W., by kind permission of Sir George Alexander, when Princess Christian was present, and Admiral Sir John Durnford, K.C.B., D.S.O., President of the Society, was in the chair. Sir Dyce Duckworth presented the report, which stated that there were now some 40 nurses on the co-operation, and the receipts £3,719. Three orderlies went out to Tripoli with the Red Crescent Society, one of whom, unhappily, succumbed to typhoid fever. The speaker characterized a statement in the report that the co-operation was not fully supported by the general public as surprising and regrettable. The prejudice against the male nurses of the Society was certainly not justified.

Surgeon-General A. W. May, C.B., who warmly supported the aims of the co-operation, said that it was extremely difficult for men who left the Services in middle life to get work, and they were apt to drift into the ranks of casual labour. Surgeon-General Evatt said that it was charming to see the men come into their own, and a realization of his dreams. The male nurse had come to stay.

At the close of the business meeting an excellent entertainment was generously given by well-known artists.

NURSES' SOCIAL UNION.

Three meetings have been held at short intervals in the Bristol Branch, on November 12th, November 20th, and December 3rd. On the two earlier dates Dr. Fortescue-Brickdale gave most interesting and instructive post-graduate lectures to nurses on (1) Epidemic Cerebro-Spinal Meningitis and (2) Epidemic Polio-myelitis. Each person was provided with a typed syllabus of the lecture, with clear and concise headings, which proved a valuable aid to note-taking, and all those present found the lectures most helpful. Dr. Brickdale is a clear and delightful lecturer, and it is a pity that, owing to the very bad weather and to stress of work, the audience was not as large as was anticipated.

On December 3rd, by the kind invitation of the Matron, Miss Gardner, another meeting was held at the Lying-in Hospital, to which members of the Midwives' Association were also invited. Dr. Marion Linton gave an illuminating address on Morality, and an animated discussion followed in which many took part.

The visitors were afterwards shown over the interesting little hospital, and were especially delighted with Miss Gardner's cleverly invented open-air shelter for her babies.

These lectures are of special note, as it is the first time there has been any attempt to give a connected series of post-graduate lectures to N.S.U. members in the West.

PRESENTATIONS.

Miss Clark, who for eleven years has worked at Heathfield, Sussex, in connection with the Heathfield and Waldron Nursing Association, has been presented with an illuminated address, framed in oak, from over 200 subscribers. The presentation was made in the Agricultural Hall, Heathfield, by Miss Alexander, in the absence of Lady Mabelle Egerton. Then a number of babies, two years old and under, were held up to the platform and handed Miss Clark a sum of money, receiving a toy in return. The total sum was £26 ros. 3d. : after which, Miss Butler, the Superintendent of the Sussex County Nursing Association, presented £5 on behalf of the County Nursing Association. Miss Clark said she really could not find words to express her gratitude. She hoped to use the money to buy a motor cycle.

Miss Leach, Matron of the Hornsey, Wood Green, and Southgate Hospital for ten years, who has resigned, has been presented by the hospital medical staff with a silver tea service, as an appreciation of her valuable services.

REFLECTIONS

FROM A BOARD ROOM MIRROR.

Lady Constance Hatch will hold a Christmas Sale of cakes, sweets, &c., at the Royal Ear Hospital, Dean Street, Soho, W., on Saturday, December 14th, from 2.30 to 6 p.m. The sale is in aid of the Hospital, where specially good work is being done for the relief of those distressing diseases of the ear and throat, which often incapacitate the industrious poor from obtaining employment. When enquiring last year into the after-care of out-patients in the throat hospitals and clinics where operations are performed, we learned with what good care the patients were attended by the nursing staff under medical direction at the Royal Ear Hospital. We hope a very lucrative sale may result on the 14th inst.

A communication has been received from the head office of one of the principal London banks that a client has offered the sum of £5,000 to the Royal Free Hospital, provided that an additional sum of £15,000 is subscribed or promised towards the building fund of the new extension before March 4th, 1913. An appeal was recently issued for £50,000 needed to build and equip the new out-patient department and hospital extension, and it is proposed that the work shall begin at once. The nurse training school, under the direction of Miss Cox-Davies, is making continual progress.

It has come to the knowledge of the House Committee of the London Hospital that the founder and first surgeon of the hospital, John Harrison, was buried in the churchyard of St. Paul's Deptford. There is no memorial in the church or churchyard stating that John Harrison was buried there. By the rector's consent the Committee have arranged to put up at their personal cost, a tablet bearing the following inscription:—

"In memory of John Harrison, founder and first surgeon of the London Hospital, who died in 1753 and was buried in this churchyard. His body lies here. His work continues at the hospital."

Princess Louise, accompanied by the Duke of Argyll, visited Southend last week to open a new wing of the hospital, erected at a cost of £4130. The royal party, was met at the railway station by the mayor and corporation, who presented an address. At the hospital the Princess spoke individually to the patients and gave much pleasure by presenting each with a spray of lilies-of-the-valley. Her Royal Highness afterwards unveiled a tablet bearing the inscription: "This sitting-room and additional nurses' quarters were built through efforts of the ladies' working party, and opened by H.R.H. Princess Louise, December 4th."

Lady Audley Neeld recently laid the foundation stone of a cottage hospital of twelve beds, at Hendon, which is to be erected as a memorial to the late King Edward VII. The site is in Park Road, the land being the gift of Lieut.-Colonel Sir Audley Neeld. Mr. James Barber has acted as chairman of the committee. The cost of the building is about £2,200, the whole of which has practically been found, whilst substantial promises have been made towards the maintenance fund.

The Annual Meeting of the Penal Reform League, which aims at interesting the public in the right treatment of criminals, in promoting effective measures for their cure and rehabilitation, and for the prevention of crime, will hold its annual Meeting at Caxton Hall, Westminster, on Friday, December 13th, at 8 p.m. Sir John Macdonell will preside.

We firmly believe that trained nurses have a great duty to perform in a wise scheme of prison reform, and want to see a woman of parts who is a highly trained nurse the next Matron of Holloway. So far no one has found time to work at our suggestion for an Elizabeth Fry League of Nurses.

The Annual Conference of the National Association for the Feeble-minded will be held in the Council Chamber of the Guildhall, London, on December 13th, on "Legislation for the Feeble-minded," W. H. Dickinson, Esq., M.P., presiding. The Conference will be opened by the Lord Mayor at 10.45 a.m. Subject of the Morning Session, "The Administrative Question." Speakers, J. W. Hills, Esq., M.P., T. B. Hyslop, Esq., M.D., G. Stewart, Esq., M.P., Sir William Chance, Bart. Subjects of the Afternoon Session, 2.4 p.m., "The Position of the Feeble-minded under the Government Bill." Speakers, H. Corner, Esq., M.D., Leslie F. Scott, Esq., K.C., M.P., Mrs. Hume Pinfent.

AWARD UNDER THE WORKMEN'S COMPENSATION ACT.

A case of interest to nurses in connection with the Workmen's Compensation Act has recently been heard in the Liverpool County Court, in which his Honour, Judge Thomas, delivered judgment last week. The application was Miss Elise Beresford Knox, a hospital nurse who claimed compensation from the Bootle Borough Hospital. Her case was that she pricked a finger of her right hand while padding a splint, and later in the day dressed a septic wound. Septic inflammation followed, necessitating an operation, the finger became permanently stiff, and she could not use two of the other fingers of that hand. For the hospital it was contended that the connection between the prick and the poisoning was not proved. The Judge gave his judgment in favour of the nurse, awarding her 2s. 6d. a week from May to August, and 2s. 6d. afterwards during partial incapacity. He granted a stay on the usual conditions.

WHERE TO GO FOR CHRISTMAS PRESENTS.

One of the most popular Christmas Bazaars in London is that of Messrs. Garrould, 150, Edgware Road, and this year the attractions are many. The toys and the fancy goods are now separated, and for children the department devoted to toys is a palace of delight. Rocking-horses and mechanical railways are a never-ending source of amusement. A motor-cyclist who keeps his balance on his two-wheeled cycle in a most extraordinary and fascinating manner, costs only 2s. 0½d., and a mechanical billiard player, costing 1s. 0½d., is greatly in demand. Of course, the Santa Claus surprise stockings filled with sweets and toys, and costing from 2½d. to 4s. 3d., are to be had in great variety, and solve the problem for many busy hospital Sisters and nurses as to what shall be given to the children, for a Christmas stocking never fails to please. Then the parcel barrow made in tin and painted red to resemble a Post Office delivery barrow, complete with parcels, is a most fascinating toy, costing only 10½d.

Amongst the fancy goods the handsome articles in silvered antimony, for which a large order was placed in Japan as long ago as last February, are certain to be popular, an excellent example is a cigarette box costing 1s. 11½d. But the numerous attractions are too many to mention; our advice is to go and see them.

THE "WELLCOME" EXPOSURE RECORD AND DIARY.

Many nurses are fond of photography as a pastime, and a very interesting one it is. A most acceptable remembrance at Christmas from those who number such nurses amongst their friends is the "Wellcome" Photographic Exposure Record and Diary, published by Messrs. Burroughs, Wellcome & Co., Snow Hill Buildings, E.C., of which the 1913 edition is now ready. This little book, the price of which is 1s., deals with a large subject. A panoramic view of all that is most practical and progressive in modern photographic processes is included in its contents table. Yet, with such a wide outlook, it escapes diffuseness.

Every step in the production of effective prints, including exposure, focussing, development, the after treatment of negatives, printing by all processes, toning, &c., is described fully, but with admirable conciseness.

A novel feature this year is the article on the new method of obtaining blue and green prints by toning.

Exposure is dealt with in a very effective manner, and the tables of light values, plate factors, &c., which have been brought up to date, taken in conjunction with the "Wellcome" Exposure Calculator, enable even a beginner to get a high percentage of printable negatives.

The Northern Hemisphere edition, which most nurses in this country will require, is obtainable from all chemists and photographic dealers.

LEGAL MATTERS.

"They Came to me in Uniform."

Mrs. Kinghorne, of Dagmar Road, Camberwell, appeared at the South Western Court twice recently, in connection with an adjourned summons for failing to give notice of the death of a child at a Home in Lessingham Avenue, Tooting, in connection with which it will be remembered Dr. Chapple asked a question in the House of Commons on the registration of nurses.

A married woman, Mrs. Kelly, gave evidence that she applied to Mrs. Kinghorne for the admission of her child to the home. She had previously asked her for work, and Mrs. Kinghorne offered her an engagement as help at 5s. a week, for which she was to maintain herself and find her own uniform, the money to be retained for the support of the baby. She declined the offer.

Dr. Legge, medical adviser to the Home, said that when he was called in the child Kelly was dead. His arrangement with the home was that if the children could not be brought to him he was to go to them. Asked by Mr. Marriott, prosecuting on behalf of the N.S.P.C.C. whether he was under the impression that there were trained nurses at the home, his reply was, "They came to me in uniform."

After the witness had testified to having examined the ventilation of the drains, and found an escape of sewer gas, and given other evidence, the case was again adjourned.

CHARGE OF THEFT AGAINST A WOMAN DESCRIBED AS A NURSE.

Lily Everett, a woman described in the press as a nurse, aged forty-nine, of no fixed abode, was last week committed for trial at Bromley (Kent) Police Court, on a charge of stealing property value about £23, the property of Mr. T. H. Heaysman, who had let her a furnished house. When charged by a police officer she admitted that she had the property, and when the case was heard at Bromley quite a procession of pawnbrokers' assistants went into the witness box to prove that she had pawned goods with them. Detective-Sergeant Sharp said that the prisoner told him that she knew she had been bad, and would tell him where the property was. She added, "What is a woman to do when she has a child to look after and no husband? There is no one else to blame. I pawned everything to get a living."

No evidence was offered in proof of the suggestion that the accused was a nurse.

The Putnams have just published a volume, entitled "A Stitch in Time," which has been prepared by a Roosevelt Hospital graduate nurse and a grateful patient. It contains simple and practical remedies to be used when a physician cannot be secured, or in cases considered too trivial for professional care.

OUTSIDE THE GATES.

WOMEN.

A charmingly refined woman is Mrs. Carrie Chapman Catt, the President of the International Suffrage Alliance, and in her untiring zeal for the freedom of woman's conscience she has now travelled around the world sowing the seed of her high ideals of womanhood wherever she goes. The special correspondent of the *Observer* writes from New York:—

"After her trip round the world Mrs. Chapman Catt finds that, compared with Chinese women, American women are almost as helpless as babies in their subjection to their clothes. She thinks that it is high time that American femininity kicked itself free from swaddling draperies and declared its independence in dress as in politics.

"Mrs. Catt even recommends a modified form of Chinese dress, which, she says, is the most sanitary, healthful, comfortable and artistic costume woman can wear. When asked why she did not adopt it herself, she said:—

"The American woman is mis-shapen: her back is curved and her hips bulge from wearing the corsets and dresses she is thrust into. We think we are beautiful, but we are not to be compared in natural grace with our Chinese sisters. Their costume permits of the greatest ease of movement. They can climb ladders, go up and down stairs in comfort, bend and use every muscle of the body without feeling the strain.

"The American woman, like her European sister, is nothing more than a rack, upon which dressmakers hang ideas embodied in fashionable fabrics. Can you fancy Chinese women being the slaves of European dressmakers? They would not permit it. We in America have been their slaves too long.

"But the most radical change I suggest is for women to go without hats. Hats are utterly useless. Women in other countries do not hide their hair under huge, heavy millinery, and they are all the better and happier for this freedom.

"Let us show our independence of fashion creators. The money you used to spend on millinery you can give to the cause of 'Votes for women.' You would be accomplishing untold good in the world, and for your sex especially."

All this may be sound advice, and, if we are not yet ready to act on it, let us be thankful for the wonderful improvement in the garments of women since Victorian days. No more "hour-glass" figures—now we have graceful flowing lines and draperies. No more false modesty—no more "trains" and petticoats in the street. Instead we wear neat, businesslike tailor coats and skirts—and comely knickers beneath. Heads and hats still require common sense, but even here one may go as one pleases and not appear a freak. By all means let all the money saved be spent in furthering Suffrage—and freedom of conscience, which impels its demand.

At the Dudley Galleries, 160, Piccadilly, W., there is now being held an Exhibition of Water Colours illustrating the Homes and Haunts of Ruskin, by Miss E. M. B. Warren. The pictures shown by this accomplished artist, one hundred in number, are one and all characterised by great beauty of colouring and perfect finish. Derwent-water, Coniston, Oxford, Switzerland, Venice, Verona, Assisi, Rome, in these and in many other places the painter has followed closely in the Master's footsteps, and has chosen for her subjects all that is most lovely in Nature and dignified and splendid in architecture. The Exhibition will remain open until December 23rd, and for students and lovers of Ruskin's works, it is one that should not be missed. Many of the drawings form illustrations to Sir E. T. Cook's recently published book on the "Homes and Haunts of Ruskin."

BOOK OF THE WEEK.

"THE JOYOUS ADVENTURES OF ARISTIDE PUJOL."

"The man's life was as disconnected as a pack of cards." Verily Aristide was an amazing man. If you feel at all downhearted read his adventures, and we venture to say that if you have a spark of imagination you will catch something of the buoyant and altogether delightful irresponsibility of the man, and you will be as much in earnest over his escapades as he was himself. The worst of it is that they were so many and varied that it is not possible to allude to them all.

An enthusiast of enthusiasts, our friend Aristide embraced with gulelessness and thoroughness the cause of fair ladies who bamboozled him and distressed persons who swindled him. His volatile nature, and sense of humour prevented these from having any lasting effect upon him.

In his time he played many parts. French master to a ladies' school, the headmistress appreciated his style which was colloquial. The colloquial Aristide was jocular. His lessons were a giggling joy from beginning to end. He imparted to his pupils delicious knowledge. Recited to them, till they were word perfect, a music-hall ditty of the early eighties: "*sur le bi, sur le blanc, sur le bi, du bout, du blanc*"; and of the irregular verbs their knowledge would have disgraced a kindergarten.

He travelled in an automobile to sell a corn cure. "Had it not have been for the car, he told me, he would not have undertaken the undignified employment." On his travels he picked up a deserted infant by the roadside.

"*Mon pauvre petit*," said Aristide, "you are hungry. I wonder when you last tasted food. If I had only a little biscuit and wine to give you. But, alas! there is only petrol and corn cure, neither of which, I believe, is good for babies."

"Aristide clambered back to his seat, took the child on his knee and commiserated it profoundly.

* By WILLIAM J. LOCKE. John Lane, London.

sitting there on his apparently home-made vehicle, attired in his shaggy goat skin cap and coat, he resembled an up-to-date Robinson Crusoe dandling an infant Friday." He determines to save the babe from the Enfants Trouvés, and takes it instead to the landlady of an hotel. She stared in stupefaction at the stocking cap and the pyjamas in which Aristide had clothed it. Aristide smiled his most engaging smile :

" My son's luggage has unfortunately been lost. His portmanteau, *poivre petit*, was so small."

Perhaps this is the most fascinating of all the adventures. After a year or two he married the lady who adopted little Jean; having no address himself, he had found it impossible to find shelter for the babe.

After the wedding Aristide darted to the altar rails, caught Jean up in his arms; " Put your hands together as you do when you are saying your prayers, *mon brave*, and say ' God bless father and mother.' "

H. H.

BREAD AND ROSES.

" Bread for all, and Roses too." *Chicago Women Trade Unionists.*

As we come marching, marching, in the beauty of the day,

A million darkened kitchens, a thousand mill-lofts grey

Are touched with all the radiance that a sudden sun discloses,

For the people hear us singing, " Bread and Roses, Bread and Roses."

As we come marching, marching, we battle too for men—

For they are women's children, and we mother them again.

Our lives shall not be sweated from birth until life closes—

Hearts starve as well as bodies; give us bread, but give us Roses!

As we come marching, marching, unnumbered women dead

Go crying through our singing the ancient song of Bread,

Small art and love and beauty their drudging spirits knew—

Yes, it is bread we fight for, but we fight for Roses too.

As we come marching, marching, we bring the Greater Days,

The rising of the women means the rising of the race;

No more the drudge and idler—ten that toil where one reposes,

But a sharing of life's glories: Bread and Roses, Bread and Roses!

JAMES OPPENHEIM,

In the *American Magazine*.

COMING EVENTS.

December 12th.—Territorial Force Nursing Service, City and County of London. Meeting of the Grand Council, Mansion House, 3.30 p.m.

December 13th.—Penal Reform League Annual Meeting, Caxton Hall, S.W. 8 p.m.

December 15th.—Dinner, Guest of Honour, Mrs. Bedford Fenwick, given by members of the Nursing Profession. Mrs. Walter Spencer in the Chair. Hotel Cecil, Strand, W.C. 7.30 p.m.

December 16th.—Central Midwives Board, Examination, Caxton House, Westminster, S.W. The Oral Examination follows in a few days.

December 17th.—Irish Nurses' Association. Lecture: " Poor Law from the Twentieth Century Standpoint," by Mrs. Dickie, 34, St. Stephen's Green, Dublin. 7.30 p.m.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

THE SCOTTISH SOCIETY OF TRAINED NURSES—PROPOSED "NIGHTINGALE" PRIZE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In order to develop the usefulness of the Society in the direction of nursing education, it was resolved at the annual business meeting, held on September 28th, to take steps for the purpose of endeavouring to raise a fund for the provision of a prize, or prizes, for competition among nurses.

A movement during recent years on the part of hospitals to provide post-graduate lectures is a strong proof of the necessity that nurses should keep themselves abreast in the practical and theoretical knowledge of their work. But, much as post-graduate lectures do in this respect, they can only be taken advantage of by a limited proportion of nurses in Scotland. Private nurses often find difficulty in suiting their on-duty hours to those of lectures, district nurses are frequently subject to the same disadvantage, while those working in the distant highlands and islands are cut off from all educational advantages connected with their profession.

In view of these facts, the Society feels confident that support will be extended to its endeavours to supplement hospital education in providing encouragement in the form of competition which may be shared in by all trained nurses.

The form which prizes may ultimately take depends upon the support which the Society's appeal receives; but in the first instance it is proposed to establish a medal for annual competition, to be known as the Scottish Society of Trained Nurses "Nightingale" Prize. As it is

believed that no memorial of the same kind exists in Scotland, this appears to be a suitable time and opportunity to commemorate one whose long life was spent in the service of the sick. To render nurses efficient in their work, members of an honourable calling and therefore fit and able to help themselves was always Miss Nightingale's object, an object which, fortunately, commands respect and sympathy from many outside the bounds of the profession.

Every care will be taken by the Society that a high standard of efficiency will be maintained, and examiners appointed (whether members of the medical profession or nurses) will be those who are conversant with the educational requirements of nurses.

Donations forwarded to any of the undersigned will be acknowledged by the Hon. Secretary and Treasurer.

We are, yours faithfully,

- J. ALEXANDER, Matron, Royal Alexandra Infirmary, Paisley (*President*),
 A. B. BOYD, Matron, Eye Institution, Aberdeen.
 E. TOD, Matron, County Hospital, Ayr.
 J. G. McDUGALL, Matron, Maternity Hospital, Aberdeen, (*Vice-Presidents*).
 E. STEVENSON, Bay View, Johnshaven, Kincardineshire, (*Hon. Secretary and Treasurer*).

A SLUR ON THE NURSING PROFESSION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have read with satisfaction the resolution passed at the recent meeting of the National Council of Nurses, in reference to the exclusion of trained women nurses from the units sent to care for the sick and wounded in the Near East, by the British Red Cross Committee. This exclusion is a very serious slur upon the nursing profession indeed, and when we read of the value of the services of the trained nurses sent to Turkey by the Red Crescent Society, and those accompanying the Women's Convoy Corps, with what honour the latter have been treated by the Queen of Bulgaria, it warms one's blood a bit to realise that although the British Red Cross in their advertisements for money include "Nursing" in their benefits, and the public have subscribed nearly £40,000, Sir Frederick Treves and his Committee have thought fit not to expend one farthing voluntarily on skilled nursing in this war. Upon enquiry I was told that thoroughly trained men, nursing orderlies, have been sent instead. How can this be? Male orderlies have their place in the scheme of military nursing, just as administrators, physicians, surgeons, and domestics have, but male orderlies do not and cannot supersede skilled women nurses, and for many years have not done so.

Moreover, in my old hospital I hear for a fact that one of the porters, calling himself an "orderly," has been sent out by the British Red Cross Society in this capacity!

Nursing is women's work, and our British Red Cross has no right to deny to us the satisfaction of service at the front, the remuneration for such service, nor the recognition which would naturally result to our honourable profession from the performance of our public duty.

I am,

Yours faithfully,

A MEMBER OF THE LEAGUE OF
 ST. BARTHOLOMEW'S HOSPITAL NURSES.

We feel quite as strongly as our correspondent, the indignity cast upon our cloth by the exclusion of Trained Women Nurses as part of the units organised for active service by the British Red Cross Society, and if a sufficient number of trained nurses will take action on this very serious matter, we will do our best to have it brought to the notice of those, who we feel sure must sympathise with the nursing profession in their excusable indignation, and thus prevent in the future the British public being appealed to for funds to provide trained nursing when its consolations are excluded from Red Cross work so far as British women are concerned. ED.]

REPLY TO CORRESPONDENT.

Sister C. (Birmingham).—The Trained Women Nurses' Friendly Society is a friendly society for trained Nurses, through which they can manage practically the funds compulsorily contributed through the National Insurance Act. It is the only society of trained nurses approved by the National Insurance Commission which does not also admit unprofessional persons. Nurses should keep the control of their financial affairs in their own hands. There is no reason to pay men high salaries for depriving themselves of personal and professional responsibility. No class of women workers are more exploited under the cloak of philanthropy than trained nurses, and they will continue to be so until they conscientiously realise their corporate responsibility.

OUR CHRISTMAS PRIZE COMPETITION.

Competitors in the "Toys for Tinies" Competition are asked to note that the last date for articles to arrive at 20, Upper Wimpole Street, W., addressed to the Editor, is December 14th.

OUR PRIZE COMPETITIONS.

December 21st.—How would you amuse a convalescent child aged 5 to 8 years isolated with infectious disease?

December 28th.—What symptoms would lead you to suspect apoplexy? Give nursing treatment of apoplexy.

NOTICE.

The Editor hopes that every reader who values THE BRITISH JOURNAL OF NURSING, will get one or more new subscribers, so that its constructive work for the profession may receive ever increasing support. Address of Office, 431, Oxford Street, London, W.

The Midwife.

NOTES ON MATERNITY HOSPITALS.

THE SALVATION ARMY MATERNITY HOSPITAL.

Ivy House is one of the oldest houses in Hackney, and its prettily decorated rooms have been adapted by the Salvation Army for use as a Maternity Hospital in connection with their Rescue Homes, but soon will be superseded by a larger one now in course of erection at Clapton. Ivy House, small as it is, seems to be managed with some considerable skill. Every two months a class of ten pupils is admitted, and each class remains four months, so that there is never a general exodus of pupils or the trouble of all beginners. Lectures are given twice a week to each class by the Secretary, herself a midwife, and also weekly by the doctor. The training is four months, the fee being eighteen guineas for the term.

