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THE BRITISH JOURNAL OF NURSING

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THE NURSING RECORD
EDITED BY MRS BEDFORD FENWICK

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Vol. LVIII

EDITORIAL.

THE WOMEN'S TRIBUTE.

The energies of the nation are at present bent on the prosecution of the war to a successful finish—the men in their thousands going forth to war, inspired by the patriotism which makes even life itself a small thing to sacrifice for honour and freedom, and the women stepping into the places thus vacated, carry on their work in their absence with energy and ability on the land, in banks and public offices, on omnibuses and trams, as post women, as messengers, and in munition factories, to say nothing of those who in hospitals, on trains, at railway stations, in recreation huts and elsewhere are more directly serving our sailors and soldiers, sick and wounded, convalescent, and healthy, while steps are already being taken to make provision for a proportion of those incurably ill in the Star and Garter Home at Richmond, through a fund raised by women.

When one looks forward to the Declaration of Peace, and down the long vista of years to follow, one realizes dimly the reconstruction of social conditions which will be necessary, and the unselfishness and forbearance which will be required in effecting the necessary readjustments.

One thing is certain. The first consideration of the women of the Empire must be the sailors and soldiers who have returned maimed, unfitted for further active work in the world. Young, vigorous, healthy, with all the energy and aspirations of youth, who by reason of their disablement can only look forward to "the dire compulsion of infertile days" for the remainder of their lives. Let us remember in the days to come, when the war is of the past, and other things absorb our interest, that these are the men who have sacrificed much to secure to us all that makes life worth living. Can any personal service be too great to make life as tolerable to them as may be.

Why should not the British Red Cross Society, and Order of St. John through their Voluntary Aid Detachments arrange for a systematic service of members who will be eyes to the blind and feet to the lame—who will undertake to read the news daily to the blind man, to take the cripple for a walk or a drive, and who will do so regularly, year in and year out—long after the glamour of war has faded? It should be our pride, as it is our manifest duty, to see that no man broken in our wars should ever feel forgotten or neglected. It is not enough, though it is essential, that he should be secured from want. We should freely extend to him the sympathy, the friendship, the help which will surround him with a cheerful mental environment. Not in any spirit of patronage—God forbid—but as debtors who can never repay the great debt that we owe.

In relation to the able-bodied men who will return home to take their place again in civil life, here also it will be necessary for the women to remember their debt. They took up regular work at some self-sacrifice, to carry on public affairs during a crisis, and many have found happiness in that work and the satisfaction which self-support, self-reliance, and self-respect bring with them. When the war is over some unselfishness will again be needed in order that our soldiers may find remunerative occupation. We should regard it as a debt of honour that places occupied temporarily are surrendered to those who vacated them, and if this entails self-sacrifice, that should be part of the women's tribute, willingly offered, to the gallant men who have defended the Empire ashore and afloat.

Meanwhile "Women's Tribute Week" takes place at the Royal Opera House, Covent Garden, W.C., from July 3rd-8th. Every woman should help to make it a splendid success.

OUR PRIZE COMPETITION.

WHAT POINTS SHOULD A NURSE ATTEND TO IN THE GENERAL MANAGEMENT OF A PATIENT SUFFERING FROM VALVULAR DISEASE OF THE HEART?

We have pleasure in awarding the prize this week to Miss Elizabeth Barrodale, Edgeley, Stockport.

PRIZE PAPER.

The points that a nurse should attend to in dealing with a patient suffering from valvular disease of the heart are as follows:—(1) Rest; (2) freedom from worry; (3) light diet; (4) to keep the bowels well opened; (5) (a) the preparation of the skin if tapping is necessary; (b) the care of the canulas, tubes, and surrounding dressings.

(1) The patient should be nursed in the recumbent position, in order to lessen the strain upon the heart. The heart does not beat so often when the body is at rest as it does during any exertion. If, however, there is dyspnoea, as frequently occurs, then a bed-rest should be used. Sometimes a bed-table, sufficiently high for the patient to rest his arms upon and sit leaning forward, is of the greatest comfort to him. It may be padded or have pillows placed upon it, so that his arms do not become sore or easily tired through bearing so much of his weight. During the later stages of the illness, if dropsy occurs it will be found more comfortable to raise the legs upon soft pillows, and to nurse the patient practically sitting upon an air or water pillow.

In nursing such a patient, two nurses are always required to lift him; one nurse cannot possibly manage alone without allowing the patient to exert himself much more than is wise or safe. Great care should also be exercised in giving the bed-pan, for the same reason.

(2) The patient should on no account be worried. The number of visitors allowed should be strictly limited, and only those people admitted who are likely to have a soothing influence upon him. The sick room should be kept quiet and cheerful.

(3) The diet should be light and nourishing. Meat and eggs are not usually allowed. Milk, cream, fish; vegetables as permitted by the medical attendant, as some may cause flatulence, chicken, milk puddings, and fruit are the staple articles of diet, and there are many ways in which these may be prepared in order to give as much nourishment to the system, and as little work to the digestive organs, as possible.

(4) The bowels must be kept well opened, and it is of the utmost importance that the nurse

should see that this is done. Magnesium sulphate and pulv. jalape co. are very usual aperients given in these cases.

The object is (1) to prevent any accumulation of faeces in the intestines and consequent accumulation of gases, which would distend the intestines and cause an upward pressure on the heart, thus impeding its action; and (2) to produce a watery evacuation, and thus help to rid the system of the excess of fluid likely to accumulate as a result of the sluggishness of the circulation.