The Hospital is primarily for rescuecases, but there are two private wards for married women. In spite of the age and inconvenience of the house, everything looked in perfect order, and, of course, exquisitely clean, whilst

an atmosphere of peace and contentment reigned over all.

There are three Rescue Homes from which the girls come: Brent House, situated close by; Clifton, at Lower Clapton; and Lorne House, Stoke Newington, which was given by H.R.H. Princess Louise, Duchess of Argyll, who takes a continual personal interest in its work. The girls are kept in hospital three weeks, and then sent to Brent House until they go to friends or situations are found for them.

THE BRITISH LYING-IN HOSPITAL.

The Ladies' Committee of the British Lying-in Hospital some time ago started a library

for the nurses, which has been much appreciated. The Samaritan Fund and Convalescent Home, which are managed by the Ladies' Committee,

is an inestimable boon to the poor mothers. Seventy mothers and infants were sent away last year to gather strength in purer air and under better conditions before returning to their homes. Also when the ex-baby is an obstacle to the going away of the mother the



IIVY HOUSE, THE SALVATION ARMY MATERNITY HOSPITAL.



LORNE HOUSE GARDEN—THE BABIES THRIVE IN THE OPEN AIR.

Ladies' Committee either send it with the mother or have it cared for elsewhere.

THE CITY OF LONDON LYING-IN HOSPITAL.

Situated in one of the busiest thoroughfares of the city, the City of London Lying-in Hospital is well placed for helping poor married women in their hour of need. The Hospital was founded on March 30th, 1750, and the old prints which hang in the waiting-room show a very different condition of the neighbourhood to that which exists to-day. In 1907 it was re-built, and now the patients are housed in a very imposing, commodious, red brick building, whilst the old portion is used as the Nurses' Home, where the cubicle system has given place to the single bedroom for each nurse, with ample bath-room accommodation.

The Hospital can receive sixty-four patients, and the staff indoors and out consists of matron, six sisters, four staff nurses, all trained nurses as well as midwives, and about thirty pupils. The training for midwifery is three months, and monthly nursing two months.

The floors of the Hospital are of terrano, the basis of which is a thick layer of sawdust, and a thick acid mixture is floated over that; this hardens as it dries, and forms a smooth floor surface, which can be scrubbed or polished as taste dictates. In appearance it is like a thick cork carpet, being elastic to the tread, and deadening sound, both great advantages.

Being so recently rebuilt, of course everything is up-to-date. The nursery has a series of wee baby baths with knee action. The wards are large, lofty, bright and airy, each containing eight beds. There are two labour wards, for use alternately, the reserve one being used for serious operation cases.

The two private wards must be a great boon to women of the better class in case of a serious confinement. The out-patient department is a large, comfortable room, with tiled walls for easy cleaning, with consulting room, receiving and bath room close by, so that patients enter the Hospital quite ready for their clean beds.

During the past year there has been a change of matron and many of the nursing staff.

The pretty little chapel, which was dedicated about two years ago, and has been largely furnished by the gifts of friends, nurses and pupils, is used daily for prayers, read by the matron, with a weekly celebration and services by the Chaplain. The mothers are churched and babies christened here before leaving the Hospital, which is usually at the end of a fortnight. On looking through the Reports of this and other similar hospitals, one cannot help wondering why all the Committee of Management should be men. True they have also a Committee of Ladies, but usually their duties are confined to procuring funds, to provide clothes for, and to render personal service to the patients. All excellent objects, but women have no voice in the *management* of these institutions, which exist solely for the needs of women.

MARY BURR.

THE FIRST WOMAN PRACTITIONER OF MIDWIFERY, AND THE CARE OF INFANTS IN ATHENS 300 B.C.

Dr. Gilbert Totten McMaster, of New Haven, Connecticut, in a most interesting article in a recent issue of *American Medicine*, after declaring that "there is nothing new under the sun," states that this assertion is better appreciated when we study past methods of medicine, crude though they may appear from their admixture with religious fads.

Dr. McMaster says in part:—

The Greeks certainly placed medical and surgical knowledge on a scientific basis. They were a nation of real culture, even though they were rude and unpolished in their forms of expression. But in the care of newly born infants they were much like us of to-day; like us in the little things, and that is what counts after all. They were strikingly like us, in enforcing the laws governing the practice of midwifery, in Athens, 300 B.C. The old Athenian M.D.'s were jealous of their rights, just as we are to-day, for jealousy, I am sorry to admit, has never been a stranger to those of the "Physic Art." As the story goes, there was a law in Athens forbidding women, or slaves from practicing midwifery. Men only had this right.

Modesty, then as now, was common to women, regardless of the assertion of the great Pope some 1,700 odd years later. These women of Athens objected strongly to being exposed "*To the hands of men.*"

The first midwife in Athens was one Agnodice, a woman who was evidently backed by her sex—"the Sex"—for when she got into trouble her Athenian sisters stood by her.

Agnodice disguised herself as a man, and repaired to Herophilus, a famous physician and anatomist of Athens, 300 B.C., and began the study of midwifery. She became proficient in her chosen profession, and then disclosed herself to her sex.

Women have always talked among themselves. *Eustathius* out of *Euripides* says in these immortal lines:

ἔνδον γυναικῶν καὶ παρ' οἰκείων λόγος

"Women should keep within doors, and then talk."

And they did talk—and settled the fate of some doctors, then as now. The result was that women about to be confined would have none but *Agnodice*. The demand for her was excessive; greatly to the discomfiture of her

brother physicians, to whom her sex was not yet known.

Her inroads upon their financial rewards were keenly felt. Then the Athenian physicians suddenly evinced the customary professional amiability and good will, and a violent devotion to ethical standards, by vehemently denouncing Agnodice, "*Is one that does corrupt men's senses.*"

To controvert this far from complimentary accusation by her loving medical brethren, Agnodice revealed her sex to her tormentors. The Medical Faculty of Athens indulged in protests in highly flavoured Greek, when this heinous crime became known. They persecuted the girl to the limit of human tolerance. They appealed to the law courts, for the law regulating the "practice of midwifery" had been violated.

Agnodice fell into the clutches of the law. Her ruin was imminent. Doubtless she already felt in anticipation its penalties, when, to the chagrin of the "most learned and reverend doctors," the matrons of Athens waited upon the courts "en masse," fearlessly telling the jurists that "*they were not husbands but enemies, who were going to condemn the person to whom they owed their lives.*" These veiled Athenian women as they stood before the lawyers were in reality pleading for their own lives, when demanding clemency for their learned sister. But their veils, as *Euripides* proves, were not so heavy as to hide their beauty. "Seeing my brother through my thinnest of veils."

In this instance, it must have vastly enhanced female beauty. The Athenian lawyers, whose profession has never been proof against the charms of a pretty woman, repealed the law debarring women from practicing midwifery, and were chivalrous enough to rule that "three of the sex should practice this art in Athens."

I believe this to be the first time history mentions a female following any branch of medical practice.

It is evident that there was a united body of medical men at Athens at that period, who were pioneers in organized opposition to illegal practices. There were no doubt exams. and statutes governing the practice of medicine, where "fools asked questions, for wise men to answer," as Francis Bacon has wisely said.

The Greeks and Romans alike believed that if a painless delivery took place, it was a positive sign as to the virtue of the woman, and a special dispensation of the gods. Then it was quite the thing for the woman, when

confinement was at hand, to be in the vicinity of a palm tree or hold in her hand palm branches, which eased her pain, so it was thought.

When the child was born, common reason prevailed. No sooner had the infant made his entrance into "this vale of tears" than they washed it in water.

But those of Lacedaemon, as Plutarch tells us in his life of Lyeurgus, used not water but wine when the newly born saw light, "in order to estimate the temper and complexion of the bodies of the newly born." If these Spartans had the idea that the child might be feeble or "have convulsions, or faint upon being bathed," this was usually most unfortunate for the child; while those of vigorous and powerful constitution would "gain firmness and possess a temper like unto steel so hard would it be to overcome them."

Next came the division of the navel. This operation was called *ὀμφαλιτομία*, whence arose the saying "*Thy navel is not cut.*" The full import of this speech is not at first apparent, but this much: "*You are an infant scarce separate from one's mother,*" and later, in bluff King Hal's time, "*Thou art yet tied to thy mother's apron strings, thou varlet.*"

But just how this cord was severed, whether torn or cut by a sharp instrument, is yet open to argument. At all events it was done by the nurse, as the records show. After this operation, the child was wrapped by the nurse in "swaddling bands," lest its lower extremities, not being able to hold its weight, might become crooked.

The Spartans, however, used no such aid, but were of such experience that they brought up their young without such coddling and had straight strong children. The course followed by the Spartans Plutarch gives us fully in his life of Lyeurgus as follows:

"Their management of children differed likewise from all the rest of the Grecians, in several ways, for they used them to any sort of meat, and sometimes to bear the want of it, not to be afraid in the dark, or to be alone, nor to be forward, peevish, and crying, as they generally are in other countries through the impatient care and fondness of those who look after them. Upon this account Spartan nurses were frequently hired by people of other countries; and it is reported that she who suckled *Helibiades* was a Spartan."

After this the religious ceremonies fill each hour and day, for, strange as it may seem to us, these barbarians were more attentive to their gods than are we of to-day to ours.

The last measure of note is the purification of the mother, which took place upon the fortieth day after confinement. This is so steeped in myth and symbolism as to hide the real medical facts, but, looking backward, one must agree that "*There is nothing new under the sun.*"

CENTRAL MIDWIVES BOARD.

The written Examination of the Central Midwives Board will be held in London on Monday, December 16th. The whole week is a busy one so far as the Board is concerned. We give below a list of fixtures.

FORTHCOMING FIXTURES.

December 16th.—Written Examination of Central Midwives Board in London.

December 18th.—Special Penal Meeting of Central Midwives to deal with all penal cases and applications ready for hearing so far as time allows.

December 19th.—Monthly Meeting of Central Midwives Board.

December 20th.—Oral Examination of Candidates for admission to the Roll in London.

December 21st.—Special Penal Meeting of Central Midwives Board.

GOOD WORK APPRECIATED.

The following resolution, moved by Mr. Savage, and seconded by Dr. McKenna, has been passed by the Belfast Board of Guardians :

That the Board of Guardians express their appreciation of the services rendered by the Medical Staff, Lady Superintendent of Infirmary and Assistant Superintendent of Maternity Hospital, for their efforts in training the nurses under their care so efficiently as to enable such a high percentage of those who enter to pass the C.M.B. examination.

That the thanks of the Board be passed to the Infirmary Committee and its Chairman, Mr. D. W. Elliott, for the excellent system of training which is now in operation, and which was introduced by that Committee.

It is always pleasant to have good work appreciated.

A GOOD PLAY FOR A GOOD CAUSE.

The play by Mr. Arnold Bennett, "*What the Public Want,*" which will be presented at the Royal Court Theatre on the evenings of December 16th and 17th, by the members of the Romany Amateur Dramatic Club, should be well attended, for it is in aid of the funds of the General Lying-in Hospital, York Road, S.E., so the public can both enjoy a good play and help a good cause. Tickets may be obtained from the box-office at the theatre and from the Secretary at the hospital.

MIDWIVES ON INSURANCE COMMITTEES.

The Midwives Institute, in a letter signed by Miss Amy Hughes, President, Miss Rosalind Paget (Hon. Treasurer), and Miss R. P. Fynes-Clinton (Hon. Secretary), have communicated with the midwives' representatives on the various insurance committees, concerning matters of vital importance to the practising midwives. The letter points out that these representatives are the sentinels who are guarding the interests both of midwives and their patients, and that they only are able to give warning of impending action calculated to affect those interests, and invites them to give prompt warning to the Institute as to any proposals made, or decisions come to by their committees which in any way affect the allocation of the maternity benefit, or directly or indirectly the profession of midwifery.

The letter lays special stress on the importance of upholding the freedom of contract between the midwife and her patient, and the inadvisability of specifying a fixed fee for the midwife. It asks the representatives to endeavour to dispel the misapprehension that insured persons will not receive the maternity benefit unless they employ a doctor, to bear in mind that midwives attend 50 per cent of the total number of births in England, and from 65 to 85 per cent of the class that will be insured, and to support any proposals for insuring for the doctor's fee. It points out that in the past midwives have been most inadequately paid and have done much charity work, and that the position and function of the midwife of the future depends chiefly on the action now taken by the Insurance Committees.

A MATERNITY ALLOWANCE BILL.

The Maternity Allowance Bill of the Australian Labour Government, which provides for the presentation by the State out of consolidated revenue funds of £5 to every mother of a live child, which was introduced by Prime Minister Fisher, has passed its third reading in the Lower House, and been forwarded to the Senate, from which it is expected to emerge unchanged. The Bill provides for the appointment of a Commissioner, who, subject to the control of the Minister, will be charged with the execution of the Act. The Bill applies to every woman who, after the commencement of the Act, gives birth to a child either in Australia or on board a ship proceeding from one part of territory in the Commonwealth to another part of territory in the Commonwealth. Where more than one child is born at a birth only one allowance is payable. Where the child is not born alive, or dies within twelve hours of its birth, a medical certificate that the child was viable is required. Asiatics, aboriginal natives of Australia, Papua, and the Islands of the Pacific are excluded from the benefits of the Bill. In the event of the death of the mother the Commissioner is to decide to whom the maternity allowance shall be paid.

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EDITED BY MRS BEDFORD FENWICK

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Vol. XLIX.

EDITORIAL.

THE HEALTH OF SCHOOL CHILDREN.

The health of the rising generation is one of utmost importance to the nation, and, therefore, the report of the Chief Medical Officer of the Board of Education (Sir George Newman), although profoundly disquieting in relation to the health of elementary schoolchildren, is of value in showing where the weakness lies, for this is the first step towards improvement. Incidentally it proves the wisdom of the legislation requiring the medical inspection of school children, and the futility of pressing education upon those whose health does not permit them to benefit by it.

At present children are medically examined on entering and leaving school, and the work already accomplished brings to light the fact that a large number of school children are suffering from disease and malnutrition, the original cause of the former being in many instances the direct result of the susceptibility of the child to infection owing to his low condition of health. This malnutrition is due in some instances to extreme poverty, but also to the ignorance prevailing as to the nutritive value of food stuffs.

Since the passing of the Act providing for the medical inspection of schoolchildren, some million and a half have been annually inspected, and, out of thirteen counties and sixteen urban areas investigated, in only one did the percentage of "good" nutrition reach 45, and in one it was as low as 3.8.

In London, out of 200,000 children examined in 1911 over 100,000 were found to be defective, 78,000 were recommended for treatment, and over 27,000 were treated under arrangements made by the London County Council at hospitals and clinics. One wonders what happened to the remain-

ing 51,000, and incidentally the extreme importance, and indeed, necessity of the work of school nurses is evident, for if the cases recommended for medical treatment are not followed up, and the parents urged to secure the treatment required, medical inspection fails of its object and becomes a farce.

The extraordinary amount of feeble-mindedness among school children, estimated by Sir George Newman at no less than 50 per cent, varying from stupidity and dullness to imbecility, and in one-fifth to one-seventh of the cases being so far developed as to render the child uneducatable, must give cause for great anxiety. No doubt it is due in part to malnutrition, which affects the brain as well as the other organs of the body, and might be improved by better environment and feeding. But the existence of so large a body of feeble-minded children in our midst, and the fact that the fecundity of the feeble-minded is known to be greater than that of the normal individual, indicates a growing national danger which will require all the knowledge and wisdom of eugenists to avert. In this connection again the work of the school nurse is of the utmost importance, and if she performs it with an intelligent grasp of the principles underlying the effort for raising the standard of national health, and understands the necessity for the prevention as well as the cure and alleviation of disease, she can render aid of the very first importance at this national crisis, and materially assist in preventing national disaster. It follows that school nurses should be picked women, with at least three years' hospital training, followed by special instruction in the social problems with which they will be brought into intimate touch. This work for the preservation of the national health is too fundamentally important to be delegated to half-trained women.

OUR PRIZE COMPETITION.

HOW WOULD YOU AMUSE A CONVALESCENT CHILD AGED 5 TO 8 YEARS, ISOLATED WITH INFECTIOUS DISEASE?

We have pleasure in awarding the prize this week to Miss Alice Rhind, 11, West Mayfield, Edinburgh.

PRIZE PAPER.

My experience with children—wealthy, moderately well-off, or poverty-stricken—is that they are much the same in one particular, and that particular is this: It is not the expensiveness and elaborateness of the toys that matter, but that the child's interest be aroused in the toys and amusements at hand.

In a case of an infectious nature expense is usually a matter of considerable importance. Toys are difficult to disinfect satisfactorily, and it is much the wisest plan to have a few simple, inexpensive things, and interest the child in the fire they are going to make at the end! In this way there are no heartburnings on separating from cherished objects.

A pair of old scissors, not too sharp, and without points; plenty of old newspapers; an illustrated catalogue from one of the large stores or similar establishments; one or two penny notebooks; a slate and slate pencil; a skipping-rope (if the doctor allows); some wool; a cork, needles, pins, and some variously coloured thread—give me these, and I will guarantee to keep even the most fractious child happy and contented for several hours a day for weeks, if necessary.

There is no end to the wonderful things that can be contrived with a pair of scissors and a newspaper. Caps, boats—and boats that will sail, too! bags, baskets—all kinds; whole families, papas, mammas, brothers, sisters, uncles and aunts, can be cut out separately or joined together in rows; milkmaids with pails, little boys with hoops, and so on, one design leading to another.

The illustrated catalogue I have found an unbounded source of delight. The long-desired articles, the beautiful people in all sorts and conditions of attire, can be cut out, sewn into the notebooks, or "pricked" kindergartewise on to sheets from the same notebooks, and sewn, facsimiles in outline appearing to our astonished gaze; and if a box of crayons be ours, the prospect is limitless!

The cork must have a hole down the middle, and is used for making "rat-tails," so dear to the hearts of ladies and gentlemen "'bout 7." The slate usually condescends to little more

than a blackboard for "x and o" competitions, and sometimes "railway crossings."

Oh, many and wonderful and time-beguiling are the adaptations possible from these wonderful commonplace articles; they cost next to nothing, and can all be burned when the little one is announced safe to return to the family fireside and her "live" playfellows.

Physical exercise can be made to be a grand entertainment, and at the same time achieve another purpose.

One more item—and the child it does not appeal to I have not yet met—the evening story. The subject may—and usually is—set by the patient's self, but in any case the nurse who would be a success with children, whole or sick, must have unlimited imagination and the knack of giving vent to it. Lords and ladies, fairies and gnomes, dragons and genii, wild beasts and terrible storms; shipwrecks and desert islands, and—well, everything, nothing less than everything, the nurse must know of and be able to communicate to the charge whose tender it is her duty and her pleasure to beguile.

HONOURABLE MENTION.

The following competitors are accorded honourable mention:—Miss M. Dods (who sent a very excellent paper), Miss A. M. Smith, Miss Gertrude Phillips, Miss S. A. G. Lett, Miss A. Wellington, Miss O'Brien, Miss Macfarlane, Miss G. Tatham.

Miss M. Dods writes:—Children are generally conservative little mortals, apt to view a newcomer, especially in sickness, with suspicion. My own experience is that they have decided individuality almost from birth, brothers and sisters being quite unlike each other in character and tastes. One often hears grown-ups say, "Oh, children are all alike," but that is quite wrong. To be successful, the nurse who is in charge, and responsible for the welfare and happiness of a sick child, should make a careful study of each one under her care. A child's mind is a wonderfully complex thing, always ready to take fresh impressions, happy or otherwise, frequently very reserved and sensitive. Therefore, to make its convalescence a happy time, it is necessary to put oneself down (or it may be up) to the level of the little ones. The principal points to be observed are avoidance of boredom and fatigue, mental as well as physical; to choose occupation for fingers when possible, to arouse intelligent interest, but to avoid excitement. Frequent change of programme is advisable. The nurse must in all cases be care-

ful to avoid eyestrain on the part of the child when fever is just over, and the child begins to get fidgety, though still too weak to sit up. Reading, or telling a story, just out of your own head is usually preferred. Most children like natural history, or stories that are true. A pet doll or toy to cuddle in bed will add to happiness, especially if strictly isolated. When a little stronger and able to use the brain a little, guessing games are very popular, as guessing objects in a room. I have found children aged five and six love this game. Some little ones like to watch you build card houses, or make different structures of bricks. Can you cut out animals, dolls, &c., in folded paper? Try it. See which can cut best, you or the patient. Can you make paper boats, purses? A few empty matchboxes, some coloured tissue-paper, gum, and, if in the country, some dry twigs, will make charming toys, such as log huts, stables, chests of drawers. The lid of a cardboard dress box will make a splendid country estate with the grass painted on, gravel paths fixed with glue, little matchbox houses dotted around. Later on, when the child is better, he can help.

Miss Gertrude Phillips writes:—The great aim in amusing a child should be to educate it at the same time.

Miss S. A. G. Lett remarks:—Convalescence is most tiresome in its earliest stage while the little patient is in bed, and as yet not allowed to exercise very much energy. In this stage the nurse will generally find it a great boon if she has a gift for story-telling—for where will a child be found who, when all else is tired of, will not end up with "Do tell me a story, nurse."

Miss A. Wellington points out:—If the nurse is at all musical she can amuse the child by singing to it, especially nursery rhymes. If the child is well enough to go out of doors, the nurse's work will be much easier, as it will not be so difficult to keep the small patient happy.

Miss Gladys Tatham writes:—Fashion catalogues can be made to give quite a lot of amusement by cutting out the figures and pasting them on to cardboard so that they can be made to stand up in groups, about which one could doubtless weave many tales. "Building houses" with plain wooden bricks, for the child to topple over, often wiles away an hour.

QUESTION FOR NEXT WEEK.

What symptoms would lead you to suspect apoplexy? Give nursing treatment of apoplexy.

OUR CHRISTMAS COMPETITION.

TOYS FOR TIMES.

We have to thank many nurses for so kindly entering for the Toys for Times Competition, and to announce that the four Five Shilling Prizes have been awarded as follows:—

1. To Miss N. Annscoot, Balstrode Street, London, W., for a very fascinating black gollywog, dressed in brilliant rose and green silk, trimmed with gold sequined lace. A fine black stocking was used to make the doll, and its silky black hair and black and white button eyes are very effective. Cost, 5s.

2. To Miss E. Heathcote, Elderfield Road, Clapton, N.E., for three unbreakable rag dolls with scrap picture faces: 1, Little Red Riding Hood; 2, long-clothes baby; and 3, a gollywog; made with

1 yd. Neopolitan, at 2 $\frac{3}{4}$ d. yd. . . .	2 $\frac{3}{4}$	d.	For bodies, dress, night- dress and petticoat, &c.
$\frac{1}{4}$ yd. Red Flannel- ette, at 2 $\frac{3}{4}$ d. yd. . . .	$\frac{3}{4}$		For cape, bonnet, and trousers.
$\frac{1}{4}$ yd. White Flannel- ette, at 2 $\frac{3}{4}$ d. yd.	$\frac{3}{4}$		For baby's flannel and vest.
$\frac{1}{4}$ yd. Black Lin- ing, at 1 $\frac{1}{2}$ d. yd. . . .	$\frac{1}{2}$		For Golliwog.
1 yd. Lace, at $\frac{1}{2}$ d. yd.	$\frac{1}{2}$		For bonnet and nightdress.
$\frac{1}{2}$ yd. Ribbon, at 1d. yd.	$\frac{1}{2}$		For bonnet and nightdress.
	—		
Total cost . . .	5 $\frac{1}{4}$		

TO THE EDITOR.

(FROM RED RIDING HOOD.)

I wish I'd more clothes and better,
But funds are so awfully low;
To make us three for sixpence,
It's a good job we won't grow.
There's me, and Jim, and Baby,
We'll do our best to show
Our love for the little children
To whom we are to go.

Jim's the black sheep of the family,
He never will be clean;
He seldom can come out with us,
For he is never fit to be seen.

3. To Miss E. S. Fountain, Lee Road, Blackheath, for infant's teething-ring and rattle, made of ivory, wool, and ribbon, and little bells. Cost, 5s $\frac{3}{4}$ d.

4. To Miss Eva Smith, North Ormesby Hospital, Middlesborough, for two little bedsteads, one most ingeniously upholstered and trimmed with hospital materials; the bedstead is of gouch and camelhair-brush-holder, bandage

pans and tapes; the clothes from cast linen, flannel, and domette bandages; and the rest is of cambrola, jaconet, splint wool, and blanket threads, an infinitesimal amount of each. To see such a bit of work would greatly amuse a sick child.

HONOURABLE MENTION.

Miss Annie King.—Four dolls, three of black and red silk (a mummy and two piccaninies), and a charming little lady in pink saten.

Miss E. Dymes.—Dressed doll, a bed made of a cardboard box, beautifully trimmed, and with tiny nightgown case, containing a wee "nightie" of lawn, lace, and ribbon.

Miss Grace Massey.—Doll, Red Riding Hood.

Miss I. J. Grant.—Ditto.

Miss Ruth Jackson.—A penwiper black wool dollie, with fine pigtail, and a wool ball.

Miss E. C. Evans.—Fine wool ball.

Miss E. M. Walker.—Silvered walnut cradle, with wee doll inside. Cost, 2½d.

Miss T. Foster.—Strawberry pincushion.

Miss V. Taylor.—Kitchen dresser for dolls-house.

Mrs. A. B. Sturges.—Four wool balls.

Miss A. Potter.—Black bear.

From "Nowhere," not for competition because he cost 8½d., came "Woollie Willie," a sweet little fellow dressed in knitted wool. He says: "I'm afraid I cost 8½d.; sports coats are so expensive. But please could you find someone to be a mother to me? I want one dreadfully." This will be an easy task.

Next week we shall report what has been done with the toys.

THE COMING CHRISTMAS.

The usual stir and anticipation for a Happy Christmas is perceptible throughout the hospitals and charitable institutions in town and country. Gifts are being gathered together; wards are being beautified, and the children longing for the morning when they may peep into those capacious stockings. Nowhere throughout the land is Christmas spent in more festive fashion than in the hospitals and infirmaries—nor more kindness expended in commemoration of the festival.

KING EDWARD NURSES.

The King has intimated to the Governor-General of United South Africa his approval of the title "King Edward Nurses" for the Order recently established in memory of the late King. The King has also consented to become a patron, and Queen Mary and Queen Alexandra to become patronesses.

COMPLIMENTARY DINNER TO MRS. BEDFORD FENWICK.

The Dinner to Mrs. Bedford Fenwick at the Hotel Cecil on Saturday last, designed by her friends to commemorate her twenty-five years of public service, was, as it was intended to be, a very delightful and friendly affair.

Mrs. Fenwick was received on her arrival by Mrs. Walter Spencer, genial and gracious, Chairman of the Dinner, Miss Heather-Bigg, President of the Matrons' Council, Miss Cox-Davies, President of the League of St. Bartholomew's Nurses, and Miss B. Cutler presented a fragrant bouquet of pink carnations, frezia, and lilies of the valley.

Amongst the nursing organisations represented were the Matrons' Council by the President, Miss M. Heather-Bigg; the International Council of Nurses by the Treasurer, Miss M. Breay; the National Council of Trained Nurses of Great Britain and Ireland by the Hon. Secretary, Miss B. Cutler. The following affiliated leagues and societies were also represented:—The League of St. Bartholomew's Hospital Nurses by Miss Cox-Davies, president; the League of St. John's House Nurses by Miss Frisby and Miss Braysday; the Registered Nurses' Society by Miss S. Cartwright, Sister-in-Charge, and a number of past and present members; the School Nurses' League by Miss H. L. Pearse, President; the Hendon Branch of the Central London Sick Asylum Nurses' League by Miss Elma Smith, President; the Leicester Infirmary Nurses' League by Miss G. A. Rogers, President; the General Hospital, Birmingham, Nurses' League by Miss E. M. Musson, President; and the Kingston Infirmary Nurses' League by Miss A. Smith, President.

Miss Morgan, Miss Bryson, Miss Bann and Miss Ross, Matrons under the Metropolitan Asylums Board, were present; Miss A. C. Gibson and Miss Constance Todd, past and present Poor Law Matrons; and Miss Lord, Matron of Banstead Asylum; Miss Macintyre came from Wigan, Miss Jolley from Liverpool, Miss Barclay and Miss Melville, State Registered Nurses in New Zealand, were there; Mrs. Maxwell St. John, wearing the Royal Red Cross, Miss Warriner, the Greek Red Cross, Miss Rowell, the South African War medals, Mlle. Danviray, specially delegated by the Nursing School of the Assistance Publique at Paris, Mlles. Reynes, Pougnet, Avinain and Lance, pupils of the School, and many ladies of note in the nursing world, covers being laid for ninety.

Unfortunately, Miss Haughton, Matron of Guy's Hospital, was unable to be present owing to her absence from town, a sudden bereavement prevented Miss Barton, President of the Chelsea Infirmary Nurses' League from attending, and Miss Villiers and Miss Carson-Rae were also prevented from attending at the last moment. Most cordial letters were sent by many unable to be present.

Dinner was served in the Victoria Hall, while Professor C. Candia's orchestra provided a musical programme, which was thoroughly appreciated,

and the excellent menu received much commendation.

After the toast of "The King" had been duly honoured, the chairman, before proposing the toast of the evening, read the following letters from Sister Agnes Karll, President of the German Nurses' Association, and Miss L. L. Dock, secretary of the International Council of Nurses:—

Sister Agnes Karll wrote:—

"May I ask you to give expression to my deep feeling of thankfulness to the Guest of Honour of your dinner of the 14th of December in the Hotel Cecil? I should have been very happy to be with you on this splendid occasion to myself tell about our feelings for Mrs. Bedford Fenwick. I for one do fully realise what these twenty-five years of work of hers have meant to our profession the whole world over. Most of our German Nurses do not at all realise what our work means for public life; they just think of the work they do now, it may be in hospital, district or private nursing. They may do their best, but their eyes are not opened to the far greater duties that lie behind the daily work for all nurses. I think I have felt them instinctively always, but when I see them quite clear now, and fight for them day by day and try to instil them into my German fellow-nurses, I have to thank nobody more for it than Mrs. Bedford Fenwick. Every time I have seen her since 1901 it has meant a great step forward for me in the understanding of our duties in public life and the furthering of our profession. I am always sorry that I do not know your language better, to express all I feel as to how much German nurses have to thank your undaunted battle for the welfare of nursing and nurses. THE BRITISH JOURNAL OF NURSING has always given to me new inspiration for my own hard and often hopeless battle; and perhaps I might have lost my courage without knowing what an immense amount of work has been done by so many of you British nurses, most of all by Mrs. Bedford Fenwick, to secure our position in public life.

"And so I try to lead the many hundreds of German nurses, who stand behind me the same way, as best I can, which she led you. I send my heartiest congratulations to your brave champion and all British nurses, who stand by her. May her splendid genius lead you for at least twenty-five years more; you'll need it all the time, as our aims will not easily be gained in any country.

"With all my heart I am with you on the 14th of December.

SISTER AGNES KARLL,

President of the German Nurses' Association.
Hon. President International Council of Nurses.
Hon. Member Matrons' Council of Great Britain and Ireland.

Hon. Member National Council of Nurses of Great Britain and Ireland."

Miss L. L. Dock wrote:—

"Congratulations on twenty-five years' resolute antagonism to the powers that prey upon women and the opponents of women's professional freedom.

"May you have twenty-five years of enjoyment of victory for the cause of political, economic, and professional enfranchisement."

L. L. Dock.

The following telegrams were also read.

From Miss Lanschot Hubrecht, President Dutch Nurses' Association (Nosokomos):

"Nosokomos offers sincere homage to Mrs. Bedford Fenwick."

From Miss Janet Stewart:—

"Wish you much joy and long-continued success."

THE TOAST OF THE EVENING,

MRS. BEDFORD FENWICK, GUEST OF HONOUR.

The Chairman, who on rising to propose the toast of the evening was warmly applauded, said:

"We have come together to do honour to our guest, Mrs. Bedford Fenwick, and to show her, by our presence here, how thoroughly we recognise, value, and appreciate her unceasing efforts during the past twenty-five years to organise the nursing profession on a firm and united basis, the aim and outcome of such organisation to be the improvement and perfecting of the standard of nursing organisation and nursing efficiency."

Referring to Mrs. Fenwick's work as Matron of St. Bartholomew's Hospital, the Chairman continued: "Not one of her probationers here can ever forget the magnificent work accomplished during those six years of Matronship. She did not spare us, but neither did she spare herself."

Before speaking of her public work, Mrs. Spencer said: "In the fascinating personality of our guest we have a very notable and convincing example of the way in which public life and work may be combined with all that makes for perfection in the home. A charming and entertaining hostess she is particularly happy when surrounded by her friends at some genial lunch or afternoon tea-party. Then we admire her lovely collection of china, the many quaint little pictures in needlework, and the altogether entrancing specimens of antique furniture, all of which have been collected and arranged with rare judgment and expert knowledge.

"Mrs. Fenwick's interests outside her home embrace all the immense social questions of the day, and particularly those which in any way concern or affect women, but the work nearest her heart is, and always has been, the advancement of the many nursing organizations she has founded.

"Before leaving the subject of home, let us congratulate Mrs. Fenwick upon having a son who, after a distinguished career at Eton and Oxford, is now a practising barrister on the Northern Circuit. He has inherited his mother's gifts of pen and speech, and is already well-known as a brilliant political orator."

After referring to Mrs. Fenwick's gifts as a writer and journalist, the Chairman, speaking of her work as Editor of THE BRITISH JOURNAL OF NURSING, continued: "Words almost fail, if we

even attempt to reach the stupendous amount of work that is put into it week by week. I have taken it from its earliest days and to me it is ever fresh and ever welcome. Never mind what else I may have on hand at the time, as soon as it arrives on Thursday I put all aside and read my journal from beginning to end."

Referring to the organizations initiated or founded by Mrs. Fenwick, and her work to obtain State Registration of nurses after three years' training and a central examination, the Chairman said: "The first principle of these Societies is self-government—government by nurses for nurses, and their success proves the ability of women to manage their own affairs."

"The Society for the State Registration of Trained Nurses, as its name indicates, is an organization whose special function it is to promote and bring about recognition and protection for the trained nurse by the State, and we may be quite sure that it will continue to exist and work until that end is accomplished."

After giving a brief history of the foundation of the International Council of Nurses and referring to her many other activities, Mrs. Spencer concluded: "I am now going to ask you to do honour to our guest, Mrs. Bedford Fenwick. For twenty-five years she has given of her best to the public

service. She has always been strenuous and stimulating, and we now want to show by the warmth of our toast how grateful we are to her for the stand she has consistently made all these years for professional progress and professional unity. Some of us here to-night may be lucky enough to possess one talent, or at most, two, but

I think we may say that to Mrs. Bedford Fenwick all the talents have been given, and that they have been cultivated and used to their uttermost for the common good.

"Here we have before us no life of ease and pleasure, but one of incessant work and self-denial, inspired by high aims and lofty purpose. These are the qualities we recognize in Mrs. Bedford Fenwick—our Guest of Honour—to whose health, long life and happiness I now ask you to drink."

Miss M. Heather-Bigg, supporting the toast, said: "It is unnecessary for me to add more than a few words

to the eloquent tribute paid from the chair to our Guest of Honour; or to enlarge on the many qualities she possesses, which have won for her the regard of the profession to which she has rendered such conspicuous service.

"But I should like to emphasise two qualities, which always commend their possessor to British men and women.



MRS. BEDFORD FENWICK.

These are the two—Pluck and Endurance.

It is easy to be enthusiastic and to work hard for a cause for a time—but to go steadily on for a quarter-of-a-century, and to have brought a movement to the position in which that of the State Registration of Nurses is found to-day, and with which Mrs. Bedford Fenwick's name must ever be associated, demands a tenacity of purpose of no common degree.

"The nursing profession is fortunate indeed to include in its ranks so brilliant and public-spirited a member, and who has both the time and ability to devote to the interests of the profession.

"Turning away from Mrs. Bedford Fenwick as a public benefactor, I would desire to express my admiration for her as a friend of many years' standing, and to thank her for very many acts of kindness received at her hands.

"It is with great pleasure I support the toast proposed from the chair: "Mrs. Bedford Fenwick: the Guest of Honour."

Mlle. Danviray (Delegate from the Salpêtrière Nursing School of the Assistance Publique of Paris), addressing the Guest of Honour directly, said: "Allow me, dear Mrs. Bedford Fenwick, in the name of our School, to add our respectful homage to that of the English Nurses. We have a most profound admiration for the work to which you have devoted the last twenty-five years, and our School, although of recent birth, most ardently desires to draw ever closer the bonds which unite it to the English nurses, and we are deeply grateful for this opportunity of expressing our sentiments."

The toast was then honoured with great enthusiasm.

THE THANKS OF NURSES TO DR. FENWICK.

The Chairman then said she was going to propose a toast of her own which was not on the programme. In the early days of nursing organisation, Dr. Bedford Fenwick, when advice and help were necessary, had always been ready with wise counsel and sound advice; and since nurses had learnt to manage their own affairs, he had left them to do so. She proposed a hearty vote of thanks to Dr. Fenwick for his kindness and help in the past, and hoped that Mrs. Fenwick would convey to him the gratitude of those present.

The toast was cordially received.

SUCCESS TO THE STATE REGISTRATION MOVEMENT.

Miss E. M. Musson, President of the General Hospital, Birmingham, Nurses' League, who proposed the next toast, "Success to the State Registration Movement," said: "It is not necessary to couple the name of Mrs. Bedford Fenwick with this toast, for it will always be inseparably associated with the registration movement. For twenty-five years she has worked for the benefit and organisation of the nursing profession through State Registration, and although at times faced by disappointment, she has always returned full of vigour and life to the work which we hope and believe will ultimately be crowned with success. We admire her pluck

and her perseverance, and the way in which she has fought for reform and kept the matter before the public. Most of us who are engaged in hospital work are too busy to take a very active share in her labours, and we owe her an enormous debt of gratitude for devoting her time and energy to this question."

Miss Musson then gave some details of the movement for State Registration and showed that with the growth of exact scientific medical and surgical treatment, scientific nursing is needed to assist it. When an attempt was made to meet the want, nurses were hindered by conditions it was necessary to change. There is no minimum standard of training, and in numbers of hospitals the governors make no provision for teaching probationers, who work for a small wage on the assumption that they are receiving a professional training, and who are only saved from the ranks of sweated labour by the devotion with which their services are rendered to the sick. Nurses also suffer from the untrained and fraudulent.

Concluding, Miss Musson said: "Recognising the necessity for organisation, we are here to do honour to Mrs. Bedford Fenwick. We admire her for her great courage and perseverance, and we assure her of our confidence and admiration."

The toast was honoured with much acclamation.

THE BRITISH JOURNAL OF NURSING.

Mrs. Baillie Reynolds, President of the Society of Women Journalists, proposing the toast of THE BRITISH JOURNAL OF NURSING, said: "I am delighted to have the opportunity to be here on an occasion which owes its inception to the enthusiasm of women for a great cause, and to their desire to convey to the woman representing that cause the admiration which they feel. I am here not only as representing the Society of Women Journalists, but also in virtue of a personal friendship, and as a member of the staff of the JOURNAL for more than ten years. I think it very kind of those who have organised this dinner to invite me to speak, though people have different ideas of kindness, and the other day I heard a man say that to be invited to make an after-dinner speech exhibited kindness similar to that of the boy scout who remembering that he had not done his daily good deed, jumped out of bed and gave the canary to the cat.

"I should like to say that the main cause of my admiration for the guest of honour is that she belongs to the pioneers, and usually the pioneers do the work and get the curses, and then someone else steps in and gets all the credit. For nineteen years Mrs. Fenwick, who with wise foresight acquired the *Nursing Record*, now THE BRITISH JOURNAL OF NURSING, in 1893, has acted as its Hon. Editor. We all see part of the result, but the present generation cannot know the full aim and end of the JOURNAL owned, edited and controlled by nurses which is now going stronger than ever."

The toast was then honoured, while those near the Editor clinked glasses with her.

THE INTERNATIONAL COUNCIL OF NURSES.

Mrs. Lancelot Andrews, proposing the toast of the International Council of Nurses, said: "I agree with Mrs. Baillie Reynolds in being proud of the honour of proposing a toast. I owe it, I think, to the honour I have in common with others here, of having been Mrs. Fenwick's probationer at St. Bartholomew's. Those who saw her leave the hospital in 1887, to fulfil woman's highest destiny, were dimly conscious that 20, Upper Wimpole Street would not hold her. In those early days I used to wonder if I worked very hard whether I should ever know as much as Mrs. Fenwick. I have long ceased to wonder. There is, however, one word in the English language of which she has no knowledge, that word is 'limitation.'

"Mrs. Spencer has reminded us of the foundation of the International Council of Nurses, so I need not enlarge upon that; but I think that the child Mrs. Fenwick has given to the world in this International Council has outstripped even her plan for it. To the trained nurses of the world sorrow, sickness, and death are stern realities with which they are trained to deal, and their advent in the home brings comfort, peace and rest. Through the larger influences of the International Council they are a factor making for the peace of the world.

"There are some whom we would gladly have with us to-night who have passed to the goodly company beyond, but they are with us in a wider spirit. With the toast of the International Council of Nurses I couple the name of its founder and all pioneers.

THE REPLY BY THE GUEST OF HONOUR.

Mrs. Bedford Fenwick, who, on rising to speak, received round after round of applause, said: "Madam Chairman, dear friend and charming hostess, and all others here to-night. When I accepted the most gracious invitation to be the guest to-night of certain members of the nursing profession, I accepted on the understanding that the gathering would be friendly and informal, and hardly realised that I should listen, and be invited to reply, to so many beautiful speeches.

"I offer you my very sincere thanks for the kind thought which prompted this dinner, and the kind expressions of opinion which we have heard this evening. To repudiate all these would be to doubt the sincerity of my very best friends, and to fail in gratitude to those concomitant forces of which we know so little, which have combined in the past to bestow upon me gifts for which I am sincerely grateful. You will not, therefore, think me lacking in modesty if I accept your kind words in the spirit in which they are offered. Especially am I grateful to the powers which gave me the physical vitality which I have enjoyed, and have been able to place at the disposal of my fellow-creatures. I am grateful to have been able to live the strenuous life, to have possessed the discrimination enabling

me to estimate the true values of life, to cast aside the baubles which count for nothing, and to realise that 'life is divine when duty is a joy.'

"I have to thank Mrs. Spencer for the kind and gracious way in which she has placed my public work before you; Miss Heather-Bigg, Mlle. Danviray, Miss Musson, Mrs. Baillie Reynolds and Mrs. Andrews for the happy way in which they have spoken to the various toasts. My public work for the nursing profession has been my life, and many persons might well envy me my opportunities. The true nurse realises that the care of the sick is the happiest vocation in life, as it gives scope both to her intelligence and her emotions.

"The movement for the State registration of trained nurses, referred to by Miss Musson, and for which the nursing profession has been pleading for twenty-five years, is one of far-reaching significance. It is not merely the placing of names and qualifications in a book, but the recognition by State authority, of the invaluable work of the trained nurse for the community in connection with the prevention of disease, and the maintenance of the standard of national health.

"Your work is indispensable to the stability of the State, therefore it is the duty of the State to recognise its value and to define a progressive standard for your professional education, and to protect your economic position as skilled workers. There is ample evidence before us that depreciation and injury to the profession of nursing, and to the status of the trained nurse, are in active operation, owing to such lack of protection, in your exclusion from direct representation under the Insurance Act, and by the British Red Cross Committee from the units despatched to care for the sick and wounded in the Near East.

"I exceedingly appreciate the toast by Mrs. Baillie Reynolds, of THE BRITISH JOURNAL OF NURSING. I consider that an independent professional organ in the Press is the greatest asset which any profession can possess. The day has passed when nursing can be considered either as an expression of religious feeling or as degraded drudgery. Skilled nursing has now taken its place as a great economic factor in the social welfare of the people, and this being so its economic standard must be carefully protected. In these bustling days the only way, in which corporate opinion can be expressed is through the Press. It is therefore urgently necessary that each class shall have this power of expression unimpeded by bribery and corruption, and as business women we can no longer delude ourselves that keen financiers run professional organs for our benefit irrespective of profit. Quite the reverse. To prevent the true interests of the workers being sacrificed and their work being exploited, it has been proved by nurses all over the world that they must possess an official organ prepared to support principle as opposed to expediency, and it is by the possession of such power alone that we can maintain that liberty

of conscience without which it is impossible to perform our public duty and to fulfil our honourable contract with the sick.

"It is for these reasons that the appreciation expressed for the work of THE BRITISH JOURNAL OF NURSING is specially gratifying to me.

"During recent years in which women have been fighting valiantly for the right to be self-respecting, honourable citizens the progress of the International Council of Nurses has given me unqualified satisfaction. Inspired by great enthusiasm, cordiality and unity, it has more than fulfilled the aspirations of those who founded it.

"The strife in the nursing profession in this country fomented by the reactionary spirit of inordinate love of power over women, intolerance and greed, against which we have striven, has been taken to heart by our colleagues all over the world.

As a relaxation from the long-sustained conflict at home, it appealed to me to seek the sympathy and co-operation of the nurses of the world, so that in peace, harmony and concord we might together build up such a powerful organisation that no evil influence could affect it. The extraordinary response to this appeal has been amply demonstrated by the magnificent meetings of the nurses of the world in Buffalo, Berlin, Paris, London, and Cologne where the unity of spirit has proved that the future of the Council is safe in the keeping of the splendid groups of women, who are successfully moulding the nursing profession, all inspired by the same high professional ideals through which the Council sprang into being.

"These ideals have no narrow basis; we women claim, in the performance of our public duty, the liberties and rights of those who serve the human Empire. We have no need, therefore, to be discouraged. Therefore, let each one of us leave this hall to-night inspired with a sense of public and professional responsibility, determined to demand recognition for the splendid efforts which the nurses of this country are devoting to the happiness of mankind, because such recognition will enable them to do their work in the best possible way.

"Go to your work and be strong, halting not in your ways.

Baulking the end half-won for an instant dole of praise;

Stand to your work and be wise, certain of sword and of pen,

Who are neither children nor gods, but men in a world of men."

THE DOMINANT NOTE.

The dominant note of the evening was unquestionably the deep feeling of affection and admiration for the woman whom the Dinner was designed to honour. It was a spontaneous recognition of which the Guest of Honour might justly be proud.

MARGARET BREAY.

FEVER NURSES' ASSOCIATION.

The following nurses, having successfully passed the October examination, were granted the "Certificate of Fever Training issued by the Association":—

Fever Hospital, Plaistow, E.—Grace Emily Broughton, Elizabeth Mary Hughes, Grace Head, and Nancy O'Donoghue.

City Hospital, Lodge Moor, Sheffield.—Alice Mabel Adams, Frances Eliza Fry, Mary Galavan, and Susan Elizabeth Longmate.

Isolation Hospital, Willesden.—Flossie Llewellyn, Elsie Marie Baldwin, and Annie Evans.

Hford Isolation Hospital, Chadwell Heath, Essex.—Winifred Beale.

THE CHRISTMAS ANGEL.

By JESSIE CARGILL BEGG.

"No, I don't believe in Christmas angels—never did," remarked Mrs. Potts to the ward in general. She gave one of her characteristic jolly laughs.

"I've never seed one myself," said the little woman in the next bed.

"I'd call up the 'ouse surgeon if I did," exclaimed Mrs. Potts with mock ferocity.

The occupants of the ward tittered.

Mrs. Potts's comical face, with her upturned nose and beady eyes, was sufficient to provoke a smile.

"I'd 'ave up the 'ole staff!" shouted another woman.

"I've seed plenty of 'em on cards," said Mrs. Potts solemnly, "they was only in a nightgown. If I could dress as cheap as an angel I wouldn't be 'ere now, I can tell you. I'd be lyin' on a frilled pillar with an iderydown spread over me."

"That wouldn't 'elp you to get better," retorted number six.

"No, but it's a leg up; takin' my milk out of a feeder with a broken spout 'as threw me back lots." She winked knowingly.

There was an explosion of mirth at this, which Mrs. Potts quite anticipated. She knew when she had made a brilliant sally.

"To go back to these angels," she remarked with a long-drawn sigh, "accordin' to Nurse May the 'ole ward will be alive with 'em to-night being Christmas Eve, busy puttin'—"

"Niece thoughts into people's heads," said Nurse May, who seemed to spring up from nowhere.

"Lor', Nurse!" exclaimed Mrs. Potts with mock fear, "you fair startled me—you're just like spring'eled Jack."

"The angels make you think only of nice things," whispered Nurse May. Mrs. Potts gave a noisy laugh. "Well, I could do with something more than thoughts myself. To my mind there's a deal too much thinkin' as it is."

"And sometimes," persisted Nurse May, "when you have wanted something very badly, a Christmas angel has brought it."

"Ow d'ye know?" Mrs. Potts's face was almost animated.

Nurse May smiled and looked mysterious. "Because they always leave something behind to show they have paid you a visit."

"Well, I never!" exclaimed Mrs. Potts, and relapsed into silence.

She was the first to wake on Christmas morning. She lay and listened to a variety of snores, in every direction. The dawn was creeping in at the window. She was in a world of flowers and holly and mistletoe. Nurse May was lighting all the fairy lights on the doctor's table.

The carol singers must have started on their round of the wards. Mrs. Potts put her hand out on the counterpane and touched something soft. She picked it up with a wondering expression on her face. It was a large feather.

"Nurse," she called excitedly, "there's one bin sittin' on my bed!"

Nurse May came over to her at once. "One what?" she asked.

"One of them Christmas angels, and it's left a feather be'ind."

"So it has," remarked Nurse May without a smile.