(5) In cases where Southey's tubes or abdominal tapping is resorted to, the nurse must see that the skin is shaved and made surgically clean. She may use acetone, ether and iodine, or any other cleansing agent which the doctor may prefer. She must see that the canulas do not become misplaced through the patient's restlessness, that the skin is kept dry and warm, that the bed is also kept dry, and that the patient's legs and feet are warm. Sometimes when there is a little leakage around the canulas this is difficult, but it is an important point to remember. She must also see that the tubes do not kink anywhere, and that the fluid has a free passage through them. If it should be left to her to remove the canulas, she should apply sterile dressings to the wounds, and dress them as aseptically as possible.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss R. Barnes, Miss H. Tong, Miss A. M. M. Cullen, Mrs. J. E. Taylor, Miss E. Macintosh, Miss B. Holloway.

Miss A. Cullen writes:—"Alcohol is sometimes ordered, especially if very urgent symptoms arise, such as sudden faintness and great feebleness of pulse. Brandy may then be given, either by mouth, or in the form of an enema with milk. A nurse may sometimes have to give brandy on her own responsibility if a patient is very collapsed, but the doctor should always be sent for immediately. In nursing a heart case one must always have a cylinder of oxygen at hand. This may afford much relief for the dyspnoea, which is often most troublesome."

QUESTION FOR NEXT WEEK.

Describe briefly the object and effects of vaccination. Describe the method of introducing the lymph, and the stages of development in a successful vaccination.

NOTICE.

Will competitors notice that only **one ounce** can now be sent through the post for **one penny**, and that anything over the ounce costs **one penny**, not a halfpenny, for the **second ounce**?

NURSING AND THE WAR.

Nursing Sister L. W. Burns, C.A.M.C. (Mrs. George Eedson Burns, of Toronto) is the Permanent Conducting Sister attached to the Canadian Casualty and Discharge Depot, Prior Park, near Bath. Her duties involve going to Canada with parties of soldiers pronounced to be medically unfit and returning with troops, crossing about twice a month. Mrs. Burns, who has a son an officer in the R.C.E. at Bramshott, Hants, is a graduate of the Royal Victoria Hospital, Montreal, and came to England with the First Canadian Contingent in September, 1914. Since then she has worked in France and in the Canadian hospitals at Taplow and Shorncliffe. She is the wife of Colonel G. E. Burns, of the Canadian Army Guards.

The War Office has through the Red Cross Society issued directions for the use of the Red Cross emblem. Chief constables are to bring to notice any irregular uses, and societies are asked to co-operate in checking irregularities. Women, trained and untrained, are not permitted to adorn themselves with the Red Cross unless they are officially permitted to do so by the B.R.C.S. We warn trained nurses of this, as we constantly see them wearing a Red Cross stuck in their bonnets, on their bosoms and elsewhere, when they are in no way associated with the Society.

In selecting sisters and nurses in Egypt for service in Mesopotamia only the very strongest were chosen, and a very rigid examination had to be undergone, as the heat and conditions in the East are very trying. Quite a new kit had to be taken, including spine protectors, muslin nets for sandflies, pith helmets, strong boots, cooking utensils and a large supply of face cream and powder—besides other things. The rush of work in Egypt is now over for a time. A Sister writes: "We should like to meet that V.A.D. who has such a sorry opinion of the nursing profession—she would be a wiser woman for the future—not that all trained nurses have behaved here with discretion—or V.A.D.s either. Women somehow seem to let themselves go in foreign lands more

than at home; no real harm is meant, but we cannot be too careful of 'our cloth' at all times, especially when on military service. One thing in 'V.A.D.s' letter disturbed us 'professionals' here, and that is the suggestion that the London Hospital Matrons are in favour of registration of untrained nurses. Let us hope that wild statement is as imaginative as all the rest of the letter. It must be one thing or the other; we women who have worked hard for the love of our profession and of our kind for three and four years for our certificates will prefer to remain unregistered if we are to be classed with V.A.D.s. It would be most unfair and useless, and we shall not put our names on any register till we know what it means. Not that we wish to deprive

the untrained helpers of credit which is their due, but we prefer not to be classed with them in the public mind. We are members of a skilled profession, and a careful distinction must be made. THE BRITISH JOURNAL OF NURSING is a perfect godsend out here."

We hear that there is a strong sense of grievance amongst "lady workers" in France at the small number (and those mostly rich and influential titled women) mentioned in Sir Douglas Haig's recent despatch. No doubt we shall have much wirepulling for further recognition. The lavish and somewhat indiscriminate manner in which Royal Red Crosses have been scattered around in our home hospitals has also caused much

heartburning. In one hospital two "stiffs" have been recommended for this honour and the Sisters upon whom most of the responsibility has fallen have been ignored. We know one Reserve Sister and there may be many—who worked through the Græco-Turkish War, in the Boer War and the South African War for some years, and has in this war been through the worst in France and the Near East, is always given a responsible charge and is an untiring first-class worker. She holds the Greek Red Cross, but for years of work has had no recognition from our own Fount of All Honour, while in others with no training have been awarded the Royal Red Cross, first class. What can be more un-
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NURSING SISTER L. W. BURNS, C.A.M.C.

MENTIONED IN DESPATCHES.

General Sir John Maxwell, K.C.B., Commanding the Force in Egypt, included in his Despatches on the military operations in the Egyptian Command, for the information of the Secretary of State for War, published as a Supplement to the *London Gazette* of June 21st, a separate Despatch, containing the names of those he wishes to bring to favourable consideration on account of the services they have rendered.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Miss S. E. Oram, R.R.C., Temporary Matron-in-Chief, Egypt Command.

MATRON.—Miss J. E. Dods, Citadel Hospital, Cairo.

ACTING MATRONS.—Miss M. Grierson, No. 15 Gen. Hosp. (Abbassia Schools); Miss D. M. C. Michell, Mil. Hosp., Ras-el-Tin; Miss M. E. Medforth, No. 18 Stationary Hosp., Mudros; Miss M. E. Neville, No. 17 Gen. Hosp. (Victoria College).

ON HOSPITAL SHIPS.

ACTING MATRONS.—Miss E. R. Collins; Miss K. F. Fawcett; Miss M. H. Graham; Miss S. W. Wooler.