"Oh!" said Mrs. Potts, with a stifled scream, "if there ain't a parcel under my pillar—lordy! I'm struck all of an 'eap!"

For the parcel contained a knitted cross-over in dark blue wool.

"That settles it," remarked Mrs. Potts with visible excitement. "Nobody but an angel would a' known I wanted that crossover. I've stood outside the knitted shop in Totten'am Court Road over an' over again, an' never 'ad enough money to buy it."

Night Sister came stealing in just at that moment to learn the reason of Mrs. Potts's loquacity.

Mrs. Potts beamed upon her. She was red in the face, and the tears were not far off.

"Sister," she said tremulously, "'ere's an angel belongin' to a feather!" and she wondered why Sister laughed.

"A PRECIOUS HISTORICAL LEAF."

Miss Dock quotes in her department of the *American Journal of Nursing* from the last Red Cross Society Report of Japan (1911), a most impressive account of a memorial service held in Tokyo on Miss Nightingale's death, "which we here reprint as a precious historical leaf:—

"A SHINTO MEMORIAL SERVICE FOR THE LATE MISS NIGHTINGALE."

"When we were informed of the death, on August 13th, 1910, of Miss Florence Nightingale, who was revered and loved from afar by our nurses as the model worker of their profession, she was greatly mourned. The Central Hospital officers of our society decided to have a religious service performed for the departed according to the ancient Shinto rituals. It took place on September 27th, in one of the class rooms for the student nurses, where her portrait was hung over the altar. Among those present were Viscount Hanabusa, vice-president of the society; Barons Ishiguro and Matsudaira, councillors of the hospital; Marchioness Nabeshima, president of the Ladies' Voluntary Nursing Association; Marchioness Matsukata, honorary vice-president of the Association; the officers of the same and the official staff, and some 350 nurses belonging to the society. Director Surgeon-General Hirai delivered an opening speech in which he explained the reason of this memorial service. Baron Ishiguro then made a eulogistic address on the late Miss Nightingale. The ceremony proper followed, according to the Shinto ritual. The spirit of the deceased was invoked, the offerings were made, the liturgy was read. When this was over, Superintendent Hagiwara, representing the nurses, read a paper before the spirit, when all assembled bowed with deep reverence.

"The Shinto priest concluded the ceremony by performing what is known as the ritual of the farewell to the departing spirit. The emotion with which the service was conducted by her admirers in the Far East must surely have reached her, who is now enjoying life eternal in another world. A similar memorial service for Miss Nightingale was performed at the Kyoto Branch of the Ladies' Voluntary Nursing Association, on September 3rd. Governor Omori, president of the Kyoto Branch, his wife, who is president of the Ladies' Association, the official staff, members, and student nurses were present."

THE TERRITORIAL FORCE NURSING SERVICE.

CITY AND COUNTY OF LONDON.

The meeting of the Grand Committee was held at the Mansion House, E.C., on Thursday, December 12th, when the members were most kindly welcomed by the new Lady Mayoress, Lady Burnett, who has accepted office as Chairman of the Committee, and who expressed the hope that the Territorial Force Nursing Service would continually increase its usefulness. Lady Dimsdale was re-elected to the position of Vice-Chairman, and Miss M. C. Goodhue to that of Hon. Secretary—ladies to whom in the past the Committee owe much for their personal interest and practical work.

The following ladies were elected to fill the vacancies, six by rotation and three by resignation:—Miss McCall Anderson (Matron, St. George's Hospital), Lady Barlow, Lady Bingham, Mrs. Victor Bonney (cert. St. Bartholomew's Hospital), Miss Crosby, Lady Maud Hoare, Miss H. L. Pearse (Superintendent, School Nurses, London County Council), Lady Perks, and Lady Truscott.

The report, which was adopted, stated that the Committee for the Supply of Hospital Comforts, of which the Hon. Secretary is the Hon. Mrs. Charles Tufton, had, in response to its appeal, received £11 12s. 6d. in cash, and 25 garments.

Four matrons of the general hospitals for London have, in the course of the summer, been called out for training in the military hospitals. In each case they report having gained valuable information, and also that they have been received with the greatest kindness by the authorities and the permanent Nursing Staff of these hospitals.

The thanks of the Committee were accorded to the former Lady Mayoress, Miss Crosby, for her services in connection with the Territorial Force Nursing Service during the past year, and especially to the Lord Mayor and herself for their kindness in entertaining the members both of the Committee and the Nursing Staff at the Mansion House.

WELCOME HELP.

The President of the Society for State Registration of Trained Nurses acknowledges with thanks the following donations:—Miss Janet Stewart, £1 1s.; Miss M. Dempster, 10s.; Miss M. Burr, 8s. 6d. (instead of dinner ticket), Miss C. Crichton Stewart, 5s.

SUCH IS WAR.

The daily press continues to give harrowing accounts of the terrible plight of refugees at the seat of war. The condition of the refugees at Salonika, over 40,000 in number, is daily becoming worse. Thousands of them remain unsheltered, and are suffering severely from the inclement weather. Their situation is appalling, smallpox and other maladies are rife, dozens are dying daily from disease and starvation, the funds for their nourishment are absolutely insufficient, and hundreds have gone without bread for five days. Here are old men and women too weak to hold up their hands for food and children unable to move their famished bodies, and mothers giving birth to children on beds of mud and filth. Such is war, and British nurses, longing to serve, are deprived by the British Red Cross Society of their right to help!

THE BRITISH RED CRESCENT SOCIETY IN TURKEY.

The following letters from Dr. Calthrop and Sister Wheatley from Scutari have been communicated to us officially for publication:—

SCUTARI,

December 8th, 1912.

As directed by Colonel Surtees, accompanied by a Turkish student as interpreter, I took the steamer to Emirghian and met there Ferid Pasha's "agent," who conducted me for a mile or so to an old barn, where I found many refugees in the deepest distress—stockingless and cold, but always clean and stoical.

Having relieved these, the agent informed me there were no more anywhere in the neighbourhood, but on interrogating the refugees they said that they knew of a camp a few miles off.

There being no carriage in the place, I got the refugees to take me by a distinctly hilly "track" across country, which the Turks were entrenching on all hands, in a tumbledown bullock cart. After four or five miles' drive we alighted on a camp, and were very glad to be able to cause so much pleasure. We found two newly-born babes and much distress. Children and old women abounded.

Total relieved = 61 Families.
= 253 Individuals.

Many families included sisters of one of the couple and frequently the mother-in-law.

Average spent, Family = 15s. (roughly)
" " Head = 3s. 6d. (roughly)
(Signed) E. S. CALTHROP.

I have just returned from my first expedition with Colonel Surtees to the refugees at a village in the mountains near Kathal. It has been a most interesting day and I have much enjoyed helping the poor things, about 100 in all, dispersed in

families of five or six in barns, outhouses, empty houses, stables, and anywhere that had a roof of any kind. They were mostly covered with rags, and their joy and gratitude were very touching. Most of them came from Kirk Killisse, Tchesma, and Lula Burgas, and had sold everything of any value whatsoever. Dr. Baylis went into Stamboul and gave relief at the Sophane Gate; and the Colonel and Dr. Calthorp and various Sisters have been to many other places and helped a tremendous number.

It seems to me that it is very good work, but only temporary; something wants to be organised more inland for a permanent settlement and occupations. What are these poor things to do for the winter? Is it not possible to build a model village in Asia Minor and restart them again in life? The mothers with babies a few days, and even a few hours old, with four or five small toddlers round them, looked too pitiful for words, and many far from well. I noticed coughs and colds all round. Our party breaks up to-morrow (Wednesday). Sister Stewart and Sister Mackenzie are going to St. Stefano; the Colonel has put me in charge of this hospital and I hope I shall come up to his expectations. I am very sorry to leave my wards; I am really fond of my men, and I think they are of me. To-night, when I came back, I went to see them and they were so glad to see me. One poor fellow who has been shot through the head and lost his eye, nearly jumped out of bed, and had a long tale to tell me because he had been very poorly when I left in the morning. They all think no one can do the things quite the same, and I hear all sort of disputes as to their letting anyone else do their dressings. They are just like children and I love them all, they are so grateful for any thought.

Several cured patients left to-day, and no doubt many will follow soon.

KATHERINE H. WHEATLEY.

PRACTICAL POINTS.

Bites of Insects.

The *China Medical Journal* gives the following hints, to prevent the bites of insects:

Take one ounce of Epsom salt and dissolve it in one pint of water; wet a bath-cloth wet enough that it will not drip, and rub the body well all over; and not wipe afterwards, but dress. I am very certain that flies, gnats, fleas, bedbugs, mosquitoes, or the famous African fly, will never touch persons so treated. If they are exposed more than usual, being near water or in a forest, they may make a somewhat stronger solution; wet a cloth, and rub the face, neck, ears and hands well; do not wipe, but allow it to dry; it will leave a fine powder over the surface that the most bloodthirsty insect will not attack. Besides, the solution is healing and cleansing; it will heal the bites, subdue the consequent inflammation, and cures many diseases of the skin." We hope this may meet the eye of those nurses working in the Near East!

NURSES' SOCIAL UNION.

EUGENICS.

Dr. Murray Leslie, speaking to the members of the Nurses' Social Union at the Institute of Hygiene last week on the subject of Eugenics, said that the science of eugenics was meant to meet a definite requirement. It was necessary that the race should be strong and virile, or it was of no value. The science of Eugenics dealt with this. It had lately been proved that there are 140,000 feeble-minded persons in the country, not including physical degenerates, and no less than 4,800,000 school children unsound in body or mind. The position was serious, and those present would remember that race degeneration and decay led to the fall of Rome, but in our own case, though we had the fact to deal with, the cure was happily rising above the horizon, and he believed that the science of Eugenics (the science of the well born) was going to stop race degeneration. Sir Francis Galton, the founder of the science, emphasised the necessity of three qualities for a "well-born" person—a healthy body, a sound mind, and capacity for work.

The science was built on the foundation of heredity, and a law of heredity was that like tends to produce like, and strong parents to have strong children, while weakly and tubercular parents were likely to produce children pre-disposed to disease.

A characteristic of philanthropic work in the past century was the direction of effort to social improvements, and the improvement of external surroundings and environment. The new science said that environment was all very well, but heredity was ever so much more important. The surroundings of a physical degenerate in a palace would have little influence upon him. Therefore though it was good that the standard of wages and of housing should be improved, and hours of labour diminished, the personality of the wage earner was of greater importance.

The health of the individual was influenced by the age of marriage, the motives leading to it, lactation, and venereal disease. The Bulgarian army had recently afforded an illustration that race was of more importance than means, and heredity than environment. Again, it was a fact that some of the worst degenerates were to be found in the upper classes, and some of the finest specimens of manhood in the poorest, and further, we were learning that if environment were improved beyond a certain point, it was harmful to the race.

One of the ideals of eugenists was that there must be some alteration in the social conditions which occasion enforced celibacy. The cost of living was now so high that many people were compelled to live single lives in order to keep up in the vortex. Eugenics proper were divided into *negative* and *positive*.

The object of negative Eugenics was to prevent moral and physical degenerates from parenthood,

and there was practically unanimity that this was the right thing. There must always be danger in propagation by degenerate stock particularly in the case of insanity, which was most persistent. Dr. Hyslop, formerly Superintendent at Bethlem, estimated that if we went on at the present rate, in fifty years' time half the population would be insane.

Again, thousands of feeble-minded persons regarded Poor Law Infirmarys as their private maternity hospitals, and it was unfortunately proved by comparative study that degenerates were one-third more fertile than the average person.

In regard to sterility contagious diseases were the cause of nearly half the cases. In the view of the eugenicist the marriage of definitely diseased persons was a greater sin than irregular unions of healthy people.

Dr. Mott calculated that if a person were insane at sixty his child would be insane at forty, and his grandchild at twenty. That means nature tended to eliminate insanity in the fourth generation.

So far all were agreed. In regard to constructive or positive Eugenics, there was considerable divergence of opinion. Sir Francis Galton thought them more important than negative Eugenics. It was important that degenerates should not be born but it was equally important that the right people should be born. It was a fact that in the better classes of society the birth-rate was half that of the lowest class. It was not good to breed mainly from the lowest of the race, but under present conditions the middle classes who had large families were heavily handicapped. After all it was a woman's question, and it was a woman's right to decide how many children she should have.

The lecturer was of opinion that the spread of a knowledge of Eugenics would influence the standard of physical fitness. If a girl had high ideals of physical and moral strength she could not fall in love with a puny degenerate, and if she was trained in Eugenic ideals she would not fall in love with those who fell short of them. Undoubtedly marriage should go with love, and if a doctor could write a prescription for a love marriage he believed it would cure half the ills of the world.

Speaking of the environment of motherhood, Dr. Murray Leslie expressed the opinion that the provision of dowries for healthy young women, so enabling them to marry, would be of greater value than the endowment of public libraries. He emphasised the need of instruction of the young in questions of sex, and considered that every nurse should have an elementary knowledge of Eugenics, for they were frequently taken into the confidence of patients and the public and might exercise a beneficial influence.

In conclusion the lecturer stated that he hoped shortly to write a pamphlet on Eugenics on the invitation of the Nurses' Social Union.

LOCAL GOVERNMENT BOARD (SCOTLAND).

EXAMINATION OF NURSES.

On November 16th and subsequent days the Local Government Board for Scotland held an examination for the certification of trained sick nurses and of trained fever nurses. The examination was held at Glasgow, Edinburgh, Dumfries, and Aberdeen. The examiners were Professor Matthew Hay, Aberdeen; Dr D. J. Mackintosh, Western Infirmary, Glasgow; Dr. C. B. Kerr, City Hospital, Edinburgh; and Dr. Johnston, Eastern District Hospital, Glasgow, who were assisted in the practical part of the examination by Miss Gregory Smith, matron of the Western Infirmary, Glasgow, and by Miss Melrose, matron of the Royal Infirmary, Glasgow.

The subjects of examination were Elementary Anatomy and Physiology, Hygiene and Dietetics, Medical and Surgical Nursing, Midwifery, and Infectious Diseases. In all, 200 candidates presented themselves for examination. Of these, 100 were examined in Anatomy and Physiology, 113 in Hygiene and Dietetics, 74 in Medical and Surgical Nursing, 25 in Midwifery, and 46 in Infectious Diseases.

In Anatomy and Physiology 16 nurses obtained distinction, 79 obtained a simple pass, and 14 failed.

In Hygiene and Dietetics, 7 nurses obtained distinction, 90 obtained a simple pass, and 10 failed.

In Medical and Surgical Nursing, 1 nurse obtained distinction, 69 obtained a simple pass, and 4 failed.

In Midwifery, 1 nurse obtained distinction, 19 obtained a simple pass, and 5 failed.

In Infectious Diseases, 3 nurses obtained distinction, 42 obtained a simple pass, and 1 failed.

Twenty-three nurses are now entitled to the certificate in general training granted by the Local Government Board, and 45 are entitled to the certificate in fever training granted by the Board.

CERTIFICATE IN GENERAL TRAINING.—Jessie G. Asher, Jessie MacLean, Cissy Angus, Mary S. Angus, Mary Barric, Kyle J. Clarke, Florence J. A. Dinsmore, Gertrude S. Goldie, Mary M. Harper, Cecilia F. Hasset, Grace S. Kerr, Elizabeth L. Millikin, Agnes C. Mitchell, Marjory C. Murray, Mary J. Mackenzie, Grace M'Queen, Jane Paterson, Elizabeth H. Paxton, Agnes Slater, Isabella D. Smith, Williamina Thaw, Katharine M. Todd, Margaret H. F. Young.

CERTIFICATE ON FEVER TRAINING.—Wilhelmina H. Allan, Beatrice M. Bull, Sarah C. Cowan, Isabella Dunlop, Agnes Flynn, Mary W. Gillon, Helen Grant, Catherine G. Hall, Margaret Y. Henderson, Katharine B. Low, Ellen M. Mills, Jessie C. Macfee, Helen Macgregor, Katharine M. MacGregor, Ida G. Mackenzie, Margaret

Pepperell, Eolthe S. Rutherford, Charlotte A. C. Trainor, Mary A. Wallace, Margaret H. Warden, Euphemia Watt, Alice N. Whittle, Maria Wilson, Annie Beaton, Jemima B. Cowie, Barbara C. Davidson, Sarah H. Falconer, Sarah E. R. Ferguson, Agnes Flett, Grace M'R. Gunn, Ethel A. L. Hamilton, Helen Kimm, Agnes R. G. Law, Christina M'F. Lawson, Nannie M'Andrew, Catherine Robertson, Janet Stewart, Helen C. Trimble, Margaret M. Urquhart, Margaret Forbes, Annabelle Henderson, Bella J. Harper, Ann Morison, Jeannie Macandrew, Sarah Whyte.

The following are the papers that were set at the examination. Only four questions were to be answered in each paper:—

ELEMENTARY ANATOMY AND PHYSIOLOGY.

- (1) What bones form the walls of the pelvis? Name the principal organs contained within it.
- (2) Describe the composition of the blood. What are the functions of the blood?
- (3) Describe the liver. Where is it situated, and what are its functions?
- (4) Give a brief account of the various forms of joints found in the human body, with an example of each.
- (5) Give a short description of the structure of the eye.

HYGIENE AND DIETETICS.

- (1) Give the composition of cow's milk, and discuss its value as a food. What changes occur in milk (a) when allowed to stand for twenty-four hours; and (b) when treated with rennet?
- (2) What diseases may be communicated through water? In what ways may water become polluted? How may polluted water be treated to render it safe?
- (3) Describe the methods of ventilation suitable for ordinary dwelling rooms, hospital wards, and operating theatres.
- (4) How are drains arranged so as to prevent sewer gas escaping into a house? Compare a slop sink and a common sink in respect to construction and use.
- (5) Describe the routine you would adopt in order to keep a hospital ward in a proper hygienic condition.

MEDICAL AND SURGICAL NURSING.

- (1) Explain the following:—Hæmatemesis, cyanosis, dyspnœa, concussion, compound fracture.
- (2) What are the symptoms of cerebral hæmorrhage (apoplexy)? Describe the management and nursing of such a case.
- (3) A patient is to undergo a serious operation under chloroform. What preparations should be made by the nurse?
- (4) Give the symptoms and treatment of opium poisoning.
- (5) In the case of a sleepless patient, what simple methods to assist in inducing sleep might be tried by the nurse?
- (6) What diet would you give to (a) a baby of three months; and (b) a patient with acute nephritis?

(7) Give the medicinal doses of the following preparations:—Tincture of digitalis, liquor strychnine, tincture of opium, croton oil, vinum ipecacuanhe. Name one condition in which each might be found useful.

(8) In what diseases is blood liable to appear in the stools? Describe the appearance of the stools in each case.

MIDWIFERY.

- (1) Describe the signs and symptoms of pregnancy as found at the end of the sixth month.
 - (2) What are the changes which take place in the genital tract of the mother during labour?
 - (3) Describe the mechanism of labour in a first position of the face (R.M.P.).
 - (4) Explain the following terms:—(a) Hydræmnios; (b) Vesicular or Bladder Mole; (c) Placenta Prævia; (d) Puerperal Eclampsia; (e) Funis presentation; (f) Phlegmasia Alba Dolens; and (g) Ophthalmia Neonatorum.
- Note.*—The following question must be answered.
- (5) What are the causes of puerperal sepsis, and what precautions must be taken by the midwife to prevent it?

INFECTIOUS DISEASES.

- (1) What are the symptoms of heart failure in diphtheria? How would you deal with such a case before the arrival of a doctor?
- (2) Give a brief account of the various complications which may occur in the course of an attack of whooping-cough.
- (3) In nursing a case of septic scarlet fever (scarlatina anginosa) in a general scarlet fever ward, what precautions would you adopt?
- (4) Give the ordinary limits of the periods of incubation of the following diseases:—Scarlet fever, measles, smallpox, chicken-pox, and rubella (German measles).
- (5) What are the early symptoms of phthisis? How is the disease spread?



REGISTRATION IN NEW YORK.

The New York State Nurses' Association, at its Annual Meeting in Utica, on October 16th and 17th, decided on recommending some important amendments of the New York Registration Act for Nurses, to the Legislature.

One of these amendments is a reciprocity clause, in courtesy to other States having registration on an equal plane with New York. Another relates to a detail of the re-registering at three-year periods. The most significant amendment agreed on is one to make the Act mandatory. It remains to be seen what the Legislature will do with these amendments.

The American Journal of Nursing says: Seven states in the west and south succeeded in having their laws made mandatory at first, and they seem to have had no more difficulty in administering them than has been the case in the states where the law has been voluntary.

PRIZES AND CERTIFICATES.

Mrs. Garney last week presented the Prizes and Certificates awarded after examination by the Trustees of the late Dr. Heath to nurses at the Royal Infirmary, Newcastle-on-Tyne. The successful competitors were:—

Silver Medalist.—Miss Florence F. Roberts.

Prize Winners.—Misses Norah Barugh, Bessie Crookston, Louisa Godtschaik, Hannah Hird, Mary Graham, Harriet Hewson, Catherine Gerry, and Mary Anderson.

Honorary Certificates.—Misses Mary Cairns, Edith Wilson, Eva Black, Mabel Purvis, Mary Macdonald, Elizabeth Calder, Gertrude Barr, Edith Brooks, and Hilda Taylor.

Sick-room Cookery.—Misses Amy Baddy, Edith Brunton, and Jane Howitt.

Sir George Hare Phillipson, who presided, presented an illuminated address to Miss Lucy Wahmsley (Matron) on behalf of the House Committee and officials on her resignation.

THE PASSING BELL.

We greatly regret to record the death of Miss E. C. Laurence, R.R.C., late Matron of the Chelsea Hospital for Women, which took place in London on Wednesday morning last. Miss Laurence was trained at Guy's Hospital, and at the Hospital for Sick Children, Great Ormond Street, W.C., and gained the Royal Red Cross for her services in the South African War as Matron of the Princess Christian Hospital, Pine Town, Natal. She was also Matron of the Victoria Hospital, Keighley. Miss Laurence, who has been out of health for some time, expressed the desire to end her days under the care of Miss Rowell, whom she had known well at Guy's, and this wish was fulfilled.

Those who have had occasion to receive the ministrations of the nursing staff at the Wolverhampton General Hospital, and many old pupils, will learn with deep and sincere regret of the death at the Hospital of Miss Annie Hannah MacLaren, better known as "Sister MacLaren" and the "Sister Dora of Wolverhampton," who, for a period of over thirty-eight years, was a prominent nurse at the institution.

Miss MacLaren retired from the service of the Hospital two years ago, and some months since became ill: she was admitted to the Hospital as a patient, and passed away after an operation was performed.

Evidence of the appreciation entertained of her was shown a few years ago, when she was presented with a gold watch from colliery employees in the hospital area, and she also received a handsome illuminated address from grateful railway men in the district.

A short time before she retired she was presented with the hospital long service gold medal.

One of her old probationers writes: "Miss MacLaren was the first sister I ever worked under,

when I entered hospital—a very young probationer years ago; and from then, till death, she has been a very true friend. She entered hospital before nursing was organized, and remembered the old ladies (charwomen), coming in for night duty, who used to 'take a drop and sleep very comfortably most of the night.' She saw all that changed; and although she had no lectures, or exams, to pass, she became a thoroughly efficient nurse. But I think her happy nature, cheerful and bright, and her thankfulness for health and sunshine, most impressed those with whom she came in contact; and when she retired less than two years ago, after thirty-eight years' service, her many friends hoped for many years of happiness and quiet usefulness for her in her own home; but it was not to be. She passed to her rest on the 11th inst., and was laid in St. John's Churchyard last Saturday. A true Christian, beloved of many."

APPOINTMENTS.

MATRON.

Newcastle-upon-Tyne and Northumberland Sanatorium for Consumption, Barrasford, North Tyne.—Miss Annie Morrison Noble has been appointed Matron. She was trained at the North Devon Infirmary, Barnstaple, and at the Belvidere Fever Hospital, Glasgow, and is at present Assistant Matron and Home Sister at the Crossley Sanatorium, Kingswood.

Isolation Hospital, Salford.—Miss M. Mackenzie has been appointed Matron. She was trained at St. Thomas' Hospital, London, and has held the position of Matron at the Yardley Road Sanatorium, Birmingham, and of Sister at the Siltley Grange Sanatorium, the Brompton Hospital, and the Forster Green Hospital for Consumption, Belfast.

ASSISTANT MATRON.

Edmonton Union Training School for Nurses, Upper Edmonton.—Miss Anna Annsworth has been appointed Assistant Matron. She was trained at Poplar and Stepney Sick Asylum, and is at present Night Superintendent at the Brighton Poor Law Infirmary.

SUPERINTENDENT NURSE.

The Workhouse Infirmary, Evesham.—Miss Frances E. Silter has been appointed Superintendent Nurse. She was trained under the Bristol Board of Guardians, and has been Head Nurse at the Penzance Union.

MESSAGE SISTER.