ARMY NURSING SERVICE RESERVE.—Miss E. E. Waxall.

RECOMMENDATIONS.

QUEEN ALEXANDRA'S IMPERIAL NURSING SERVICE.

MATRONS.—Miss A. S. Bond; Miss S. Lamming. ACTING MATRONS.—Miss G. Hughes, Miss J. Murphy, Miss K. F. G. Skinner; Miss M. E. Howell, Army Nursing Reserve; Miss J. Orr, Army Nursing Reserve; Miss A. L. Wilson, Army Nursing Service.

SISTERS.—Q.A.I.M.N.S.: Miss I. M. Johnston; Q.A.I.M.N.S.R.: Miss A. E. M. Beamish, Miss E. M. Bishop, Miss B. Cole, Miss G. Corder, Miss I. Anderson, Miss M. Clayden, Miss C. E. Crawford, Miss E. Davidson, Miss M. B. Everitt, Miss J. L. Griffiths (killed), Miss H. M. Hayward, Miss S. F. Haywood, Miss G. E. Keen, Miss M. H. Klamborowski, Miss K. A. Trendegast, Miss N. Stewart, Miss E. M. Weiss, Miss M. E. Wragge, Miss D. Web'ey.

STAFF NURSES.—Q.A.I.M.S.R.: Miss J. K. Baird, Miss M. N. Caird, Miss M. Dixon, Miss M. A. Dunbar, Miss J. McRobbie George, Miss K. Morris, Miss M. J. Monk, Miss G. Sampson, Miss E. Wadsworth, Mrs. E. J. G. Jeans.

ON HOSPITAL SHIPS.

ACTING MATRONS.—Q.A.I.M.N.S.: Miss E. V. L. Clarke, Miss F. C. Craig, Miss E. Lowe, Miss M. Willes.

SISTERS.—Q.A.I.M.N.S.R.: Miss E. Moore, Miss H. Perrement, Miss A. Wormald.

STAFF NURSES.—Q.A.I.M.N.S.R.: Miss A. D. Beaton, Miss A. G. Boyd, Miss M. Boothman, Miss

J. Frewin, Miss D. M. Green, Miss A. L. Hartrick, Miss L. Jeans, Miss M. M. McNab, Miss F. Oppenheimer, Miss E. M. Parkinson, Miss A. Ross, Miss M. A. Robertson.

TERRITORIAL FORCE NURSING SERVICE.

ACTING MATRONS.—Miss M. A. Brown, Miss W. Friend, Miss K. Mann, Miss M. Newbould.

SISTERS.—Miss M. E. Coxeter, Miss K. Conway-Jones, Miss A. Hills, Miss E. Lister.

CIVILIANS LOCALLY ENGAGED.

SISTERS.—Miss A. Stuttle, Mrs. C. D. Cooke.

AUSTRALIAN NURSING SERVICE.

NURSING SISTERS.—Miss E. A. Conyers, Matron-in-Chief, A.A.N.S.; Miss G. Wilson, Principal Matron; Miss J. B. Johnson (Sister), No. 2 Aust. Genl. Hosp.; Sister E. S. Davidson, Mena; Sister A. G. Douglas, No. 1 Aust. Genl. Hosp.; Sister J. Twynam, No. 2 Aust. Genl. Hosp.; Sister R. J. Langford, No. 1 Aust. Aux. Hosp.; Sister M. Hobler, No. 3 Aust. Aux. Hosp.

AUSTRALIAN ARMY NURSING SERVICE.

SISTERS.—Miss A. Gordon-King; Miss B. Pocock; Miss I. Radcliffe; Miss M. Kellett; Miss P. Humbert.

STAFF NURSES.—Miss Cresswell; Miss E. H. Chapman; Miss A. King; Miss E. Peters; Miss D. D. Richmond; Miss F. E. Spalding; Miss V. Wionaski; Miss O. Lee-Brown; Miss B. M. Giblings.

AUSTRALIAN ARMY NURSING SISTERS SERVING IN BRITISH HOSPITALS.—Miss M. Burns; Miss T. Cosby-White; Miss B. Earl; Miss F. R. Herring; Miss E. Shepherd-Cook; Miss E. A. Eglinton; Miss E. Mosey; Miss L. F. Smart; Miss McHardie-White.

AUSTRALIANS ATTACHED TO Q.A.I.M.N.S.R.—Miss B. Coffey; Miss A. J. Florey; Miss A. D. McKibbin; Miss A. Wilkinson.

NEW ZEALAND NURSING SERVICE.—Sister Vida McLean; Sister Fanny Wilson; Sister Francis Price; Sister Ida Willis; Sister Elizabeth Nixon; Sister Marie H. Wilkie.

STAFF NURSES.—Misses Cora Anderson, Jean G. S. Ingram, Edith A. Harris, Emily Nutsey, Eva M. Livesey, Mildrid Ellis, Daphne R. Commons, Rose Fanning, Janet A. Moore, Mary McBeth, Elizabeth Porteous, Agnes Williams.

NEW ZEALAND ARMY NURSING SERVICE IN BRITISH HOSPITALS.

MATRONS.—Miss M. M. Cameron; Miss B. Nurse. SISTERS.—Miss A. Buckley; Miss C. E. Cherry; Miss F. Speedy.

CANADIAN ARMY MEDICAL CORPS.

MATRON.—Miss B. J. Willoughby. NURSING SISTERS.—Miss A. B. Armstrong; Miss E. Finlayson.

LADIES.

H.E. Lady McMahon; Lady Maxwell; Lady Henry Bentinck; Lady Howard de Walden; Lady Graham; Lady Douglas; Lady Rogers; Lady Godley; Mrs. Phillips; Mrs. Ford.

CARE OF THE WOUNDED.

Only those who have lived in a mosquito-infested country know the torment, as well as the danger, of the bites (not stings) of these pestilent insects. Intractable ulcers, exquisitely painful boils, not to mention malaria, all follow in their wake. It is therefore only reasonable to adopt preventive measures in order to ward off infection. Our picture illustrates the art of letter writing in Mesopotamia where swarms of mosquitos add to the discomfort of the troops on the Tigris, and the costume to be adopted if one wishes to write a letter in comparative comfort. It should be added that putties complete the costume, as a hungry mosquito—hunger which takes the form of thirsting for your blood—will bite through any stockings to secure a liberal supply.

The Temple Fête in aid of the funds of the British Red Cross and Order of St. John will be held in the Middle Temple Hall and Gardens on July 13th and 14th, at two o'clock. Scenes from "Twelfth Night" will be produced in the Middle Temple Hall, and everything in the Gardens will be very Elizabethan dances, music and costumes. A magnificent entertainment is promised. Prices: For the Hall, 15s. to 5 guineas; in the Gardens, Thursday, 10s. 6d. and Friday, 2s. 6d. So a rich harvest should be secured.

It having been decided, with the approval of the French Ambassador, to celebrate July 14th as "France's Day," it is hoped that this national day of tribute to the gallantry of the soldiers of France will be accompanied by the flying of the French tricolor wherever possible.

Mr. Evelyn Grant Duff, British Minister at Berne, in his report to Sir Edward Grey on the cordial reception of the British prisoners from Germany on their arrival in Switzerland, states:—

"It is difficult to write calmly about it, for the simple reason that I have never before in my life seen such a welcome accorded to anyone, although for the last 28 years I have been present at every kind of function in half the capitals of Europe."

"Colonel Picot, who came with the first train, reports that within sight of the German sentries the cheering began. At Kreuzlingen, Zurich, Olten, Bern, Fribourg, Lausanne, Montreux, and Château d'Oex thousands upon thousands of people crowded the platforms pelting the soldiers with flowers and pressing into their hands every conceivable present. At Zurich the scenes are described as not less enthusiastic than in French Switzerland. The day before the train reached Château d'Oex the Prefect issued a notice that everyone was to wear his best clothes. Every house was hung with flowers, and Swiss and British flags and garlands were stretched across the streets."

"It is impossible to avoid the impression that this extraordinary reception of our men was a national demonstration in favour of England. If William Tell had been reincarnated and made a triumphal progress through

the country I do not see what more could have been done."

"Our men were simply astounded, and naturally so, after being many of them treated with every obloquy for two years, or nearly so. Many of them were crying like children; a few fainted from emotion. As one private said to me, 'God bless you, Sir; it's like dropping right into heaven from hell.'"

Mr. Goodhart, of the British Legation at Bern, according to the *Times*, was told by one soldier that when 100 men who had expected to be sent to Switzerland were rejected at Constance and sent back to the prison camps they went back singing.

Glorious fellows! _____

Soldiers and sailors can be treated free at the Tuberculin Dispensary, Manor Street, Chelsea.



THE ART OF LETTER-WRITING IN MESOPOTAMIA.

FRENCH FLAG NURSING CORPS.

Queen Alexandra has graciously given her patronage to the Children's Matinee in aid of the French Flag Nursing Corps to be held at the Court Theatre on June 26th, and she expresses regret that owing to a previous engagement she is not able to be present.

Miss Ida Mary Ralph, cert., Royal Blackburn and East Lancashire Infirmary, will leave for France on June 30th. She has worked at the Church Army War Hospital, Caen, for a year.

The second Canadian Unit are at the Talence Hospital, Bordeaux.

Owing to an influx of wounded into French Military Hospitals, a few more nurses are required for service in this Corps. The Selection Committee can be seen on Friday, June 30th and July 7th. Mrs. Fenwick will be at 431, Oxford Street, London, W., from 2.30 to 5 p.m., on the dates named. Only nurses at liberty to go to France at an early date should apply. Candidates must be well educated and hold a certificate for three years' general training, which they should bring for inspection. Experience in fever nursing and massage, and a knowledge of French are additional advantages.

THE ROYAL RED CROSS.

On Tuesday last a hundred members of the nursing profession were decorated by the King at Buckingham Palace with the Royal Red Cross, the Queen, attended by the Lady Eva Dugdale, being present during the ceremony. A number of patients of some of the recipients were waiting at the Palace gates to cheer them on their return.

The undermentioned ladies are awarded the decoration of the Royal Red Cross, in recognition of their valuable services in connection with the war:—

TERRITORIAL FORCE NURSING SERVICE.

ROYAL RED CROSS (Second Class).—Staff Nurses: Miss E. Andrews, 5th Northern General Hospital; Miss M. Ochse, 4th Northern General Hospital.

NURSING STAFF OF CIVIL HOSPITALS.

ROYAL RED CROSS (Second Class).—Staff Nurses: Miss M. M. Lambert, Bishop's Knoll Hospital; Miss F. Godfrey, V.A.D. Hospital, Cheltenham.

INDIAN NURSING SERVICE.

ROYAL RED CROSS (Second Class).—Miss A. R. I. Lowe, temporary Nursing Sister, Queen Alexandra's Military Nursing Service for India.

JOINT WAR COMMITTEE.

The following Sisters have been deputed to Home Hospitals:—

Bilton Hall V.A.D. Hosp., Rugby.—Mrs. O. H. Bannister.
Heywood Mil. Hosp., Cobham.—Mrs. M. Hutchison.

V.A.D. Hosp., Totnes.—Miss E. Garland.
Richard Murray Hosp., Blackhill, Durham.—Miss J. Holmes.

Red Cross Hosp., Briton Ferry, Glam.—Miss A. Kelly.

Red Cross Hosp., Cirencester.—Miss I. A. Mabbs.
Red Cross Hosp., Highfield Hall.—Miss S. Watt.
Kingsclere Hosp., Newbury.—Miss M. Blackmore.