General Hospital Birmingham.—Miss Julia Muriel Duesbury has been appointed Massage Sister. She was trained at the Salop Infirmary, Shrewsbury, and has held the positions of Holiday Sister at the General Hospital, Birmingham, Ward Sister at the Grantham Hospital, and Out-Patient and Massage Sister at the Salop Infirmary, Shrewsbury. She has recently had experience of private nursing in connection with the Registered Nurses' Society, London.

SISTER.

Ruchill Hospital, Glasgow.—Miss Agnes Melville has been appointed Sister. She was trained at the Royal Infirmary, Glasgow, and at Ruchill Hospital.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following lady, on her retirement, is granted permission to retain the badge of Queen Alexandra's Imperial Military Nursing Service, in recognition of her long and devoted services:—Miss Mary E. Harper, R.R.C.

STAFF NURSE.

Staff nurse, Miss Isabel Harley, resigns her appointment (December 5th).

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

The following ladies have been appointed Nursing Sisters: Miss M. F. Wilson, Miss G. M. Finch, and Miss E. M. Dundas.

The following lady nurse has been permitted to retire:—Senior Nursing Sister Miss Dora Louisa Truslove Moore (Dec. 14).

TERRITORIAL FORCE NURSING SERVICE.

Miss Anne Livingstone Charteris, Sister, to be Matron, vice Miss Emil Martin Wheeler, resigned (Dec. 18); Miss Emma E. Talor, Sister, to be Matron, vice Miss Edith Sellar, resigned (Dec. 18).

QUEEN VICTORIA'S JUBILEE INSTITUTE. SUPERINTENDENT.

Miss Dorothy Godden is appointed Superintendent at Brighton. Miss Godden received general training at Hampstead Hospital, midwifery training at Queen Charlotte's Hospital, and district training at Brighton; and has since held the following appointments: Queen's Nurse, Hove, Doncaster, Brighton (Senior Nurse and subsequently Assistant Superintendent). Miss Godden has also had experience in fever and private nursing. She holds the certificate of the Central Midwives Board.

Transfers and Appointments.—Miss Florence Fidler, to Sheerness; Miss Jane Henderson, to Huddersfield; Miss Madeline Jackes, to Central St. Pancras; Miss Minnie Jarvis, to Kensington; Miss Flora Kay, to Stockton-on-Tees; Miss Frances Pullen, to Reading; Miss Mabel Fleming-Shearer, to Brixton.

PRESENTATION.

Nurse Beta, who for seven years has been the District Nurse and has laboured amongst the sick in the East End of Sheffield, was recently—upon her approaching marriage—presented with a purse of gold by Mrs. Douglas Vickers, which had been subscribed for by the "inhabitants of the district in token of their esteem and affectionate regard for her." Mrs. Vickers said that whenever there was sickness or sorrow, or distress, in a Brightside home, Nurse Beta was sure to be close at hand, ready to render assistance.

NURSING ECHOES.

The At Home given annually by Miss Curtis and the nurses of the Fulham and Hammersmith District Nursing Association at the Hammersmith Town Hall is always a very pleasant function. The one this year on December 12th seemed more largely attended even than usual, and while the visitors enjoyed tea at small round tables, the London Diocesan Orchestra, conducted by Mrs. Ronald Carter, provided an excellent musical programme, the songs by Miss Jean Pyne and Mr. Bernard Lane being specially appreciated.

The Mayor of Hammersmith presided at the business meeting, and Dr. Fry read the list of contributions for the year from boxes, cards, and local collections, amounting in all to £144 11s. 10d., after which Countess Ferrers, in a happy speech, thanked the subscribers, and said that the collection was the largest which had yet been made. She said that nursing had now reached such perfection that it was an art and the work of artists, and the best untrained friends were poor makeshifts. When her own relatives became ill, she generally tried to nurse them herself at first, and it was an extraordinarily blessed day for them when the trained nurse came in. In connection with the collections, the speaker said that nurses were in the forefront of the battle in the war with disease, and they should not have at the same time the strain of financial worry. Other speakers were the Treasurer of the Association, Mr. Von Glehn, Mr. Watson, and the Rev. Mr. Walsh, Vicar of St. John's, Hammersmith.

In connection with our correspondence with Mr. Bruxner, we have received several letters from Queen's Nurses, all of whom urge the necessity of pensions being granted to them. One writes: "I find it quite impossible to save out of my very moderate salary. I love district nursing better than any other work, but must in the near future give it up, as I am alone in the world, and must try and keep myself out of the workhouse. I think the Queen's Nurses should be treated as Army and Navy nurses, and earn a pension; they do quite as much good, work much harder, and have no sort of practical recognition."

Another writes: "I very strongly object to the depreciation of District Nursing which year by year is taking place. In many districts where a Queen's Nurse could and should be employed, her work, which requires such very special training, is being given over to a midwife, with the title of village nurse. Why is it

not possible to have a Government District Nursing Service—we are doing real national work in preventing sickness—pensioned, as other Government nurses are? I read with indignation Mr. Brunner's very discourteous letters, which prove how contemptuously he regards trained nurses. . . . We need and deserve a pension."

The Glenkens District Nursing Association, in the Stewartry, have decided to engage a "Queen's" Nurse, at a cost of about £110 a year.

The "factory nurse" was a happy American idea which has found favour in England. Trained nurses are now at work in connection with several important manufactories. Quite recently Messrs. S. Courtauld, Halstead, Essex, silk manufacturers, have appointed a qualified nurse, Miss Butler, to study the welfare of the workpeople and the conditions under which they work. A dispensary, consulting-room, and office are to be built for her. Miss Butler will distribute the firm's charities, establish a library, and organise the boat club and other clubs. The factory dining-hall, established twenty years ago, and open soon after five in the morning to supply coffee at a farthing a cup, is to be reorganised so as to give a service of breakfasts and dinners at a cheap rate.

The third and fourth volumes of "A History of Nursing," now in the press, will be published by Putnam's Sons early in the New Year. All the work of editing the contributions has been done by Miss L. L. Dock, who has gathered the material from all over the world, harmonized it, and prepared it for the printer. Miss Dock, with her usual generosity to the nursing profession, is to receive absolutely no financial returns, these being turned over to the treasurer of the International Council of Nurses. No nurses' library can be considered complete unless the four volumes of this great work are to be found on its shelves. The history of the nursing profession to date will thus be at the disposal of every nurse, and those who would honour their cloth should acquaint themselves with it.

The Christmas number of the *American Journal of Nursing* contains as usual many interesting papers. That on the Army Nurse Corps, by the present Superintendent, Miss Isabel McIsaac, R.N., is illustrated by pictures of charming Nurses' Homes. That of the quarters at Fort Bayard, New Mexico, shows a most picturesque building. The galleries have many vines growing over them, shrubs and

flowers completely surround the house, a small pergola occupies a corner of the lawn, and a corral for the nurses' saddle-horses has been built in the rear. The house stands quite alone, and gives a superb view of the mountains from every window, or rather from every door, because all of the windows on the galleries are French, which allow the beds to be rolled out for sleeping. In fact, the entire staff of nurses at Fort Bayard sleeps out of doors. Riding is the chief amusement of the nurses at this station, the corral containing a dozen of the typical ponies peculiar to the south-west. "The sight of the group of nurses galloping over the hills makes one wish," writes Miss McIsaac, "that every city-bound nurse in the land might join them long enough to have all the city air blown out of her lungs."

Many friends will be pleased to hear news of Miss Snively. She is now home again in Toronto, and busy, as usual, with good works. Amongst her interesting activities we find her teaching a Sunday class of Chinese. One morning weekly is given up to the Women's Foreign Missionary Society, of which she is a member. Membership of the Women's Canadian Club, the Historical Society, the Social Service Club of the Toronto General Hospital, and study, keep Miss Snively from having much time to spare. She is, of course, a member of the most influential nurses' societies in Canada, and we are not surprised to learn that she is being called upon to address graduating classes of nurses out of her ripe experience.

The *Johns Hopkins Nurses' Alumni Magazine* has a delightful report of the International Meeting at Cologne, which ends with the writer's impressions. She says:—The impressions straight through the Congress were of great enthusiasm, cordiality, and unity, with a strong undercurrent of growing energy, courage, vitality, and a gathering sense of power. The Congress marked, in fact, a strong, genuine impulse forward in our work, and showed also within our ranks "peace, harmony, and concord."

THE RETURN OF MISS BRODRICK.

We are pleased to know that Miss Abigail Brodrick is home again in Kerry, having spent a most enjoyable and instructive time across the Atlantic, and that she will contribute her "Impressions on Nursing in the United States" to this journal at an early date.

SCOTTISH MATRONS' ASSOCIATION.

The quarterly meeting was held on Saturday, December 7th, in the Victoria Infirmary, Glasgow.

In the absence of the President, Miss Melrose, Vice-President of the Association, occupied the chair.

Many letters and telegrams of apology for absence were received. Thirty-six members were present, several coming from a considerable distance. There was no special business before the meeting. Discussion and informal exchange of opinions on some points in nursing ethics took place, and it was arranged that two members should read short papers at the next meeting, which is to be held in Edinburgh on or about March 1st, 1913.

A delightful tea was provided by Miss Campbell, Matron of the Infirmary. Afterwards the guests were invited to visit the various departments.

The Plenum system of ventilation obtains in this Infirmary, and a very interesting demonstration and explanation, given by the engineer-in-charge, was greatly appreciated by the members of the Association.

IRISH NURSES' ASSOCIATION.

At the monthly meeting of the Executive Committee on December 7th a resolution was proposed and passed that the fee for probationers should be raised from 1s. to 2s. 6d. per annum, the resolution not to come into force till March, 1913. A scheme was also proposed and accepted by which every eight nurses should have the right to nominate a representative from among their number to represent them at the meeting of the Executive.

The bridge drive organized by Miss Carson Rae for the I.N.A., and the dance organized by the Irish Nurses' Association, which took place on December 4th and 11th respectively, were both most enjoyable. The dance was well supported, there being nearly 400 present.

THE PASSING OF A PIONEER.

The recent death of Miss Katherine M. Lumsden, so well-known for her devoted pioneer nursing work at Aberdeen, was sympathetically referred to at the quarterly meeting of the Aberdeen District Nursing Association, when a resolution, recording her passion for the mitigation of suffering in man and beast—together with her quick insight into the needs of the poor—and power of leading others to assist in her beneficent labours, was unanimously adopted. It was resolved that a copy of the resolution should, with an expression of deep sympathy, be sent to Miss Lumsden's brother and sister.

OUTSIDE THE GATES.

WOMEN.

At a meeting of the Council of the Royal College of Surgeons of England, held last week, Miss Lily Fanny Pain, of the Royal Free and National Dental Hospitals, having passed the required examinations of the Board of Examiners in Dental Surgery, was admitted the first lady licentiate of the Royal College.

Early in the New Year the Franchise Bill will be before the House of Commons. It will either give votes to all immature youths alone, or at the same time enfranchise a few responsible women. The women's suffrage societies are making demands and appeals to the men who govern this reactionary country, of late with a lack of all sense of either justice or humanity. In a memorial presented by representative women to members of the House of Commons it is stated:—

"The further extension of the franchise to men, without any recognition of the claims of women to citizenship, will add a new bitterness to the struggle which women have carried on for so many years on strictly constitutional lines. To readjust the Parliamentary Franchise on the basis of citizenship, and to pretend to give a vote to 'every citizen of full age and competent understanding' while still excluding every woman, will be a betrayal of every principle of representation, and, to quote the *Manchester Guardian*, will be 'an outrage and, we hope, an impossibility.'"

As reported by the *Standard*:—

"The news that a Bill amending the Danish Constitution and granting equal suffrage to men and women has been passed in the Danish Folkething by a majority of 95 to 12 is an opportune encouragement to English Suffragists on the eve of the Committee Stage of the Government Franchise Bill."

The news has been received with the greatest satisfaction by suffragists in England, and warmest congratulations have been sent to Fru Munter, who communicated the telegram to Mrs. Fawcett.

After years of obstruction in the Commons, the Criminal Law Amendment (White Slave Traffic) Act received the Royal Assent last Friday, and (praise be) comes into operation at once. Let us hope its provisions may be actively prosecuted. That it has been possible for this horrible traffic to flourish all over the world, with London as a centre depot, should make the most selfish woman pause and think of all the heartbreak and agony which her apathy has helped to make possible. It is good news that many of the degraded beings living on the profits of infamy are scuttling out of this country; it should be made impossible for them to pursue it elsewhere. The conviction of women forcibly expressed, that had they had political power this Act would have been in force years ago, has, we have no

doubt, shamed those who govern us without consent, into passing it at last. Anyway, it proves that the earnest convictions of women cannot be altogether ignored, and is so far a sign, and an encouragement to further efforts to obtain the vote, so that on our knees we wear away no more stones by importunate clamours. What can be more demoralising than such cringing importunities, when our very souls are at stake?

In connection with the Court of Domestic Relations in Chicago there has just been established a Babies' Court, the first one of its kind in the world, says the *Standard*. To this court Mrs. Mary Leavitt has been appointed as clerk, and it will be her duty to try to settle disputes between parents concerning children, and deal with special baby cases. Trained nurses are in attendance at the court, and the waiting-room has been fitted up as a large nursery, with cots, toys, and books—in fact, everything possible has been done to beguile the tedious waiting for the infant public and keep them on their best behaviour. Mrs. Leavitt, who has been connected with the Court of Domestic Relations for some time past, is dubbed by Chicagoans "the mender of broken hearts," as during the present year she has, by her extraordinary tact and sympathy, satisfactorily settled 2,776 cases of marital unhappiness out of court.

JOY AND DUTY.

' Joy is a duty '—so with golden lore
The Hebrew rabbis taught in days of yore,
And happy human hearts heard in their speech
Almost the highest wisdom man can reach.
But one bright peak still rises far above,
And there the Master stands whose name is Love,
Saying to those whom weary tasks employ:
' Life is divine when Duty is a Joy.'

Van Dyke.

COMING EVENTS.

December 25th.—Christmas Day. Festivities in hospitals, infirmaries, and kindred institutions.

January 9th to 16th. Post Graduate Course of Lectures on the Feeding and Care of Infants, with special attention to the Milk Problem. Fee, £1 1s. Apply to Hon. Secretary, Dr. Janet E. Lane-Claypon, 18, Craven Terrace, Lancaster Gate, London, W.

A WORD FOR THE WEEK.

Innermost depth of home! Sweet secrecy of dwelling! O secret place to dwell in, where is no dullness, no bitterness of evil thoughts, no throng of temptations, and griefs crying for help! Is it not the secret place into which that well-deserving servant shall enter, to whom his Lord shall say, "Enter thou into the joy of thy Lord!"
—S. Augustine.

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 HAND OF FELLOWSHIP.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—MISS Barclay and I two New Zealand nurses who attended the Dinner at the Hotel Cecil, on the 14th inst., feel we should like to express our appreciation of your Imperial spirit towards Colonial nurses. You have always extended the hand of fellowship to them, and it is this spirit of Imperialism which must in the long run bring out all that is best for the development of the Nursing Profession, and also help to unite the many daughters of the Mother of our great Empire.

Yours truly,

EDITH M. A. MELVILLE.

REPLIES TO CORRESPONDENTS.

Mrs. Ledeboer, Driebergen. Membership of the International Council of Nurses can only be attained in a corporate capacity. In Holland, you should become a member of the Dutch Nurses' Association, which is affiliated to the International Council. Apply to the Hon. Secretary, Dutch Nurses' Association, 13, Van Eeghenstraat, Amsterdam.

Richmondite.—The abbreviation, "S. & M. U.," refers to the words in (h) at the beginning of the paper, i.e., "Save and Measure Urine." The administration of anal stimulation to a new-born infant is carried out in the usual way, but it is not often employed.

OUR PRIZE COMPETITIONS.

DECEMBER.

December 28th.—What symptoms would lead you to suspect apoplexy? Give nursing treatment of apoplexy.

JANUARY.

January 4th.—How would you control Tonsillar Hemorrhage?

NOTICES.

Owing to the Christmas holidays, our issue of December 28th will go to press early in the week. All advertisements for the Advertisement Supplement should reach the office, 431, Oxford Street, W. not later than 10 a.m. on the morning of Monday, December 23rd.

The Editor hopes that every reader who values THE BRITISH JOURNAL OF NURSING, will get one or more new subscribers so that its constructive work for the profession may receive ever increasing support. Address of Office, 431, Oxford Street, London, W.

The Midwife.

TRIPLET LABOUR.

An interesting case of a triplet labour under close observation in a maternity hospital, recorded in a foreign contemporary, is published in the *British Medical Journal*. The patient was 33 years old, and there had been several twin pregnancies among her blood relations. She herself had been pregnant once before, three years earlier, and was delivered spontaneously at term. Conception occurred in July, 1911. The uterus grew very large, and twins were diagnosed. Pains set in on March 19th, 1912. The breech of a fetus presented, and, after a few hours, a female child, weighing $4\frac{1}{2}$ lb., was delivered. The proximal side of the cord as well as the distal was ligatured. The second fetus presented transversely. A tense bag of membranes could be felt, and was ruptured; then an arm prolapsed. Version was practised, and evolution proved somewhat difficult owing to extreme shortness of the cord, but at length, and without difficulty, a second female child, weighing under $4\frac{1}{2}$ lb., was delivered. The uterus remained large; the presence of a third fetus was overlooked, but on palpation of the uterus an hour later it was detected. Its head presented, but there was almost complete uterine inertia, so the child was delivered by version. It was a male, weighing only a little over 3 lb., yet well nourished. Owing to the inertia the placenta had to be extracted within thirty minutes, and much blood had already filled the cavity of the flaccid uterus. The mother suckled the boy only; at the end of three months he weighed $5\frac{1}{2}$ lb., yet seemed healthy; the female children at the same date weighed one over 8 lb., and the other $7\frac{1}{2}$ lb. The placenta weighed about 1 lb. 3 oz., and measured $11\frac{3}{4}$ in. in diameter. All three cords were distinct, and inserted marginally; one insertion was velamentous. There was a bag of membranes for each fetus, and a septum between the adjacent membranes, which seemed to be formed out of two perfect amniotic cavities and one chorion. The septa coalesced at the centre of the placenta. The umbilical arteries were injected with coloured soot; then it was found that no vascular communication existed between the placentas. Blue, ochre, and carmine were used, and the coloured areas were distinct and sharply limited. Thus, added to the fact that there was a male as well as two females, this evidence gained by injection indi-

cated that the pregnancy was not univitelline nor bivittelline coexisting with a univitelline ovum, but trivitelline with subsequent fusion of the adjacent parts of the three placentae.

CENTRAL MIDWIVES BOARD.

EXAMINATION PAPER.

The following are the questions set to candidates for the examination of the Central Midwives Board, on December 16th:—

1. Describe the position of the bladder. What bladder troubles may arise during pregnancy and lying-in?
2. What advice would you give and what investigations would you make when engaged to attend a woman in her first confinement?
3. Give the signs in the second stage of a vertex presentation which would determine you to send for medical assistance. What might you do while awaiting the doctor's arrival?
4. Describe the mechanism of delivery of the after-coming head. What may delay the birth of the after-coming head and how would you manage such a case?
5. What would you do for a baby in convulsions? Mention the causes of convulsions.
6. Name the conditions included under the term venereal disease. Describe the local manifestations in the mother and child which would lead you to suspect the presence of any form of venereal disease. What is the midwife's duty in such cases?

NOTES ON MATERNITY HOSPITALS.

THE GENERAL LYING-IN HOSPITAL.

The Ladies' Association of the General Lying-in Hospital, York Road, have sent in their annual contribution of work, consisting of nearly 300 garments, all made to hospital pattern. What a tremendous help this work is only those responsible for the hospital linen really know. The constant wear and tear renders the life of garments very short, therefore constant supplies are always needed, and leisure moments could not be used to better purpose than in helping in this way.

The Romany Amateur Dramatic Club presented "What the Public Wants," a play in four acts by Arnold Bennett, at the Royal Court Theatre in Sloane Square, on December 16th and 17th, in aid of the funds of the Hospital. This afforded an opportunity of combining pleasure with help for a very deserving charity.

Their Majesties the King and Queen have given their patronage to the National Association for the Prevention of Infant Mortality, of which Mr. John Burns is President.

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NURSING IN 1912.

Once more, according to our custom, we review the chief events of nursing interest in 1912, and the present outlook.

THE NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

The National Council of Trained Nurses appears to be the only association of nurses in this country which attempts to safeguard their professional and economic interests, and is alert in watching the signs of the times.

It has endeavoured to secure the direct representation of Trained Nurses on the Conjoint Advisory Committee under the National Insurance Act, but, unfortunately, its efforts to obtain justice in this connection have not met with success, and the trained nurses of this country, whose help is essential to the successful working of the Act, are the only class of professional or industrial workers who have been deliberately denied such representation. The application of the Council for increased representation on the National Council of Women of Great Britain and Ireland has resulted in the appointment of a second delegate. Both representatives attended an extraordinary meeting of the Council in November, and voted for the Resolution re-affirming the opinion of the Council, twice previously expressed by Resolution, in support of Women's Suffrage, and a further Resolution urging the Government to amend the Franchise and Registration Bill now before Parliament, so as to remove the anomalies and disabilities existing in the present law with regard to Women's Local Government Franchise, and to safeguard the powers already possessed by women.

The International Library, in charge of Mrs. Stabb, is becoming a very useful and valuable reference library, containing complete volumes of the official organs of the National Associations of Nurses, and other books and documents of historic interest.

The Council also at its Annual Meeting sent a Resolution to the British Red Cross Society,

deprecating its policy in refusing to include thoroughly trained women nurses in the units sent to relieve the sick and wounded in the Near East, and expressing the opinion that only nurses who are fully trained should be sent in this capacity, and that no base hospital can be considered efficiently equipped which has not such a staff.

THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.

The membership of the Matrons' Council continues to steadily increase. It has continued its policy of holding meetings in provincial centres as well as in London, and early in November met, by invitation of Miss K. V. Macintyre, at the Royal Albert Edward Infirmary, Wigan, where its members received the greatest hospitality and kindness. After the business meeting an open meeting was held, when Mrs. Bedford Fenwick gave an address on State Registration of Trained Nurses.

The Council is exceptionally fortunate in its President, Miss M. Heather-Bigg, whose quiet moral courage in approaching public questions secures for her the respect of every member of Council.

THE LEAGUES OF CERTIFICATED NURSES.

It is to the Leagues of Nurses that we must look for the development of that *esprit de corps* which is not only of the utmost professional importance, but also is the only means of building up a strong body which can safeguard the economic interests of trained nurses, which at the present time are attacked on all sides.

It is remarkable what unanimity of feeling exists not only in the individual Leagues, but also in their mutual relations, a circumstance which proves that the aspirations of thoroughly trained nurses are identical, and that where divergencies occur in the nursing profession they are not between the thoroughly trained, but are a result of inadequate standards, and the impossibility of appreciation, on the part of the half-trained, of the ideals and opinions of fully-trained nurses.

We congratulate the Presidents and the editors of the Journals published in connection with these Leagues on the admirable way in which they are produced and edited.

THE INTERNATIONAL COUNCIL OF NURSES.

The most important and far-reaching event of the year, as affecting the nursing profession, has been the Triennial Meeting of the International Council of Nurses at Cologne, and the gathering of some 600 nurses of 23 nationalities at the Congress and Nursing Exhibition organized by the German Nurses' Association in connection with it.

The Congress has been fully reported in this JOURNAL and in the official organs of the other affiliated National Councils, and we will therefore only briefly allude to the points of chief importance in connection with it.

1. The Resolutions passed unanimously by the Grand Council of the International Council of Nurses endorsed (a) the principle of State Registration of Nurses, and called upon those Governments which had so far denied this obviously just demand to reverse their attitude of inaction; (b) declared its adherence to the principle of woman suffrage as a great moral movement making for the conquest of misery, preventable illness, and vice, and as strengthening a feeling of human brotherhood.

Resolutions passed in the sessions of the Congress dealt (a) with the overwork of nurses, (b) with the position of the Matron, and (c) with the social condition of nurses in the affiliated countries.

The paper which aroused the greatest interest of the Congress was undoubtedly that by Dr. Hecker, dealing with the Overwork of Nurses, which is an epoch-making thesis, for which the nurses of the whole world owe him a most sincere debt of gratitude. It has been translated into English for the International Council of Nurses, and is being published in pamphlet form.

The Report on Preliminary Education, drawn up by Miss J. C. van Lanschot Hubrecht, Hon. Secretary of the Committee on Nursing Education, and showing what has been done in the countries affiliated to the International Council, is a valuable contribution to the literature published by the Council.

The Council also determined to found an Educational Memorial to Miss Florence Nightingale, and it was universally felt that the only international memorial appropriate to so great a teacher was one which would emphasise her life's work as a teacher of the fundamental laws of nursing, and of sanitary science, of

which nursing forms a part, and which would benefit the nurses of the world.

The Council elected Sister Agnes Karll, R.N., who has done so much to further the international solidarity of the Nursing Profession, to the position of an Hon. President, it also elected Miss A. W. Goodrich, R.N., President for the ensuing triennial period, and accepted invitations from the United States of America to hold the next meeting in 1915 at San Francisco.