V.A.D. Hosp., Torquay.—Miss F. M. Chandler.
Aux. Mil. Hosp., Finchley.—Miss M. Meadley.
Red Cross Hosp., Holt.—Miss Minnie Yell.

V.A.D. Hosp., Chippenham.—Mrs. R. Wilson.
St. John's Hosp., Farcham.—Miss A. Postlethwaite.

Highland Moors Hosp., Llandrindod Wells.—Miss M. Donaldson, Miss A. Hooton.

Kingston Red Cross Hosp., New Malden.—Miss E. H. Lewis.

Infirmary Red Cross Hosp., Wimborne.—Miss H. Appleton.

Hill House Hosp., Warwick.—Miss E. Kelly.
Rushmore Hosp., Tollard Royal, Salisbury.—Miss M. K. Hickey.

Canadian War Hosp., Wabner.—Miss E. E. Robins, Miss J. H. R. Ryan.

Norton Hall Hosp., Campden, Glos.—Mrs. E. Mason.

Red Cross Hosp., Syon House, Brentford.—Mrs. E. A. Stevens.

Clifford Street V.A.D. Hosp., Yorks.—Miss G. M. Callon.

Kingswood V.A.D. Hosp., Landsdown, Bath.—Miss R. Lindsay, Miss N. Bowman.

V.A.D. Hosp., Ashburne, Sunderland.—Miss M. Johnson.

St. John's Hosp., Abbeydale Dore, near Sheffield.—Miss W. L. Carne.

St. John Aux. V.A.D. Hosp., Wellington College.—Miss G. Roberts, Miss E. Dawson.

V.A.D. Hosp., Leigh, Kent.—Mrs. F. Kent.

ABROAD.

Boulogne Headquarters.—Miss Grace Broadberry.
Brigade Hospital.—Miss D. E. Davidson.

Duchess of Westminster's Hosp., Le Touquet.—Miss R. M. Butterworth.

THE MILITARY MEDAL FOR WOMEN.

A Royal Warrant, dated June 21st, and published in the *London Gazette* of June 27th, provides that "The Military Medal" may, in exceptional circumstances, on the special recommendation of a Commander-in-Chief in the Field, be awarded to women, whether subjects or foreign persons, who have shown bravery and devotion under fire.

THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

APPLICATIONS FOR MEMBERSHIP.

The following new members were elected at the Annual Meeting on June 8th:—

- 4035 Miss E. R. Anderson, cert. Aberdeen Royal Inf.
 4036 Miss H. Hiscock, cert. Isleworth Inf.
 4037 Miss G. Hepworth, cert. General Hosp., Cheltenham.
 4038 Miss C. G. Cheatley, cert. Union Inf., Belfast.
 4039 Miss I. W. Macgregor, cert. Jervis Street Hosp., Dublin.
 4040 Miss P. A. Homewood, cert. The Queen's Hosp., Birmingham.
 4041 Miss G. J. Buffard, cert. Kings' College Hosp., Denmark Hill.
 4042 Miss E. Smith, cert. Prince of Wales Hosp., Tottenham.
 4043 Miss M. K. Tate, cert. East Sussex Hosp., Hastings.
 4044 Miss M. Gannow, cert. Royal Inf., Sunderland.
 4045 Miss D. C. Horn, cert. Fulham Inf., Hammer-smith.
 4046 Miss M. Mason, cert. David Lewis Northern Hosp., Liverpool.
 4047 Miss A. M. Harding, cert. East Dulwich Inf.
 4048 Miss V. Roberts, cert. City of Dublin Hosp.
 4049 Miss M. Grocock, cert. Leicester Roy. Inf.
 4050 Miss A. E. Dagg, cert. Royal Hants County Hosp., Winchester.
 4051 Miss F. Barber, cert. Birmingham Gen. Hosp.
 4052 Miss R. M. Oakey, cert. Gen. Hosp., Birmingham.
 4053 Miss L. Freeman, cert. Royal Inf., Sunderland.
 4054 Miss D. P. Widdas, cert. Cumberland Inf.
 4055 Miss S. R. Laurie, " " "
 4056 Miss E. Crowe, " " "
 4057 Miss M. Agnew, " " "
 4058 Miss E. B. Gammon, cert. County Hosp., York.
 4059 Miss E. Wain, cert. County Hosp., York.
 4060 Miss G. M. Hooper, cert. Bolton Gen. Inf.
 4061 Miss A. Sheffield, cert. Royal Victoria and West Hants. Hosp., Bournemouth.
 4062 Miss A. Koper-Nunn, cert. Poplar Hosp., E.
 4063 Miss E. E. Mercer, cert. The Middlesex Hosp.
 4064 Miss C. Beeton, cert. Roy. Inf., Liverpool.
 4065 Miss F. M. Bartleet, cert. St. Thomas' Hosp.
 4066 Miss L. Bowen, cert. " " "
 4067 Miss C. Moore, cert. " " "
 4068 Miss C. M. Bulteel, cert. " " "
 4069 Miss N. Burrett, cert. St. Bartholomew's Hosp., Rochester.
 4070 Mrs. B. E. Radcliffe, cert. St. Thomas' Hosp.
 4071 Miss M. E. Butler, cert. London Hosp.
 4072 Miss J. M. G. Pepper, cert. Holborn Inf., Highgate.
 4073 Miss M. A. Ross, cert. North Brierly Inf.
 4074 Miss M. A. Close, cert. " " "
 4075 Miss M. Tordoff, cert. " " "
 4076 Miss E. A. Keen, cert. Crossland Moor Inf., Huddersfield.
 4077 Miss A. R. Hare, cert. North Brierly Inf.

- 4078 Miss E. Sneesby, cert. North Brierly Inf.
 4079 Miss V. Thurstan, cert. London Hosp.
 4080 Mrs. L. Greenway, cert. South Devon and East Cornwall Hospital.
 4081 Miss E. Meldrum, cert. Royal Inf., Dundee.
 4082 Miss C. Sharpley, cert. Royal Southern Hospital, Liverpool.
 4083 Miss G. A. Heape, cert. The Queen's Hosp., Birmingham.
 4084 Miss W. Yeandle, cert. Gen Hosp., Bham.
 4085 Miss R. Palmer, cert. " " "
 4086 Miss G. H. Grout, cert. " " "
 4087 Miss M. Ottewell, cert. " " "
 4088 Miss L. Buckley, cert. South Inf., Cork.
 4089 Miss C. Powell, cert. Kent and Canterbury Hosp.
 4090 Miss M. B. C. Atkins, cert. Kent and Canterbury Hosp.
 4091 Miss I. C. Tompkins, cert. St. Bart's Hosp.
 4092 Miss M. Pote-Hunt, cert. St. Bart's Hosp. (Matron, St. Bartholomew's Hosp., Rochester).
 4093 Mrs. H. E. Bekem, cert. Queen's Hosp., Birmingham.
 4094 Miss N. B. Stacey, cert. London Homoeopath. Hospital.
 4095 Miss D. M. Brown, cert. St. Bart's Hosp.
 4096 Miss M. E. McCaul, cert. " "
 4097 Miss D. Marshall, cert. " "
 4098 Miss E. Tatham, cert. " "
 4099 Miss K. H. Jones, cert. " "
 4100 Miss E. M. Willes, cert. Queen's Hospital, Birmingham (Matron, Beckett Hosp., Barnsley).

IN AID OF STATE REGISTRATION.

The President of the Society for the State Registration of Trained Nurses acknowledges with thanks the following donations:—Miss L. Taylor, Government Hospital, Pemba, E. Africa, 10s.; Miss J. C. Higginson, 5s.; Miss Bruce, 2s. 6d.

STATE REGISTRATION IN CANADA.

The Legislatures of two more of the Provinces of Canada, Alberta and New Brunswick, have passed Nurses' Registration Bills; copies are not yet to hand, but all the same we congratulate our Canadian cousins upon gaining the legal status they so well deserve. Canadian nurses have taken a most intelligent interest in this important question for years, and those over here on war duty are watching our struggle so long protracted towards the light. Our Nurses' Registration Bill drafted by the Society for State Registration in 1903 provides for reciprocity with Nurses' Registration Acts in any British Possessions, and we may be sure in these imperial days that no Registration Bill will become law in the old country without such provision. The more the merrier.

We have to thank Miss M. Dempster for a further donation of 10s. to the fund for Nurse N., which now amounts to £20 8s. 6d.

NATIONAL UNION OF TRAINED NURSES.

THE CONFERENCE.

Owing to the interest aroused in the proposed Conference and also to the difficulty, in these days of sudden pressure of work, for members of the nursing profession to be certain of their time, the Executive Committee have decided to throw the Conference open to any members of professional Nurses' Societies and Leagues who may be able to attend at the above address on Thursday, June 29th, at 2.30 p.m.

The secretaries of the Societies and Leagues have been invited to send six representatives, and the Secretary of the Union will be glad to receive their names, as well as those of others, if it is possible to send them beforehand, but all will be welcomed.

No resolutions will be put to the meeting, which is to be regarded as a preliminary one for a more formal meeting later on. It has been called with a view to offering an opportunity for hearing different opinions on important questions of the day. Ten minutes' papers will be read on the following subjects, to be followed by discussion:—

1. The difficulties of training in small institutions and the possibilities of combined training.
2. The economic conditions in the nursing profession.
3. The political position in the nursing world.
4. The work of Nurses' Societies.

Tea will be provided.

Miss Cancellor will preside, and amongst others who will speak are Mrs. Strong, Mrs. Bedford Fenwick, Miss Musson and Miss Pye.

V. THURSTAN,

Secretary.

IN SOMERSET.

COMMUNICATED BY THE FROME BRANCH
SECRETARY.

Miss Thurstan gave two lectures on Friday, June 16th, and Saturday, June 17th, at Frome and at Orchardleigh in Somerset to members of the N.U.T.N., to the Mothers' Union members of Frome and to others interested in the subject of nursing.

She gave a very interesting account of the so-called Polish Refugees in Russia, who are really people of seven or eight different nationalities and of different religions and who took refuge in the interior of Russia from the great German Invasion of Poland and Galicia last year. Miss Thurstan herself made a tour of many of the refugee camps to see what English people could best do in coping with the difficult problems of feeding and housing these vast numbers of homeless people.

The Russians themselves are doing a great deal, but the numbers are so great that they gladly welcome any help from this country. As Miss Thurstan pointed out, we owe a special debt to Russia whose prompt invasion of Germany at the beginning of the War did so much to help the

Allied cause in the West and without which we in this country might have been subjected to the same terrible disasters which have befallen Poland and Galicia.

She mentioned some ways in which we could help specially to save infant life, by supporting Maternity and Fever Hospitals at Petrograd to which units of doctors and nurses have been despatched by the N.U.V.S.S., the nurses being selected by the N.U.T.N.

Many of her hearers were greatly moved by her appeal and would gladly offer their services, could they do so without deserting their posts at home.

LEAGUE NEWS.

The Report of the Conference of the National Council of Trained Nurses of Great Britain and Ireland, organized by the General Hospital, Birmingham, Nurses' League, and held in the Central Hall, Birmingham, June 9th to 12th, 1914, has just made its appearance in a pretty blue cover, and excellently edited and printed. Its publication has been delayed by the very onerous duties which have devolved upon the President Miss Musson, ever since the outbreak of War.

LEICESTER ROYAL INFIRMARY NURSES' LEAGUE.

The annual meeting of the Leicester Royal Infirmary Nurses' League was held in the Recreation Hall at the Nurses' Home, on June 21st. The president was in the chair. Forty-two members were present. Letters of apology for absence were read from several members, including the treasurer. The meeting heard with regret that her non-attendance was caused by ill-health and wished her speedy recovery.