PROFESSIONAL ASSOCIATIONS OF NURSES.

The Poor Law Infirmary Matrons' Association is now formally constituted, with Miss E. C. Barton as President. In November a deputation from the Association was received at the Local Government Board office by Mr. Francis, Secretary to the Orders Committee, on the subject of the position of the Superintendent Nurse now under consideration.

The Midland Matrons' Association, of which Miss E. M. Musson is President, continues to take an interest in current events as they affect nurses, and during the year an address has been delivered before it on the National Insurance Act and the formation of a Trained Women Nurses' Friendly Society by Miss M. Mollett.

The Superintendents working under Queen Victoria's Jubilee Institute for Nurses have the advantage of professional association through the Northern and Southern Associations of Superintendents, at the meetings of which many subjects of professional interest are discussed.

NURSING IN THE GOVERNMENT SERVICES.

The value to the State of the services of trained nurses receives ample proof in the fact that almost every Government Department finds it necessary to employ them directly or indirectly.

The Admiralty through Queen Alexandra's Royal Naval Nursing Service, in connection with which a Reserve of Naval Nursing Sisters has been established. It is to be regretted, however, that there is still no Nursing Department at the Admiralty with a Matron-in-Chief in charge. This is the most urgent need of the Service, and nothing would tend more to raise its efficiency.

The War Office.—It is to be regretted that the conditions of service in Queen Alexandra's Imperial Military Nursing Service, providing for the admission to the Service of candidates holding a certificate of "not less than three years' training and service," have not yet been revised, and "a certificate of three years'

training" substituted. Every hospital of standing in the country, with the exception of the London Hospital, now certifies its nurses after not less than three years' training, and the requirements of a whole public Service should not be lowered because one hospital, for economic reasons, maintains an obsolete standard.

The Service is also prejudicially affected by the fact that promotion to the higher posts is apparently reserved for those trained at the London Hospital, a system which discourages the best class of woman trained in other hospitals from entering it, which is calculated to do great injury to the Service.

The Army Nursing Service Reserve, under the control of the Nursing Board at the War Office, is intended to supplement the regular Service, in the event of war, either at home or abroad.

The Territorial Force Nursing Service, under the control of an Advisory Council at the War Office, is now thoroughly organized for home service in case of invasion. It has its own Matron-in-Chief, and Matrons of important Civil Hospitals throughout Great Britain, with the assistance of a committee, organize the hospital staffs and act as Principal Matrons in time of peace. Provision is made for a nursing staff of 120 members for each hospital, the full staff required being 92. All members are required to report to the Principal Matron once a year, who is responsible for the accuracy of the Roll.

The Local Government Board.—Poor Law Nursing in infirmaries and workhouse wards, under the Local Government Board, throughout the kingdom varies greatly in quality. In many of the larger infirmaries separated from the workhouses the standard of training is equal to that of the general hospitals, although the proportion of patients to nurses is high in all. In some of the smaller infirmaries attached to workhouses, and in workhouse wards, the difficulty of obtaining nurses is acute and the quality of the nursing suffers. Considerable friction is caused by the fact that the trained Superintendent Nurse is placed under the untrained Master and Matron of the Workhouse, and in many petty ways her life is often made so uncomfortable that many good nurses will not put in for these posts. It is to be hoped that some satisfactory solution of this perennial difficulty will be found by the Committee of the Local Government Board, which now has this question under consideration. Probably the best method would be to separate the offices of Master and Matron and, in the smaller workhouses, and to require the Matron to be a trained

nurse. She could then take her position as head of the nursing staff.

The Board of Education.—The School Nursing in Elementary Schools under the London County Council is a department of the work of the Board of Education.

The Home Office. At present no Nursing Service is organized in connection with prisons under the Home Office, although some of the wardresses on duty in the prison infirmaries have had a certain amount of training. Yet it is certain that such a highly skilled Nursing Service is urgently needed in prisons, where, besides the acutely ill, many of those undergoing sentence are mentally unstable, feeble-minded, inebriate, and diseased. The organization of a Prison Staff of well-trained, specially picked women would be of great benefit both to the prisoners and to the Government Department responsible for their health.

The appointment of trained nurses as Prison Matrons is also a reform greatly to be desired.

The Colonial Office.—The Colonial Office does not employ nurses directly, but depends upon the Colonial Nursing Association to select those needed for service in Government Hospitals, and as private nurses in Crown Colonies.

The Foreign Office.—A limited number of nurses for British Protectorates are selected through the Foreign Office.

The India Office.—In connection with Queen Alexandra's Military Nursing Service for India there is a Nursing Board at the India Office which interviews and recommends candidates for appointment.

FEVER NURSING.

The Fever Nurses' Association, of which Dr. F. Caiger is President, is working to systematize the education of fever nurses and to obtain recognition for this experience as part of a nurse's training, and many nurses are showing their appreciation of the certificate in fever training given after examination to those who pass through the prescribed curriculum. Under a system of State Registration of Nurses a scheme of reciprocal training between general and fever hospitals, which the Fever Nurses' Association, as well as the Metropolitan Asylums Board, desires to see established, will doubtless be defined. Meanwhile the Association is doing good work in endeavouring to organize the training throughout the fever hospitals.

MENTAL NURSING.

The Asylum Officers (Employment, Pensions, and Superannuation) Bill, introduced into the

House of Commons in Viscount Wolmer, has not yet become law, although the Select Committee which last year reported upon it stated their opinion that, with certain amendments, it should be proceeded with in order that it might pass into law.

There is no doubt that the hours of Asylum Attendants are in many instances excessive, and would be so even in the case of attendants upon the sane, over eighty hours on duty a week being by no means uncommon. When we consider the mental anxiety inseparable from the care of patients of unsound mind, it will be recognized that legislation is urgently needed.

In the examination of the Medico-Psychological Association, which provides a uniform examination throughout the Asylum world, mental nurses have an advantage over those with general training.

PRIVATE NURSING.

The nursing of patients in private houses is becoming increasingly important, as, with the advance of scientific medicine and surgery, greater demands are made upon their knowledge and skill. Added to this, women of the highest type are needed for this branch of work, as their position in houses disorganized by illness, where not only the patients, but very often the relatives, are dependent on their resourcefulness and wisdom, is extremely responsible. Many such nurses are to be found in the private nursing world whose services are invaluable to the public. On the other hand, many undesirable women exploit the public under the guise of the nurses' uniform.

Private nurses are supplied (1) through co-operations and societies managed for the benefit of the nurses; (2) through hospital committees and institutions, which, in most instances, make a considerable profit out of the earnings of their private nurses, following the regrettable example of the London Hospital, which makes thousands of pounds annually from this source. It is a quite unjustifiable method of supporting a charity. There is only a certain amount of private work available, and the fees derived from this source should be paid to the nurses who earn them, after the expenses of management have been defrayed.

The Managers of Scottish Hospitals are to be congratulated that they have never imposed this tax on the nurses trained in their institutions.

We are glad to note that a number of hospitals with private nursing staffs are following the example of St. Bartholomew's Hospital,

and giving their nurses the option of working on the co-operative system.

DISTRICT NURSING.

District nursing work is undertaken by women of every degree of professional training and social status, from the thoroughly trained Queen's Nurse with a three years' certificate, and six months' special training in addition, to the nurse-char, who, under the Cottage Benefit (Holt-Ockley) nursing system, resides in the home of her patient, cooks, cleans, and scrubs for the family, washes the children, and perhaps sleeps with the patient. The Queen's Nurses have proved of the greatest value to the community, not only in the care of the sick poor, but as social workers in the prevention of disease, and in raising the general standard of health. It is greatly to be regretted that, for the sake of cheap philanthropy, a class of so-called nurses are being extensively employed by lay committees in rural districts, whose knowledge of nursing, and therefore the value of whose services as nurses, is of the slightest. In many instances their status is really that of midwives (who in their own department are invaluable workers), and they should be known as such. The efficient care of the sick poor in rural districts would probably best be solved either by the establishment of a central fund in connection with the Queen's Institute, from which the nurses in districts too poor or too scattered to be able to maintain a fully trained nurse could be subsidized, or by the establishment of a State Nursing Service, but it is unfair to the sick poor to supply them with incompetent nurses, and to ask them to contribute to their support on the assumption that they are efficient.

There have been several changes in the important posts under Queen Victoria's Jubilee Institute during the year. Miss Macqueen, Nursing Superintendent for England, has resigned, and is now working in the Near East in connection with the Macedonian Relief Fund. She is succeeded by Miss Alice J. Buckle.

Miss J. Cowper, Superintendent of the Scottish Branch, and Miss Lamont, Superintendent of the Irish Branch, have resigned. Miss A. M. Peterkin was first appointed to succeed Miss Lamont, but subsequently accepted the invitation of the Scottish Council to become Superintendent in Scotland. Miss A. Michie was then appointed Superintendent of the Irish Branch.

Miss Cathlin Cicely du Sautoy has been appointed Inspector for Wales, in succession to Miss Pilgrim, who has been transferred to the Lancashire and Cheshire area.

SCHOOL NURSING.

A branch of nursing which is rapidly increasing is School Nursing in connection with public elementary schools. In London the special service under the London County Council, under the superintendence of Miss H. L. Pearce, is steadily increasing in numbers, and recently four additional Assistant Superintendents have been appointed to deal with the increased work. The nurses are required to have a three years' certificate of training, and their work is very specialized and of great national importance. The salaries paid to the nurses do not compare favourably with those of teachers working under the same authority, and though they have been slightly raised this year, so that a nurse who begins at £80 rises by annual increments to £105, instead of £90 as heretofore, yet taking into consideration the cost of living in London, it will be realized that the commencing salary should be raised if the best class of nurses are to be attracted. Further, the increase of salary must not be entirely regarded as increase of pay, as more hours of work are exacted.

In the provinces the office of School Nurse is often combined with that of Health Visitor, Tuberculosis Inspector, or Inspector of Midwives, such nurses usually working under the direction of the Medical Officer of Health in connection with Health and Education Departments. The combination of midwifery with school nursing is not desirable, owing to the constant likelihood of contact with infection in the schools.

NURSES' SOCIAL UNION.

We are informed that the Nurses' Social Union has had a very successful year. There has been a steady influx of new members, and a continually increasing demand for new branches.

The new Constitution, providing for Full and Associate Membership, the former to be a three years' certificate, and the granting of distinctive badges, was ratified by the Council in April, and will be adopted by all branches at the close of the year 1912.

Miss Amy Hughes, General Superintendent Q.V.J.L., remains President. Among the newly-elected Vice-Presidents and Members of the Council are Miss Gibson, late Matron, Birmingham Infirmary; Miss Rogers, late Matron, Leicester Infirmary; Mrs. Kanthack de Voss, late Sister, St. Bartholomew's Hospital; and the Hon. Albinia Brodrick.

Miss Haughton, Matron, Guy's Hospital, has become President of the London Division

of the Union, and Miss Gibson its Honorary Organiser.

The Exhibition held at Bristol in June was organised and chiefly carried out by members of the Union. It proved most successful from all points of view, and much praise and gratitude were accorded to the workers, as also to the helpers who took charge of the N.S.U. Exhibits at the Gloucester Exhibition in October.

New branches have been formed in the following areas:—Richmond (Surrey), Southsea, Gloucester, Cornwall, and Leeds. It is expected that within a few months several other new centres will organise branches.

The special work of this Union is to associate nurses and others together for the furtherance of social improvement in the community, especially in relation to the national health.

THE NURSES' MISSIONARY LEAGUE.

The Nurses' Missionary League, which is a wholesome agency in keeping alive ideals in the nursing profession, has now a membership of over 1,800 members, 588 of whom are volunteers for active service in the mission field, 204 being already abroad. The success of the League is, indeed, causing some anxiety to its committee, for there is an urgent necessity for enlarged headquarters to meet its growing needs if the development of the work is not to be hindered, which entails a larger income.

THE NATIONAL INSURANCE ACT.

The National Insurance Act, which came into force on July 15th, 1912, is the first Act in which the small earnings of nurses have been directly taxed. As they are compelled to insure, trained nurses have endeavoured to form a Society of their own, the Trained Women Nurses' Friendly Society, of which the management is in professional hands. Here again they must realize that, with some notable exceptions, the Governors of hospitals have swept their nurses into the Nurses' Insurance Society, which is practically a branch of the Prudential Society, concerning which it is not necessary to notify that all the well-paid posts provided by the nurses' money have been given to men.

THE EDUCATIONAL MOVEMENT.

The Bill for the State Registration of Nurses has again been introduced into the House of Commons by the Right Hon. R. C. Munro-Ferguson, M.P., but, as it did not gain a place in the ballot, no time could be granted for its second reading in the present turmoil of politics. Great efforts must therefore be made in the future to impress the Government with the national importance of the question of pro-

viding a guarantee of nursing efficiency to the public, as without it the public is cruelly exploited by the inefficient nurse, when life and death may be hanging in the balance.

The demand for reform is made by the Central Committee for the State Registration of Nurses, which represents organizations of medical men and trained nurses with a conjoint membership of not less than 30,000. It remains to be seen for how long a little clique of metropolitan hospital chairmen can, through social influence, deprive the community of their rights in this connection, and the profession of nursing of the legal status which is long overdue. Anyway, 1913 must see us up and doing.

SCOTLAND.

The Examinations, both in general nursing and fever nursing, instituted by the Local Government Board for Scotland are now regularly held, both medical practitioners and Matrons acting as examiners. The questions set cover the ground very thoroughly.

The Scottish Insurance Commissioners have placed Miss A. W. Gill, Matron of the Royal Infirmary, Edinburgh, on the Advisory Committee for Scotland. Miss Gill was nominated by the Scottish Matrons' Association, the Scottish Society of Trained Nurses, and other bodies. Scottish nurses are to be congratulated that a nominee of nurses' organizations has thus been appointed to a seat on the Advisory Committee.

In addition to the Scottish Matrons' Association, with Miss A. W. Gill as President, nurses can now be organized through the Scottish Society of Trained Nurses, the Association for the Promotion of State Registration of Trained Nurses in Scotland, and the Scottish Nurses' Association. All of these Societies support the Bill for the State Registration of Trained Nurses. The Scottish Society of Trained Nurses has recently established a "Nightingale" Prize, to take the form, in the first instance, of a medal, to be competed for by trained nurses.

The Royal Infirmary, Edinburgh, still continues to allow trained nurses in the city to attend the lectures given to the nursing staff at the Infirmary—a great advantage, which we have no doubt is appreciated at its true value.

IRELAND.

In Ireland the Irish Matrons' Association, the Irish Nurses' Association, and its Ulster Branch form a strong force making for professional organization and advancement. Miss E. Hanan has been appointed Secretary of the Irish Nurses' Association, in succession to Miss Carson-Rae.

A Catholic Nurses' Association has been formed, of which Miss Barrett is the present President, an object being that nurses of the Roman faith should have an Association to safeguard their own interests. To us it is regrettable that the question of the religious faith professed by nurses should enter into the organization of their professional associations, which are common ground on which all nurses can meet.

Miss M. Huxley, who has done so much for nursing in Ireland, has been appointed the first woman Governor of Sir Patrick Dun's Hospital, Dublin, of which she was for many years Lady Superintendent. It is generally recognized as a well-merited honour.

The Nurses' Insurance Society of Ireland has been formed, with an office at 29, Gardiner's Place, Dublin.

The Irish nursing world and the nursing world in general has sustained an irreparable loss by the death of Mrs. Kildare Treacy, who rendered services of the very greatest value to the cause of nursing organization.

OUR DOMINIONS BEYOND THE SEAS.

In India the Associations of Nursing Superintendents and Nurses are now affiliated in a National Association—with Miss Tindall as President—and have entered the International Council of Nurses.

The conjoint Associations presented an Address to the Queen-Empress on her visit to India, and received a gracious reply from Her Majesty.

Lady Minto's Indian Nursing Association, for providing skilled nursing for private patients, continues to do good and successful work. Her Majesty has accepted a specially bound copy of its report.

Great efforts are being made throughout the Empire to raise the standard of nurse training.

In Canada.—Under the Hospital Act of the Provincial Legislature of Ontario provision is made for the State Registration of trained nurses. Throughout the Dominion, Associations of Nurses are organized to obtain registration, and it is to be hoped that their efforts will ere long be crowned with success.

In Australasia.—In New South Wales the Australasian Trained Nurses' Association has passed a resolution approving of affiliation with the International Council of Nurses.

In Victoria a Bush Nursing Scheme is being slowly established.

State Registration of Nurses is now in force in Queensland, under conditions satisfactory to the A.T.N.A. Western Australia has also a

similar provision, and we may look forward with confidence to the eventual establishment of a thoroughly satisfactory system of Nurses' Registration throughout the Commonwealth, as the system of voluntary registration now in force could hardly be bettered.

New Zealand.—The affiliation of the Trained Nurses' Association of New Zealand to the International Council of Nurses has been the important event of the year.

Miss J. M. Orr, Matron of the Taunton and Somerset Hospital, has been appointed Lady Superintendent of the Auckland Hospital, and under the new system of management it is confidently anticipated that the nursing arrangements of this large hospital will be materially improved.

South Africa.—An Order of "King Edward Nurses" has been established as a memorial to the late King, of which the King has become a patron and Queen Mary and Queen Alexandra patronesses.

Miss J. C. Child, an Hon. Vice-President of the International Council of Nurses, attended the Cologne Congress from Basutoland, bringing official reports on registration in United South Africa.

ABROAD.

In the United States of America. Acts for the State Registration of Trained Nurses have become law in the States of New Jersey, Delaware, Louisiana, Rhode Island, and South Carolina, bringing the number of States in which Registration is in force up to 35.

The name of the American Society of Superintendents of Training Schools for Nurses has been changed to the National League of Nursing Education. The Nurses' National Associated Alumnae has become the American Nurses' Association, to which the Superintendents' and other important Societies are affiliated.

In Germany.—In Germany the splendid vitality of the German Nurses' Association and its President, Sister Agnes Karll, was demonstrated by the organization of the International Congress at Cologne, which has received world-wide recognition.

The future of German nursing can well be left in the capable hands of the earnest and highly educated women who are moulding its future.

In France.—In Paris the Nursing School of the Assistance Publique is making steady progress. From the first the School has been encouraged to take an international interest in nursing matters, and Mlle. Clément, the Matron, and other representatives attended the Cologne Congress, and Mlle. Danviray,

recently the Dinner to Mrs. Bedford Fenwick in London.

For our colleagues in Bordeaux the year has been a sorrowful one owing to the death of Dr. Lande and the illness of Dr. Hamilton, whose pioneer work is now bearing fruit in the demand for the pupils of the Bordeaux Schools for positions as Matrons and Sisters in many French towns.

In Belgium.—In Belgium, both in connection with the new School in Brussels and elsewhere, progress has been notable.

In Italy.—In Italy the Nursing School at the Gesù e Maria Hospital, Naples, so ably superintended by Miss Grace Baxter, now numbers amongst its graduates four Directrices and eleven head nurses in hospitals and Government clinics.

The Nursing School at the Policlinico Hospital, Rome, under the able guidance of Miss Dorothy Snell and Miss M. A. Turton, has made phenomenal progress, and the certificates of the first graduates and a medal designed by herself have been presented to them by Queen Elena.

At Milan, Spezia, and elsewhere nursing schools on modern lines are also being organized.

In Holland the Dutch Nurses' Association has now a central headquarters in Amsterdam. It is contending with the same difficulties as the intelligent minority in other countries who appeal for State recognition.

In Denmark, Danish nurses are still working to obtain legal status, and progress is being made, though slowly.

In Finland the nurses, who, in common with their compatriots, are passing through troublous times have the sympathy of the nurses of the world.

In Norway the nurses have organized their National Association, with Miss Bergljot Larsson as President, and have founded a magazine.

In Sweden, Parliament has appointed a special Committee to enquire into the condition of Swedish nursing, of which Miss Emmie Lindhagen is a member.

IN CONCLUSION.

In all these countries nursing is in a most hopeful condition, and there is a wonderful awakening, but nowhere has the demand of nurses for legislation in regard to their profession met with such lack of justice as in Great Britain. Nowhere, however, has the attempt to suppress it met with such determined resistance, and there is no doubt that before long justice will have to be done.

NURSES OF NOTE.

MISS CATHLIN CICELY DU SAUTOY.

Miss C. C. du Sautoy, who has been appointed Inspector for Wales in connection with Queen Victoria's Jubilee Institute, and whose picture appears on this page, has had a distinguished professional career. In addition to her nursing qualifications, she holds first-class diplomas for cookery, laundry work, and domestic economy, obtained from South Wales University, and also an advanced

CHRISTMASTIDE,

Hail! thou ever blessed morn,
Hail! Redemption's happy dawn.

"How I hate Christmas! I shall be quite thankful when it is over; I'm not going to have a good time at all; it's all very well for kiddies, but for grown-ups it's a wretched time, and for those who have lost someone dear to them, at Christmas they feel it more than ever." I wonder how many times during the last fortnight I have heard remarks like these—and have thought to myself: how very morbid!

She has quite forgotten or has never learnt



MISS CATHLIN CICELY DU SAUTOY.

physiology certificate from South Kensington. For five years she was lecturer to the probationers at Tredgar House on Physiology, Cookery, Chemistry of Food, &c. She was then trained for three years at Guy's Hospital, where she won the gold medal and other prizes. She is also a certified midwife, and holds a Sanitary Inspector's Certificate. She received her training in district nursing at 23, Bloomsbury Square, W.C., and was appointed a Queen's Nurse in June, 1906, and held a single post until December of that year, when she was appointed County Superintendent and Inspector of Midwives in Somerset.

that: "None of us liveth unto himself," and that "He who joy would win must *share* it; Happiness was born a twin." Christmas, a "*wretched time*"! What nonsense! It's a *beautiful* time. Of course, we miss our loved ones then, don't we always miss them? But we believe in the Communion of Saints and know that, though unseen, they are joining with us when we sing "Venite Adoremus Dominum." I, who write to you these very feeble words; have lost nearly everyone nearest and dearest to me and yet am so looking forward to a very happy Christmas. Just think a moment: it is the birthday of Our Lord Christ, aren't you going to sing that beautiful hymn, "Venite"? With one heart and one voice let us all kneel and

adore the Child Jesus, "who for us and for our salvation came down from Heaven and was made Man." That fact alone should fill us with gladness and thankfulness. And all day long we may be sharing our joy with someone. After church, there will be Christmas dinner to think of; I am going to take mine to a very poor patient who is a chronic invalid. It will have to be quite a Benjamin's portion, this dinner of mine, as six persons are to partake of it: the invalid, her four children, and myself. I shall love to see her smile when I lay the snow-white cloth and place on the table no end of good things, and make it all pretty with flowers, and holly, and mistletoe; never will they have had such a feast! And then her surprise and joy when she sees I am remaining for the dinner, that I am going to be her guest! What fun it will be! I can scarcely wait till Christmas morning. In the afternoon, when I leave this happy family, I am going to the Hospital, where long ago I was a timid little "Pro." to help with the Christmas tree and hear the kiddies' screams of delight as their toys are presented to them, and see the ward where I first learnt to use a broom and wash cups and saucers, make a poultice, dress wounds, and learned a multitude of other useful things, one of which was that "pros." might be seen but not heard—they were *very* "small potatoes" when I was a "pro." When the tree is stripped of most of its beautiful attire of toys and tinsel, there will be such a tea for everyone, after which some of the students and nurses will act and sing and amuse everybody generally, and when we have all enjoyed ourselves so much and feel that we just love everyone and are glad to be alive, and so sorry that Christmas Day is nearly over, we shall wander round the wards again before taking our departure, and if you listen quietly you will hear the women and children talking things over; they'll all be saying what a happy day they've had, and how the music made them forget their pain. The old Irish woman will be there, and you'll hear her exclaim: "Shure, an' oi niver had such a day in all me loife, I felt as if Our Blessed Lady was with me all the toime," and the little boy who was "run over," why, he'll say: "Why do Christmas only come but once a year? I hope I gits run over agin next Christmas, so I can come to Hospital Christmas tree agin."

The lights are low, the patients are all in bed. Let us sing them to sleep:

"Glory to Thee, my God, this night,
For all the blessings of the light;
Keep me, O keep me, King of Kings,
Beneath Thine own Almighty wings."

Tell me, was Christmas Day "wretched"? Was it only for kiddies? I think you will all say you had a great share of happiness in it; if not, then let me speak to you in the words of Owen Seaman:

"Come now, I'll cure your case, and ask no fee:
Make others' happiness this once your own:
All else may pass; that joy can never be
outgrown!"

SISTER MARIE.

IMPRESSIONS ON NURSING IN THE UNITED STATES.

No. 1.

My chief mission in the States being that of a beggar, there was regrettably little time left for the study of questions of interest to us nurses. Indeed, one felt day by day what magnificent opportunities were being thrown away wholesale.