After the usual business had been concluded, Miss Vincent, R.R.C., made a short statement *re* the College of Nursing and the proposed Bill for the State Registration of Nurses, which was followed by an interesting discussion, and the following resolution, proposed by Miss Ellis, and seconded by Miss Jessie Davies was put to the meeting and carried:—

"This meeting expresses its satisfaction that the College of Nursing is upholding the principle of registration of trained nurses by the State, and earnestly hopes that the Bill may be brought forward without delay. It further urges the necessity of recognising the principle of self-government for nurses, and asks that the trained nurse may be adequately represented on the governing body."

It was a great disappointment to all that Miss Sumner, Matron of Princess Christian Hospital, Englefield Green, who had promised, if possible, to give an account of her work abroad, sent a telegram to say that she was detained by duty.

Tea was served in the corridor of the Nurses' Home, and was as usual a most enjoyable function.

Heartly congratulations were given to Sister Barnes, one of the first members of the League, on having been awarded the Royal Red Cross.

E. G. WALDRON, Secretary.

APPOINTMENTS.

MATRÓN.

Infectious Diseases Hospital, Hinckley. Miss Teresa Dowling has been appointed Matron. She received her general training in the Township of South Manchester Hospitals and her fever training at the City Hospital, Parkhill, Liverpool, and has been Matron at Hawarden Isolation Hospital.

Fletcher Convalescent Home, Cromer.—Mrs. M. A. Bovey has been appointed Matron. She was trained at King's College Hospital, London, where she subsequently held the position of Sister. She has also been Assistant Matron at St. Nicholas' Hospital Home for Children and Matron of the Charing Cross Hospital Convalescent Home, Limsfield.

NURSE MATRON.

Kilsyth Fever Hospital.—Miss Marion Orr has been appointed Nurse Matron. She was trained at Lightburn Hospital, Glasgow.

SISTER.

The Infirmary, Isleworth.—Miss B. M. Wiltshire has been appointed Ward Sister. She was trained at the Infirmary, Anlaby Road, Hull, and has been Sister and Night Superintendent at the same institution. She is a certified midwife.

City Hospital, West Heath, Birmingham.—Miss K. Sheridan has been appointed Sister. She was trained at the North Charitable Hospital, Cork, and has been Sister-in-Charge of County Cavan Infirmary and Sister-in-Charge of Out-patient Department, Sparkhill, Birmingham. She has also had experience of military and of private nursing.

DISTRICT MIDWIFE.

Queen Charlotte's Lying-In Hospital, Marylebone Road, N.W.—Miss Annie Jacques has been appointed District Midwife for the North Kensington District at the Home at 179, Ludbrooke Grove.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Sister Miss Sophia O. Beamish resigns her appointment, June 25th.

QUEEN VICTORIA JUBILEE INSTITUTE.**TRANSFERS AND APPOINTMENTS.**

Miss Lellen Butler is appointed to Huthwaite; Miss Maud Hemingway to Old Whittington; Miss Mary A. Johns, to Caversham, as Senior Nurse; Miss Nancy B. Lowe to Ayrington, as Senior Nurse; Miss Florence L. Samuels to Southall-Norwood.

BEQUEST TO A NURSE.

Mr. William Lang, of Down Street, Piccadilly, W., formerly of Shanghai, who died on May 20th, left £1,000 and the income for life from £16,000 to Lavinia Lizzie Wooldridge, for her great kindness and attendance as his nurse.¹

NURSING ECHOES.

On June 21st, Miss Alsop, the Matron of Kensington Infirmary, entertained the past and present members of the Nurses' League to tea. A very large number were present. After tea the staff and their friends went to the church for the unveiling and dedication of the new reredos presented by Miss Ashton, and also of a new mosaic panel, "Calvary," in continuation of the series representing incidents in the life of our Lord, the gift of an anonymous donor.

The institution of the Holy Communion is the central feature of the reredos, which is in bissextile mosaic in carved alabaster, with gold mosaic insets. Dr. Hickox presided at the organ. The procession to and from the chancel was headed by the crucifix, carried by Dr. Potter, the medical superintendent of the infirmary. The chaplain acted as the precantor, and the lessons were read by the Rev. Lord Victor Seymour, and the chaplain of the Brentford Infirmary.

The chaplain, the Rev. A. Lombardini, has spared no pains since his appointment some three years ago to brighten the dull grey walls of the Church of St. Elizabeth, and to try to make God's House beautiful for those who have had little beauty in their lives or homes, and the present beautiful church is the result.

The Norwich Consistory Court has agreed to the erection of a carved oak reredos in the chancel of Holy Trinity Church, South Heigham, to the memory of Miss Edith Cavell, whose family had connection with the parish. The cost of the work is estimated at £100, and it is stated that the amount will be provided by voluntary contributions.

A stained-glass window to the memory of Miss Cavell is to be placed in Swardston Church, and on an adjacent wall an alabaster memorial tablet. The estimated cost is £160, almost all of which has already been subscribed.

The committee appointed at Burradon to raise funds towards a Nurse Cavell Memorial Fund have met with a good response, the sum of £51 having been raised at Burradon and Westmoor by means of weekly house-to-house collections in three months.

At a garden party at the Tynemouth Victoria Jubilee Infirmary, the guests were received by Miss Matthewson, the Matron, and Mr. R. Hastic, the Chairman, and Mrs. Gregg, the wife of the Mayor, presented a number of awards for nursing. Nurse Pearson was presented with a medal, and certificates were handed to other members of the nursing staff.

The wards were on view, and were greatly admired; and a number of the patients were men injured in the recent North Sea battle, to attend on whom the staff no doubt felt honoured.