For the freemasonry of our profession is nowhere more emphasized than in America. The words "A nurse from Ireland" opened not only every nursing door, but apparently also every nursing heart. Our friends of triennial Congresses, Miss Dock and Miss Nutting, leading the van as usual, spread before my hungry mind feasts of knowledge and instruction quite impossible of digestion in the one hasty meal, a month only in length, in which I endeavoured to assimilate them. One had the happy sense of being made to feel at home because one was a colleague. That was my first lesson, and one that I shall not soon forget.

Yet hurried, and necessarily superficial, as observation under such circumstances as mine must be, I am surprised, now that I sit at home once more in my dear little kitchen—very smoky this evening, owing to a north wind—how vivid and how definite an impression the nursing minds and methods of the States have made upon me.

It must be freely admitted from the outset that day by day the things which pertain to health, and therefore to godliness, are becoming more generally recognized over there, both by Governments and by individuals, than is the case amongst ourselves. Hygienic wants and necessities are coming to the front as accepted facts, instead of being put in the corner and discreetly covered up, to breed disease and misery. "In this State no public drinking-cups are allowed" is the legend in certain stations. Many now carry their own cups, often collapsible, in consequence. In the long-distance trains going West from New York an attendant comes through the cars at frequent intervals to sweep up the dust.

In the same trains you can obtain from the attendant a paper cover for the seat of the w.c., which you fold up and retain for the journey.

Spitting on either the railway or trolley cars, and, indeed, also on the sidewalks, which we call pavements, is strictly forbidden.

Even the Department of Agriculture views its responsibility in this matter broadly. In its list of Farmers' Bulletins occur some twenty

or thirty directly connected with the public health. Bacteria in Milk, How to Prevent Typhoid Fever, Tuberculosis, The Sanitary Privy, House Flies, The Care of Milk and its use in the Home, Some Common Disinfectants, Care of Food in the Home, Harmfulness of Headache Mixtures, Preparation of Vegetables for the Table, Principles of Nutrition and Nutritive Value of Food are treated, each one in a separate pamphlet, and nothing could be more carefully compiled, simpler, or more instructive than those which I have read.

Sweets, known as candies, are largely sold on small street-stalls in New York. For these a glass cover is provided, to keep off the dust and the microbes. To be sure, these covers may often be seen propped open, but that is not the fault of the public, but of the occasional individual.

Milk is delivered in sealed bottles, and spring water, which, alas! needs to be bought in New York, in large gallons with spring stoppers.

Even the street sweepers are dressed in clean white clothes, hats and all, the latter resembling the pith helmets of Eastern travel.

It may be asked: "What has all this to do with Nursing and Nurses?"

Much every way. In a community in which hygiene has once begun to be recognized as not only a necessity but a public right, the ministers of hygiene will be estimated at their proper value, and respected for the grave importance of the duties that they are called upon to perform. From this it must follow that, the demand on those ministers being for the highest and most responsible quality of work, not of healing merely, but primarily of education and of prevention, they themselves, the ministers, will respond to that demand of necessity. We shall expect to find in such a community a great stirring in the profession of nursing, an increasing breadth of view, a reviewing of the standard of training, a setting aside of old prejudices, a recognition of the newer methods required by the new responsibilities, the loss of pettiness, the onrush of magnificent ideals, guarded and controlled by stalwart common-sense and reflecting wisdom.

In all this the State of New York is leading, very finely, onwards towards the light. And, in what I have to say further, I should like my colleagues, both at home and in the States, to grasp from the outset that I do not pretend to imagine that perfection in nursing matters or in matters of hygiene generally either has been, or is about to be, reached, either in New York or in any other State in the Union. This paper may, I hope, fall into the hands of some of our superintendents, committee ladies, and nurses

in New York, Cleveland, Baltimore, Boston, and elsewhere. They are not blind to the defects of their systems; if they were, there would be an end of effort, instead of the ceaseless activity which characterizes them. Let me assure them that I am only turning a blind eye for the moment. My purpose is to emphasize those things in which we may learn from our friends away to the West, for that is, after all, one of the chief objects of leaving one's own country. I have no patience with the *nil admirari* doctrine which is the special characteristic of the travelling idiot abroad, and which has earned for too many English men and women the hearty distrust and dislike of Americans in particular.

Apropos of this, an Irish friend told me that he had the delight of seeing the amazing glory of the maple woods in New York State this autumn. "Oh," said the friends to whom he tried to express his sense of their wonderful, glowing beauty, "do you *really* like it?" English people generally say, 'How gaudy'!"

The editor is quite unaware that I am hoping to inflict upon her and you three papers. In this, the first one, I was firmly minded to let no personal reminiscences intrude, but to deal with a very big subject from a fitting height. But, when you come to know Kerry better, all of you, you will understand that never was there a Kerry woman—no, nor man either, little as they, dear things, know it—that could deal with any question without parentheses as long as St. Paul's, in the course of which much personal history, to our remotest ancestors, may be gathered. And so, having strayed, I shall stray again.

That reminds me, by the way, of a yearling bull of mine, who has a pasture of his own, but who turns up smiling in the cabbage garden, or at the haystack, by ways of his own, no matter how often he may be put out, faithfully and regularly—and is scandalously fat in consequence.

I said I should stray again. No matter. Where was I? Just three thousand odd miles to the West, I think, in New York, a State where, I need hardly say, Registration of Nurses is in force.

Here, in the town of Albany, a magnificent State education building was dedicated—or, as we should say, "opened"—in the middle of October. It was built at a cost of £817,744. New York claims, and rightly claims, to have been a leader in education. It is, as the official editor of its Education Department writes: "The first to erect a separate building to stand exclusively and aggressively for its concern about the intelligence and the character of all

its people." The whole educational work of the State is here directed, whether in schools, colleges, universities, libraries, or museums. Here are supervised the certification of nurses, the entrance into licensing and practice of medicine, dentistry, pharmacy, and other professions. In the building, Miss Goodrich, R.N., Inspector of Nurse Training Schools, has her office. Here the Regents appoint a board of "examiners in nurse training," amongst other professional examinations, and here complete records are kept of all candidates who have been admitted to such examinations.

The nurse training schools in New York State number 120. We hear a good deal at home of "medical schools"; in the States we hear also of "nurse training schools." The nursing department has ceased to be a mere appendage to the hospital. By the consent of lay boards and professional workers, the scientific, ethical, practical, and social service education of the nurses has come to be recognized as a matter of urgent moment.

ALBINA BRODRICK.

TOYS FOR TINIES.

Who will get the Competition Toys we cannot say—it's all a chance. In the hospitals the supply is sure to be ample—so we favour a plan of going out on Christmas Eve into the poorest highways, with baskets full of toys, looking for "Peggy Paleface," and such of her companions as may be toyless. It doesn't matter a jot if they are undeserving.

Imagine the following polite conversation:

"Why, Peggy, what are you doing, waiting out side this 'ere pot-house?"

"What's that to you—and Peggy aint my nime?"

"Oh! aint it? I 'umbly beg yer pardin, but I'm Mother Christmas—and I thought as how you was one of them little gels as 'adn't got no toys."

"There aint no such a person. But what yer got in yer basket?"

"Peep inside."

Peggy peeps, and clutches the Prize Gollywog. "What ill yer ave? Please yerself."

Peggy pleases herself vastly. She clings to the gollywog; and "tikes" a wool ball for "bibby." She also holds up her pinny, and "tikes" fruit and nuts and lollypops.

Her face is all a-glow.

"Good-night, Rosie Redcheek."

"Garn!"

And so on, till the baskets are empty.

We hear from many sources that never before have so many beautiful gifts been sent for distribution amongst the poor.

OUR PRIZE COMPETITION.

WHAT SYMPTOMS WOULD LEAD YOU TO SUSPECT APOPLEXY? GIVE NURSING TREATMENT OF APOPLEXY.

We have pleasure in awarding the prize this week to Miss Lucy M. Park, Registered Nurses' Society, 431, Oxford Street, London, W., for her paper on the above subject. We hope to publish the paper next week.

APPOINTMENTS.

LADY SUPERINTENDENT.

Coleraine Cottage Hospital.—Miss Wilhelmina Ingleby has been appointed Lady Superintendent. She was trained at the Royal Bucks and Croydon Hospitals, and has been Acting Matron of the Passmore Edwards Hospital and the Welshpool Cottage Hospital.

NURSE MATRON.

Ida Convalescent Home, Scarborough.—Miss M. Isabel Stones has been appointed Nurse Matron. She was trained at Guy's Hospital, London, has done private nursing, and been Sister at Lambeth Infirmary and Hertford County Hospital.

Infectious Diseases Hospital, Halstead, Essex.—Miss Beatrice B. S. Bennett has been appointed Nurse Matron. She was trained at the Bromley and Beckenham Joint Hospital, Kent, where she has been Charge Nurse and Night Superintendent; She has also been Charge Nurse at the Brighton Union Infirmary, and Charge Nurse and Deputy Matron at the Isolation Hospital Luton.

NIGHT SISTER.

Newport (Mon.) Union Infirmary.—Miss Bessie Scott has been appointed Night Sister. She was trained at the Shirley Warren Infirmary, Southampton, where she temporarily acted as Ward Sister and Maternity Sister. She has also been Charge Nurse at the Steyning Infirmary, and at the Newport Union Infirmary. She is a certified midwife.

SISTER.

Essex County Hospital, Colchester.—Miss Rhoda Trembath has been appointed Sister. She was trained at the Great Northern Central Hospital, Holloway, and has taken charge there of a Male Surgical Ward.

Glasgow Maternity and Women's Hospital.—Miss Helen Anderson has been appointed Sister of the Out-patient Department. She was trained at the Edinburgh Royal Infirmary and Glasgow Maternity Hospital. She has been Charge Nurse and temporary Sister at the Edinburgh Royal Infirmary, and Staff Nurse in the Out-patient Department at Glasgow Maternity Hospital. She holds the certificate of the Central Midwives Board.

SISTER OF X-RAY DEPARTMENT.

General Hospital, Birmingham. — Miss Muriel Duesbury has been appointed Sister of the X-ray Department at the General Hospital, Birmingham, not Sister of the Massage Department. She was trained at the same institution where she also took Sisters' holiday duties. She was also Ward Sister at Grantham Hospital, and has been Out-patient and Massage Sister at the Salop Infirmary.

CHARGE NURSE.

The Workhouse Infirmary, Cuckfield. — Miss H. M. Turnill has been appointed Charge Nurse. She was trained at Edmonton Infirmary, and has been Charge Nurse at the Newport (Mon.) Infirmary, and at the Plymouth Infirmary.

The Infectious Diseases Hospital, Gooch. — Miss Lillian Hardy has been appointed Charge Nurse. She was trained at the Leeds Union Infirmary, and has been a private nurse at the Leeds Public Dispensary and charge nurse under the Metropolitan Asylums Board.

SCHOOL NURSE.

Tottenham Education Committee. — Miss Elsie Allen has been appointed School Nurse. She was trained at the Prince of Wales General Hospital, Tottenham.

HEALTH VISITOR.

Northampton County Council. — The following three ladies have been appointed Health Visitors: — Miss Winifred Sadler, trained at the Chester General Infirmary, and who has been District Nurse at Welton, Northants, and at Liverpool. Miss Mary Bown, who has been Head Nurse at the Children's Hotel at Southport, has done private nursing, and has for four months acted as Health Visitor. Miss Elizabeth H. Curtis, who has been a District Nurse at Birkenhead.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Staff Nurse Miss Eva C. E. Lindsay resigns her appointment (December 19th).

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

EXAMINATION QUESTIONS, December 19th, 1912.

1. What do you know of flies as carriers of disease? What precautions as regards food and sanitation does this function of flies render necessary?
2. What is the meaning of the term "Food Values?" How are food values taken into account in the preparation of diets?
3. A baby of three months old has to be weaned? What advice would you give the mother *re* her breasts, and the feeding of the baby?
4. What precautions should be taken against the spread of diphtheria during an epidemic of that disease?
5. Describe in detail how you would disinfect your clothing and bag after a case of septicæmia?
6. Explain the kind of case you would ask (a) the Charity Organisation Society, or private charity, to help; (b) the Poor Law, either by out-relief or admission to Infirmary.

NURSING ECHOES.

If all goes well, this issue of the JOURNAL should reach you on Christmas Day, when no doubt the majority of nurses will be far too busy to read it. Nevertheless, to one and all we wish a very happy day and all good luck in the coming year. The year that is passing will long be remembered as grievous in the extreme, in which women have spent many a sad and terrible hour, suffering many things for conscience sake. But as all that we are hoping and working for must inevitably come to pass, on we go, full of life and spirits.

Mrs. Bedford Fenwick will bring forward a resolution at the Annual Meeting of the Lyceum Club in January that Trained Nursing be a qualification for membership. Those who hold a University qualification, or have rendered public service, artists, authors, journalists, photographers, musicians, gardeners, workers in arts and crafts, are all eligible; so far nursing has not been included in the list, but it is time it was.

The omniscient one—a youthful and budding medical genius, no doubt—who patronises the art of nursing in the *London Hospital Gazette*, remarks in its recent issue: "Though the time will probably never come for the art of Nursing to be taught as a University course in which one may graduate, still, the organised demonstrations now being given by the sisters to the dressers and clerks show how much can be done on these lines. That there is more to be done for a patient than admitting him, and prescribing physic, is never more clearly shown throughout one's student days than at these demonstrations. If well organised and advertised, we imagine that if they were given outside, large numbers of the intelligent public would welcome the opportunity of seeing what to do and how to do for the sick."

The demonstrators in nursing who venture to exhibit the elements of their highly skilled art to dressers and clerks at the London Hospital may take heart of grace. The time has already come. The fact is that nurses can graduate and take a degree in Nursing at Teachers' College, Columbia University, New York, and nothing is more certain than, at an early date, if the science of medicine is to keep pace in this country with the strides it is making elsewhere, that nursing must be recognised as its indispensable adjunct, and will receive the educational status which is its due.

The more trained nurses know of their position under the National Insurance Act, the more unjustly they realise they have been treated, and we are not surprised to learn that the fact of the Commissioners having decided that young medical officers receiving small salaries in hospitals are exempt from compulsory insurance, whilst the sisters and nurses are compelled to pay, is considered proof positive of the manner in which they have been penalised. They want to know what "contract of service" consists of, if receiving a small salary from the Governors and being under the control of the committee as to their daily hours of duty and general discipline does not constitute it. A Sister of a London hospital writes: "Why have I to pay, if my house surgeon is not compelled to do so? My salary is £5 a year more than he receives, and we are both engaged by the committee and have our agreement with it. Is this another case of one law for the man and another for the woman? Anyway, I am so disgusted with the way nurses are treated in this country that I am off with a friend to British Columbia in two months' time. No more compulsion for me for the sake of taxing my poor little earnings."

In this connection there is no doubt that of all classes of women workers the trained nurse has been most discriminated against under the Insurance Act. She has been purposely excluded from representation by the Act and the Commissioners; she is taxed for an infinitesimal return, when in the past she has been specially favoured in sickness by free and most generous treatment by the medical profession. Moreover, the bulk of her work is to be handed over by Insurance Committees to County Nursing Associations, who employ semi-trained women at wretched salaries, and who are making arrangements to profit by this indefensible system. No wonder we hear daily of well-trained nurses hurrying off to the Colonies. Within the past month we have said good-bye to two going to South Africa, one to British Columbia, one to Vancouver, three to Australia. As these practical women are a valuable asset to any community, the Colonies will benefit in no small degree by the lack of consideration shown to them at home.

We have not advised trained nurses to agitate for exclusion from the Insurance Act because, after our experience of the tactics of the Government towards them as a class—and of the Insurance Commissioners in particular—we felt such an agitation would prove useless, as it has done. Women's money is absolutely

necessary in this scheme of taxation to meet the huge official expenditure, and women's money the Commissioners are determined to have. The only question of importance to the profession is: How long are women to be compelled to pay taxes and contribute to the support of men, without political representation? To the idle kept woman these economic questions do not appeal, but to the hard-working professional woman they are of vital importance. The truth is, any man can take your hard-earned money without your consent so long as you are voteless. If you complain of this as robbery, which it is, you are described as a fanatical fool. Never mind that, but do mind your slavery; resent it, and fight for personal responsibility and citizenship, and power over your own purse.

We are sorry to note that the Dundee School Board have decided to shelve till June the application of their school nurses for an increase of salary, so that they may be raised to the same terms of employment as their colleagues in Edinburgh. They are meantime paid £70 per annum, with £5 for uniform. It was reported that in Edinburgh the nurses are remunerated with £80, a uniform, and £5 for laundry. Not at all too much when one thinks of the wear and tear of their duties.

At the usual monthly meeting of the Catholic Nurses' Association, Ireland, held at the club rooms, 51, Mountjoy Square, Dublin, seven new members were elected. It was decided that all members should be notified that the payment of half-yearly subscriptions to the Association is due on January 1st, 1913.

The Victorian Order of Nurses in Canada is constantly increasing in usefulness, and has now 250 nurses at work, but considering the enormous distances in the Dominion, many more are required to meet the needs of new settlers, who cannot afford to pay for the whole time of a trained nurse. The Duchess of Connaught is greatly interested in the service, and is doing her utmost to further the collecting of £100,000 to finance the Order and extend its activities. Headquarters are at Ottawa, where the Lady Superintendent, Miss Mary Ard Mackenzie, R.N., is resident. She is this year President of the Canadian National Association of Trained Nurses, and a woman of fine attainments as an educationalist. Like so many Canadians, she owes to the United States her liberal professional training—at the Massachusetts General Hospital, Boston, and the

power as a graduate of that school to write R.N. after her name.

WOMAN'S WORK.

Mrs. St. Clair Stohart, Commandant of the Women's Convoy Corps, contributes to Saturday's *Standard* a most bracing account of the march across Thrace, and the organization of the hospital for the wounded at Kirk Kilisse. Hearty congratulations. With the conclusion of her article we fully agree :—

"It is impossible to give here more than this brief outline of the nature of our work, all done with improvised materials in empty buildings in a Turkish town, with difficulties of language and scarcity of food to be coped with. One fact, however, I should like to emphasise, that this work which we are doing is pre-eminently Woman's work. It was said at the beginning of the war that the duty of tending the wounded in the Balkans was "not fitted for women." To my mind this was synonymous with saying that women were not fitted for the work. Now, though there may have been some hardships and privations, as they are termed, which women are not usually called upon to face, yet, judging by the spirit with which these have been encountered by the women with whom I have been privileged to act, the fact may I think be regarded as established that trained and disciplined women are fitted for any work, under any conditions, wherever alleviation of suffering is the object. As commandant of the Women's Convoy Corps, I am grateful that, owing to the sympathetic help of Mr. Noel Buxton and his fellow members of the Balkan War Relief Fund, British women have, if only to a small extent, been represented in the work of helping to relieve the sufferings of the Balkan peoples in their valiant struggle for freedom."

It is reported from Sofia that Mr. Noel and Mr. Harold Buxton, who have arrived there from Kirk Kilisse, speak in the highest terms of the work done by the Women's Convoy Corps, which arrived just in time to handle the stream of wounded which poured in from Chataldja between November 21st and 28th.

TRAINED NURSES APPRECIATED IN TURKEY.

Mrs. Bedford Fenwick has been requested by the British Red Crescent Society to select two more thoroughly trained nurses for work in Turkey, as those already helping, both with the sick and the refugees, have been a great success. Arrangements are being made as we go to press.

REFLECTIONS

FROM A BOARD ROOM MIRROR.

We are not surprised that the King has expressed his regret at the falling off of subscriptions and donations to the amount of £50,000 to King Edward's Hospital Fund, as the London Hospitals have come to look for substantial help from the Fund. No doubt the Insurance Act is greatly responsible for this loss of public charity. So long as it costs nearly £100,000 a year in salaries to administer, by direct and indirect taxation, the public will have less for charity.

The *British Medical Journal* published in its last issue approximately accurate figures showing that of 13,731 doctors who have voted on the Government terms for national insurance work, 11,309 were in favour of refusing service and 2,422 against such a course—a majority of more than four to one.

By a majority of 182 votes to 21 the special representative meeting of the British Medical Association decided last Saturday to reject the proposals of the Government and to adhere to its previous decision to decline service under the National Insurance Act.

As January 15th is drawing very near much anxiety is felt as to how medical benefit is to be provided under the Act, not only by those compelled to insure, but by hospital governors, whose fears have by no means been allayed by the opinion of the Chancellor expressed at an interview with hospital chairmen.

According to an official statement issued by the National Health Insurance Commissioners, the Chancellor explained that the main work of the hospitals was not touched by the Act, inasmuch as the treatment afforded to insured persons under the Act was such treatment as could properly be given by a general practitioner of ordinary competence and skill, whereas this was just the kind of treatment that a hospital did not exist to give. Insured persons would need as much as ever the aid of hospitals in order to obtain the treatment defined as "adequate medical relief."

The following ladies and gentlemen have consented to be Vice-Presidents of the South London Hospital for Women, which has just received a gift of a site at Clapham Common and an anonymous gift of £25,000 with which to erect the hospital :—Adeline Duchess of Bedford, Winifred Countess of Arran, Viscountess Castlereagh, the Bishop of Winchester, the Bishop of Chichester, the Bishop of Southwark, the Bishop of Kingston, Lady Robert Cecil, Sir Edward and Lady Busk, and Sir Norman and Lady Lockyer. Full information about the hospital may be obtained from the Hon. Secretary, Miss H. S. Weaver, Cedar Lawn, Hampstead Heath.

FEEBLE-MINDED CHILDREN.

We regret that owing to a printers' error it was stated in our editorial of last week that 50 per cent. of children of school age throughout the country were feeble minded. It should have read, according to Sir George Newman's report, "that it would appear that medical inspection indicates about 0.50 per cent." are so afflicted. That is to say, not more than $\frac{1}{2}$ of 1 per cent. belong to this category. This percentage is quite sufficiently serious to demand the most careful consideration of general causes of this national evil.

PROFESSIONAL REVIEW.

STUDIES IN INVALID OCCUPATIONS.

A MANUAL FOR NURSES AND ATTENDANTS.

A book little known in this country, but one which deserves the attention of all nurses, is "Studies in Invalid Occupations," by Miss Susan E. Tracy, published by Whitcomb & Barrows, Boston, U.S.A., who states in her Foreword that these studies were brought into systematised form, and first tested by practical application in the classes of the Training School for Nurses of the Adams Nervine Asylum, Jamaica Plain, Massachusetts, with the interest and unflinching sympathy of its Superintendent, Dr. Daniel H. Fuller, who contributes the introduction to the book. The closing chapter, relating to the work for the insane, is, we are told, supplied in great kindness by Dr. E. Stanley Abbot, of McLean Hospital, Waverley, Massachusetts.

The value of the book is increased by the perfectly bewitching illustrations. The frontispiece is "A Group of Colonial Clothes-pins," including John Alden and Priscilla, and George and Martha Washington, while up through the centre rides Paul Revere with the friendly Indians in the rear. All these are made from clothes-pins (the ordinary wooden sort, with which clothes are lashed to a line to dry), dressed in paper. The cloth animals are also excellent, and one of the prettiest pictures is that depicting a group of eggshell toys. A nurse whose fingers could create half of the things she is taught to make in this book would certainly be an invaluable acquisition in a convalescent household, more especially with children.

Dr. Fuller, in his introduction, points out that "there is a growing tendency on the part of many physicians to depart from the custom of the past generation by prescribing fewer drugs and these more rationally." It is his belief that "suitable occupation is a valuable agent in the treatment of the sick. It has its place, not as a panacea, but as an important adjunct to other forms of treatment, and sometimes it is quite all the treatment necessary. It has been used too exclusively by the specialist, and too little by the general practitioner, although there is much clever use of it by resourceful doctors and nurses which is never widely published.

"Occupation for the sick is not employed so much as it might be profitably, partly because of ignorance of the great good that may be accomplished thereby, and partly because of the difficulties which appear to stand in the way of its satisfactory use. The busy doctor and the busy nurse may feel that they have not time to initiate any régime of this kind, even if the usefulness of it is apparent. More frequently, perhaps, through lack of ingenuity, an occupation cannot be provided, much less maintained, by either the physician or the nurse.

"The psychology of work is a subject of importance and interest, but it is not necessary for the physician to be a psychologist to prescribe work wisely for the patient whose physical, nervous, mental, and moral characteristics he has made the object of keen observation and study.

"It must not be inferred from the above that occupation can be used successfully in a haphazard manner. Not only must the nervous and physical strength be carefully estimated, but the temperament, natural tastes and disposition have to be taken into account in the kind and amount of occupation suggested, as well as in the manner and place in which it is presented. Different physicians will have different theories as to the psychic processes involved. Immediate or more remote results may be aimed at, and the precise conditions to be treated may be of a subtle nature."

METHODS OF TEACHING.

In the chapter devoted to "Methods of Teaching," the author points out in relation to nurse pupils that they will be of many sorts. "Those of quick insight who select material with little hesitation, and take themselves off to some quiet corner to bring back some charmingly worked-out scheme. Perhaps there will be two out of ten of this class. The average pupil works along rather laboriously, but with a certain interest and satisfaction in results. After these come the trials, those whose hands seem not to be a part of them, those who work while the instructor is beside them, and then wait until she gets around again. Perhaps the saving grace in the work is its variety. The pupil who made shipwreck of a Canton flannel dog turns out an excellently bound book; the one who flounders and gasps over a piece of paper-folding will knit a shawl with good steady strokes. But because they are nurses and will be called to suit all sorts of men and minds they must learn to do the things for which they care little, if by so doing they can supply the needed interest to the patient dependent upon them."

THE TEACHER.

Concerning the teacher, we read that "the desire to place occupation studies in the curriculum of the training schools makes way at once for the question, 'Who shall act as teachers?' A very different set of qualifications is necessary in the teaching of the sick from those that suffice in teaching the well; therefore, those attempting

BOOK OF THE WEEK.

MIGHTIER THAN THE SWORD.*

to teach nurse—the art of teaching the individual patient must themselves possess like qualifications. One teaching invalids should be familiar with the limitations imposed by all sorts of diseases. She should be able to find just the thing which a person suffering from chest troubles might safely do without aggravating symptoms; while she should be no less appreciative of orthopædic cases. She must detect eye-strain, and know and heed the early signs of fatigue before the patient is himself conscious of it. Nervous disorders and temperamental differences must be read and appreciated individually. . . . There may be a feeling that most successful nurses are far too busy to take time for this special training. The group which promises well for this is made up of those nurses who have already had a somewhat long experience in private nursing; who have come to a realisation of the great need, and also feel the strain of nursing, so that a six months' course, to be followed by an opportunity to teach, sounds refreshing. A class made up in this way would be a desirable and certain aid to the work."

Dealing with "typical invalids," the author writes of the "child of poverty and the child of wealth"; and shows that when occupation treatment is introduced, the poor child is rich, because of his apparent poverty; the rich child is poor, because of his riches. But a nurse who can fashion a great variety of interesting objects from the barest scraps, becomes in the estimation of any child, rich or poor, a sort of magician."

Occupations for patients in restricted positions, in quarantine, one-hand lessons, in the hospital, for grandmother, and for the business man, are all most practically and interestingly described. The old man, with waning powers, receives special consideration; and the trying time between the calculated and actual time of a confinement, is not forgotten; while patients "without sight" have a chapter to themselves. We have previously referred to the valuable chapter on the clouded mind. English nurses are indebted to Miss L. L. Dock, who presented "Studies in Invalid Occupations" to the International Nursing Library, for their introduction to this altogether delightful volume.

M. B.

NURSING IN ITALY.

We hope the advertisements which have appeared in this JOURNAL recently for a Matron and Nurses for the Public Hospital at Spezia, in Italy, have been well responded to. We know that the requirement—a knowledge of Italian—will deter many otherwise suitable candidates from applying. As English nurses are now so often called upon to start a good nursing system on the Continent, and to work in different countries, it is becoming very necessary that those entering the profession at home should acquire a knowledge of languages.

The career of a journalist and, incidentally, of many journalists, is set forth in these pages. Fleet Street is its environment. It is powerfully written, this book, and full of strong purpose. The men and women of its pages are the workers of the world, all of whom have a definite goal in view. Almost it might be said that it is a trifle too strenuous. It deals almost exclusively with the profession which supplies its title, and will be read with great interest by those who are engaged in like work.

The gradual absorption of these people by its insistent claims, its strong call and hold upon them, is graphically described in the opening pages in the person of Ferrol, looking back over an interval of thirty years. The girl in the familiar old cathedral town who had fulfilled her destiny in inspiring him; the gradual nausea that came over him; the monotony of it all that fell like a weight upon his heart; his coming to London; the gradual estrangement of his love; "none of the pang of parting; he was striving and struggling upward—all men travel fastest when alone. Now to-day he was Ferrol of 'The Day' who whispered, and Berlin, Vienna, or San Francisco gave him his needs. The clerks in the counting-house, the advertising men, the grimy printer's boy in the basement, the type-setters, and the block-makers, messengers, typists—they were all bricks in the edifice which was built up for the men who wrote the paper—the edifice of which Ferrol was the keystone."

But he always cherished that memory of his one romance that had tapered away out of his life, and caused him to seek out young Humphry, the son of her subsequent marriage, and give him his chance as a journalist.

Full of ambition and confidence as he was, his first launching on the journalistic world was an instruction to "nose out" a tragedy at the "London end." Rivers' parting words were ringing in his ears. "And don't you fall down, young man," he had said, using the vivid metaphor for failure. "The busy people of the street surged about him as he stood still for a moment trying to think where he should begin on the London end. He thought how Wratten would have known at once where to go how easily Tommy Pride, with his years of training, would do the job." But Humphry was not of the stuff of which failures are made.

His meeting and wooing of Lilian, who was employed in the Special News Agency, is a welcome incident in the story, and the girl is of good stuff, with an elusiveness about her that is very attractive. "For days and days she had withstood the eager battery of his assault upon her heart. 'No,' she had said gently, 'you are a dear boy

* By Alphonse Courlander. T. Fisher Unwin, Adelphi Terrace, London.

and I like you . . . but let's be friends." Then, following the engagement, comes the mean and cruel jilting of her.

"He remembered he was going to ask Ferrol for a rise in salary; he came back to the desk."

"Oh, Mr. Ferrol," he said, "I ought to tell you I'm going to be married."

"Married!" he said harshly. "you damned young fool. . . . It's all very well for you; you may progress, you may develop—you're bound to, for men knock about and gather world experience. What of the woman at home—cooped up with her babies? Eh? Have you thought of that? Where would your home be? You haven't got as far as that, then? The woman stands still, you march on. She can lift you up, but you can't lift her up. You can link up the things of life, but the woman who has not been able to progress, ignorant of anything but the petty little things of to-day? Then you hear people saying, 'How on earth did he come to marry her? He didn't marry her, it was another man—the man he was twenty years ago. Do you see?'"

Humphry looked about him forlornly. . . . "I understand . . . I see what you mean."

There is no doubt that this work is far above the average.

11. 11.

COMING EVENTS.

December 25th. Christmas Day Festivities in Hospitals, Infirmaries and kindred institutions.

December 27th.—The Lord Mayor and Lady Mayoress attend a Christmas Tree party, Evelina Hospital for Sick Children, Southwark Bridge Road.

December 30th. London Homeopathic Hospital, Great Ormond Street, W.C., Christmas Tree for Children in Barton Ward.

January 1st.—The Trained Women Nurses Friendly Society, Meeting Committee of Management, 431, Oxford Street, London, W. 5 p.m.

January 2nd.—Chelsea Hospital for Women, S.W., Christmas Entertainment. Tea and Tree. 4 to 6.30.

January 6th to 10th.—Post Graduate Course of Lectures on the Feeding and Care of Infants, with special attention to the Milk Problem. Fee, £1 1s. Apply to Hon. Secretary, Dr. Janet E. Lane-Chapman, 18, Craven Terrace, Lancaster Gate, London, W.

A WORD FOR THE WEEK.

Fate knocked at the Door of Death,
My soul in her hollow hand;
Angels open'd it. Lo! God saith,
To whom gave He this command:
Take him back to the Gates of Life,
And set his feet in the way,
So he and his children and his wife
Will praise my mercy alway.

BABAR.

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.

CHRISTMAS GREETINGS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR, Please accept an Australian Christmas greeting, and may the coming year be most successful in every way; and may we both be able to mark 1913 as the year that State Registration of Nurses came into force both in England and Victoria.

Yours sincerely,

GRETTA LYONS.

We thank most heartily all friends from many lands who have so kindly remembered to send greetings to the Editor of this JOURNAL at this happy season. That of Miss Gretta Lyons is typical of the interest taken by trained nurses all over the world in its work for the nursing profession at home and abroad, and the community it serves.—Ed.

REPLIES TO CORRESPONDENTS.

Midwife.—Most of the text-books for midwives are on the same lines. Possibly a book dealing with obstetric nursing would be helpful to you. "Nursing: its principles and practice," by the late Mrs. Hampton Robb, published by E. C. Koeckert, 715, Rose Building, Cleveland, U.S.A., is excellent. "The Nutrition of the Infant," by Dr. Ralph Vincent, price 10s. 6d., contains information with which every midwife should be acquainted. It is published by Messrs. Bailliere, Tindall & Cox. "Infancy and Infant Rearing," by Dr. J. B. Hellier, price 3s. 6d., published by Messrs. Charles Griffin & Co., Ltd., is also very useful.

OUR PRIZE COMPETITION.

January 4th.—How would you control Tonsillar Hemorrhage?

January 11th.—Describe the chief abnormalities of the Pulse.

January 18th.—Describe the most unusual and interesting obstetrical case you have nursed.

January 25th.—What are the principal requisites in the care of rachitic children?

A NEW YEAR'S GIFT.

The Editor hopes that every reader who values THE BRITISH JOURNAL OF NURSING will make her a New Year's gift of a new subscriber, so that its constructive work for the profession may receive ever increasing support. Address of Office, 431, Oxford Street, London, W.

The Midwife.

MIDWIFERY IN 1912.

The work of the Central Midwives' Board in examining and registering midwives has proceeded as heretofore. The gradual elimination of midwives not holding any qualification of training from the Roll is being accomplished (1) by the removal by the Board of ignorant or criminal midwives after due investigation; (2) by the voluntary resignation of others who feel unable to comply with the rules of the Board; and (3) by death. During the past year 304 midwives have been removed for these reasons.

Nothing has proved more effectively that women are willing to pay for their training and to submit themselves to an examination in order to obtain a qualification granted by the State than the history of the Central Midwives' Board's examination, which takes place every two months; that in October this year was the largest yet held, 668 candidates entering their names. No less than 2,268 midwives have been registered in 1912, and 37,395 since the Act came into force.

One effect of the Midwives Act is to give to midwives in the public estimation a position which is not accorded to the trained nurse, and there is a danger of work which belongs to the nurse passing into the hands of the certified midwife. Already County Nursing Associations recognize and inspect, as village nurses, certified midwives with a few months' experience in general nursing, and there is a further risk of midwives being employed as nurses to care for the insured sick, and also as School Nurses in connection with the medical inspection of school children. No stronger argument could be brought forward in support of the urgency of the demand for the State Registration of Nurses.

Certified midwives will do well to claim full recognition for the legal status they possess under the Midwives Act, and, financially and otherwise, to strengthen the honourable position they now enjoy as midwives; and to decline to be employed as nurses unless fully trained as such, or to be utilized to do the cheap philanthropy of other people.

The Central Midwives' Board has now sold out its last security, representing funds invested from the registration fees received on the passing of the Act, and any excess of

expenditure over income will now have to be paid by the County Councils. This proves that the £1 is. registration fee is not sufficient to meet the expenses of administration and examinations, and that a higher registration fee should be required.

The introduction of a Preliminary Course for pupils at Queen Charlotte's Hospital, and of Post-Graduate Lectures at the Midwives' Institute, proves that the minimum three months' training is not found to be sufficient by those in touch with the practical work and needs of midwives.

The Midwives' Institute, the Union of Midwives, and the National Association of Midwives are the principal Societies of certified midwives, and all have been actively engaged during the past year in promoting their interests.

The National Insurance Commissioners have placed one midwife on each Insurance Committee appointed under the Act, and midwives have also seats on the Advisory Committees. This is entirely the result of the legal status they enjoy under the Midwives Act.

A Midwives Bill for Scotland was introduced in April last into the House of Commons by Mr. G. N. Barnes, M.P. for Glasgow (Blackfriars), but no progress has been made with it.

In both Queensland and Western Australia midwives are now registered under State authority. In both these States midwives who are not trained nurses are required to have twelve months' training, whereas midwives registered by the Central Midwives' Board are allowed to practise. This brings up the question of equitable conditions of reciprocity, as it is certainly unfair that Australian midwives with twelve months' training should be undercut by midwives with only three months' training from overseas.

If midwifery is ever to become a well-remunerated profession for women, its educational standard must be raised considerably. As evidence of the feeling amongst midwives, and those responsible for their training, that a higher standard is necessary, it is interesting to note that, in reply to an enquiry by the Central Midwives' Board, the authorities of the Home for Mothers and Babies at Woolwich intimate that, as their term of training is for twelve months, the lectures would not be suitable for ordinary candidates.

CENTRAL MIDWIVES BOARD.

THE MONTHLY MEETING.

At the monthly meeting of the Central Midwives' Board, held on December 19th, at which Sir Francis Champneys presided, the following business was transacted.

REPORT OF THE STANDING COMMITTEE.

The Standing Committee reported that a false and fraudulent certificate of birth had been tendered by a woman desirous of becoming a candidate for the examination of December 16th. The Board decided to refer the matter to the Public Prosecutor, and that he be asked whether he intends to take proceedings in the case.

In connection with a case reported at the last meeting of the Board, when it was alleged that a certified midwife had given a false reference in order to obtain a post, a letter was read from the Chief Constable of Windsor, suggesting that either the Board or the Matron of the Monmouthshire Training Centre should lay an information against the midwife under the Servants' Character Act of 1792. It was decided to cite the midwife to appear before the Penal Cases Committee.

Replies were received from the following hospitals as to admitting to their midwifery lectures pupils not on the books of the hospital.

The Clapham Maternity Hospital, the East End Mothers' Home, the General Lying-in Hospital, the Kensington Union Infirmary and the New Hospital for Women expressed their willingness to do so. It is the practice of four out of the five institutions at the present time, the fee for the course varying from £2 2s. to £5 5s.

The British Lying-in Hospital, the City of London Lying-in Hospital, Queen Charlotte's Hospital, and the Home for Mothers and Babies at Woolwich declined to do so, the City of London and Queen Charlotte's Hospitals giving as the reason that the tendency of adopting this suggestion would be to lower the standard of midwifery training by making it easy for pupils to adopt the cheapest and easiest course of training. Queen Charlotte's Hospital further reported that this decision was unanimously adopted at a meeting convened by it with representatives of other Maternity Hospitals.

The authorities of the Home at Woolwich explained that they were shortly amalgamating with the British Lying-in Hospital. A further difficulty in complying with the desire of the Board was that it was the aim of the Home to raise the standard of training for midwives and trained nurses received six months' training, other pupils twelve months. The lectures would therefore not suit the requirements of ordinary students.

The Board decided to communicate with the Maternity Nursing Association, Middleton Square, F.C., asking whether outside pupils can be admitted at that institution.

The dates of the ordinary Board Meetings for 1913 were announced.

Applications for the removal of their names from the Roll were made by ten midwives. The Secretary was instructed to remove the names and to cancel the certificates.

The application of Dr. Harold Wache, for recognition as a teacher was approved, and that of Dr. Ellis *pro hac vice*.

The application of Miss Edith Smith, certified midwife, for approval to sign Forms III. and IV. was granted.

The meeting then terminated.

PENAL CASES BOARDS.

A Special Meeting of the Central Midwives Board was held at the Board Room, Caxton House, on Wednesday, December 18th, to consider the penal cases. Sir F. Champneys presided. Of the sixteen cases which came under consideration, no less than eleven were struck off the roll.

STRUCK OFF THE ROLL AND CERTIFICATE CANCELLED.

Jane Brook (No. 6,580), Bradford; Elizabeth Calcroft (No. 2,815), Notts; Mary Jane Dearden (No. 5,862), Lancashire; Fanny Emery (No. 1,955), Salop; Mary Ann Hammond (No. 20,844), West Suffolk; Annie Mason (No. 2,037), Staffordshire; Ann Rumble (No. 18,013), Kent; Alice Rebecca Webb (No. 20,824), Bucks; Sarah Carr (No. 20,754); Annie Griffiths (No. 20,843), Salop; Sarah Linton (No. 16,501), East Sussex.

CAUTIONED.

Mary Ann Exley (No. 30,969), West Riding.

ADJOURNED TILL SATURDAY.

Sarah Camps (No. 5,277), Lancashire.

ADJOURNED.

Elizabeth Elliman (No. 17,707), Devon. Local Supervising Authority to be asked to report in three and six months. Mary Jane Davies (No. 12,018), Merthyr Tydfil. Local Supervising Authority to be asked to report if she can and does use a thermometer. Emma Snowling (No. 20,692), Great Yarmouth. Local Supervising Authority to be asked to report on her work. If she does not improve, to be struck off.

The remaining cases on the agenda were left over for consideration on Saturday, December 21st.

In all the deaths of four women were reported: one case of complete blindness in the infant, and one of blindness of one eye.

In the case of Sarah Carr (aged 80), it was stated that she had been practising for fifty-six years. She wrote saying it was not true that she was dirty, she had always kept herself clean, having nothing else to do. The doctor had thought her clean enough when she delivered a patient three times for him and he had done nothing but receive the fees. In return in question died of puerperal fever. Mary Ann Exley explained a charge of assault, and her subsequent imprisonment for five days, as the result of extreme provocation from a neighbour, who "struck me with a flat iron. If I am a midwife, I am not to be treated."

Annie Griffiths, who was charged with being under the influence of drink, lost the patient upon whom she was in attendance.

Mary Ann Hammond. The medical man stated that when called to the patient he found her in a moribund condition.

The case of Sarah Linton raised points of great interest. The Medical Officer of Health for East Sussex attended in person. Was she under an obligation to notify the Local Supervising Authority when having been sent for as a midwife, and finding the case one of abortion, and not having examined, she refused to undertake it, but sent for medical assistance? The Board, having heard the case, ruled that she was not, as two persons could not be in charge, and clearly a medical man was. With reference to Dr. Fullerton's remark that the Local Supervising Authority thought she ought to have been removed from the Roll on a previous charge, the chairman said it was not the function of the Local Supervising Authority to tell the Board what they ought to do. "We, and not they, are answerable to the High Court of Justice." He also pointed out that, on the previous charge referred to Dr. Fullerton, had defended the midwife, saying she was a sober, respectable woman who had done her best. The woman's name was removed from the Roll.

Annie Mason. The Inspector of Midwives who was present, said that she prevented the midwife from wiping the child's eyes with a dirty handkerchief moistened with saliva.

Emma Snowling, of Great Yarmouth. The Medical Officer of Health was present and gave evidence in this case. The child in question is now quite blind. In answer to the Chairman, he said there was no Inspector of Midwives for his district, though the two Health Inspectors were both midwives. The chairman said that probably efficient supervision might have saved the sight of this infant, and he would suggest the Medical Officer of Health should persuade the Council to have full supervision and to remember they were the guardians of the children. Judgment being suspended, the Medical Officer of Health asked that the case might be reported as a warning to others.

An infant, in a case attended by Rebecca Webb, lost the sight of one eye.

On Saturday, December 21st, a second special meeting of the Board to consider penal cases, Sir Francis Champneys presiding, was held with the following results:—

STRUCK OFF THE ROLL AND CERTIFICATE
CANCELLED.

Marion Bristow (No. 10,714), Surrey; Sarah Camps (No. 5,277), Lancashire; Maria Cleverly (No. 14,593), Wilts; Hannah Hope (No. 7,196), Cheshire; Mary Ellen Jones (No. 12,464), Cheshire; Eliza Mercer (No. 26,846), Middlesex; Annie Payne (No. 20,574), Birmingham; Margaret Pemberton (No. 15,985), London; Elizabeth Soden (No. 4,925), Birmingham; Ellen Strickland

(No. 31,074), Surrey; Mary Sutton (No. 31,996), Pembrokeshire; Alice Swain (No. 2,984), Manchester; Sarah Ann Tunstall (No. 2,282), Stoke-on-Trent.

SEVERELY CENSURED.

Emma Lange (No. 16,172), Barrow-in-Furness. Report asked for in three and six months' time.

CENSURED.

Lily Jane Reynolds (No. 31,000), Middlesex. Report asked for in three and six months' time.

CAUTIONED.

Jane Cox (No. 933), Wigan; Sarah Ellen Gamble (No. 32,215), Manchester.

CHARGES NOT PROVED. NO ACTION TAKEN.
Matilda Hill (No. 11,912), Manchester.

ADJOURNED.

Emily Ward (No. 29,233), Southampton.

RESTORED TO THE ROLL.

Deborah Blower.

NOTES ON MATERNITY HOSPITALS.

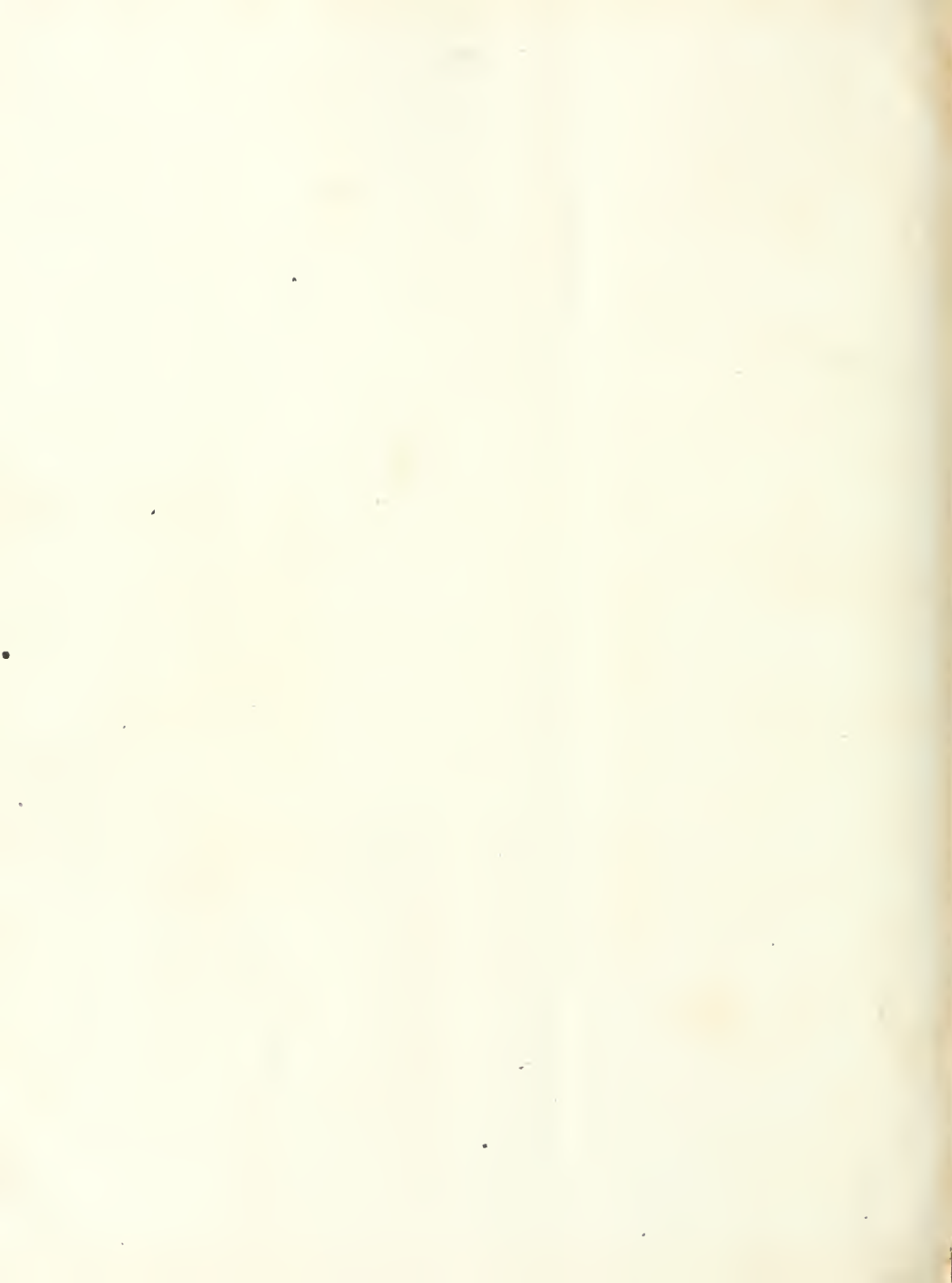
QUEEN CHARLOTTE'S HOSPITAL.

The preliminary training-school of Queen Charlotte's Lying-in Hospital has already justified its existence, although the first class of candidates have only just finished their examination. For the preliminary training here, as elsewhere, has shown the fitness or unfitness of the candidates before entering the wards, and so prevents much unnecessary friction, to say nothing of the great advantage to all concerned of the acquirement of the elements of their work before coming into actual contact with their patients. The pity is that there is no Central Preliminary Training School which could prepare all pupils and probationers for all hospitals, and so save much unnecessary expense, with far-reaching benefits to all concerned.

THE LAST WORDS FOR 1912.

“ Youth asked the lark :
‘ Why dost thou sing
When clouds are darkling ? ’
Replied the lark,
‘ Behind the dark
The light is sparkling ! ’
Youth begged the Hours
Death not to bring,
Though clouds were lowering.
Replied the Hours,
‘ In Heaven's bowers
Roses are flowering ! ’
The dawn is not distant,
The night is not starless
And Love is Eternal.

Once again I hear, softened by distance, what to me is the sweetest, most weird, and yet the saddest strain of music ever written. At the farthest limit of the parade grounds the bugler is sounding Taps; Lights out, lights out; Fare well; Good-bye.



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