Mr. W. L. de C. Wheeler, F.R.C.S., presided at the thirty-second annual meeting of the City of Dublin Nursing Institution, and had the pleasure of congratulating the nursing staff on their courage and good work during the recent rebellion, and of announcing the thoroughly satisfactory financial condition of the institution. Funds out of the earnings of the institution to the amount of £1,000 had been invested in the War Loan, money which in time of peace would have been distributed among the nurses. As another example of war economy in the institution, it might be mentioned that the house expenses had fallen by £50, as compared with last year. A saving under such a heading was most unusual, and was attributed by the auditors, *inter alia*, to the cultivation and growing of vegetables in the small garden at the rear of the house, and to the fact that in her spare time one of the nurses voluntarily undertook the work of the laundry.

Last year the directors, having regard to the onerous duties thrown on the nurses by the absence of their sisters at the war, decided to increase the salaries by 20 per cent. It was gratifying to find that the past year had been sufficiently prosperous to maintain this increase. In addition, the directors had this year voted about £100, to be distributed by way of bonus, in recognition of the ceaseless efforts of the nurses to carry on the work of those who were absent on military duties.

In referring to the College of Nursing, Ltd., the Chairman said that its establishment in London, if it became operative, might affect the institution, as it hoped to obtain statutory powers in connection with the higher education of nurses. The attitude of the Irish nurses with regard to the scheme was, rightly, one of caution. Before co-operating in this enterprise it was obviously essential that the Irish nurses must be assured of adequate representation on the supreme Council. Irish support would not be withheld if the establishment of the new College was to lead rapidly to State Registration, for which Irish nurses had been clamouring for many years. It was to be hoped when the governing body of the new College was finally decided upon it would be found to include a large direct representation from the nurses who had passed through their various training schools and had become "private practitioners." The nurses felt strongly on this point, and unpopularity and failure were likely

to follow the College from its infancy if the governing body was too largely composed of an autocratic ring of hospital matrons. Irish nurses need have no fear lest, if compelled to remain out of the scheme, they might be penalised and handicapped in the manner experienced after the passing of the Act establishing the Central Midwives' Board in England. With that lesson before them it did not seem possible for the new College to obtain statutory powers without Irish co-operation.

The Chairman, in alluding to Miss Carr, the lady manager, said she was largely responsible for the smooth and successful work of the institution during the past year.

Irish nurses have always shown themselves possessed of a keen professional sense, and we learn that they are quite content to await events in connection with the College of Nursing. Nothing but State Registration is of any use, and they know it. Moreover, they want to know *what sort of registration* the College is prepared to promote. A thorough system the Irish nurses would welcome—with a makeshift they will have nothing to do; and with this point of view we are in entire sympathy.

The report by Miss Goodrich in the *Modern Hospital* of the New Orleans Convention, at which 600 nurse delegates were present, makes one's mouth water. It appears to have been simply bristling with ideas. The Bureau of Legislation, under Miss Mary C. Wheeler, of Chicago, presented its revised list of schools of nursing accredited by State boards of nurse examiners, and also the list of registered nurses by States. This list showed the total number of registered nurses in the United States, at the issuance of this pamphlet, to be 70,218. The first four Nurses' Registration Bills were passed in the United States in 1903.

The evening devoted to Red Cross work was a notable one. Miss Delano reported that over 600 nurses were serving on the State and local Red Cross Nursing Committees that had been organized in every section of the United States since affiliation of the American Nurses' Association with the American Red Cross nearly seven years ago, and that the total enrolment of Red Cross nurses (thoroughly trained) is now 6,200.

Let us hope after this war is at an end the British Red Cross Society will put its house in order, in so far as trained nursing is concerned—we have urged it for years. We could equal the splendid record of the American Red Cross without difficulty.

THE NURSES' REGISTRATION BILL.

Pending negotiations between the representatives of the Central Committee for the State Registration of Nurses and the representatives of the College of Nursing we think it better not to publish the draft Bill as it has already been considerably amended, as the delegates come nearer and nearer to agreement.

At the meeting of the Central Committee held on June 22nd amendments approved by the delegates were accepted, and several resolutions adopted for further negotiations, which we have reason to believe will prove acceptable to the College advisers. After one more conference the Central Committee will meet to receive a final report, after which the nursing world will be kept no longer in suspense. The Bill as agreed should then appear in print, so that its provisions may be made widely known. An agreed Bill means concessions on both sides, but those who have worked so loyally for State Registration for so many years may rest assured that the provisions of any Bill accepted by their Central Committee will provide for a wide measure of justice to the profession at large. Once accepted, we hope the members of the affiliated societies will work with devotion and singleness of purpose to have the Bill made law.

THE HOSPITAL WORLD.

ST. THOMAS' HOSPITAL.

No hospital in the world has a finer site than St. Thomas' Hospital, on the Embankment, with the stately river flowing under its terraces, the Houses of Parliament immediately opposite, Lambeth Palace with its picturesque buildings and historical associations as a near neighbour, and eastward the curve of the river with the dome of St. Paul's dominating the picture.

It would not now be easy to find a better plan for a hospital than that designed in accordance with the views of the Lady of the Lamp, whose personality dominates the hospital: with its central corridor connecting all departments, its blocks of wards at right angles to this corridor, with wide spaces of turf between; the dual advantage of this arrangement being that the wards get the maximum amount of sunshine and air, and further should an epidemic break out in any block it can be isolated from the rest of the building.

Just now a whole Territorial Hospital of 520 beds is tucked away at St. Thomas'—a hospital within a hospital and still there seems room and to spare. The Victoria Ward, one of the children's wards, and others in the hospital proper have been given up to form part of this unit, but the main part consists of huts erected in the spaces between the wards; wide, with a division up the middle, they accommodate 60 to

80 patients. The prevailing note is green, and at the further end are balconies on to which the patients can be wheeled and enjoy the view and the ozone-laden breezes blowing off the river. It is interesting to see in the wards the beautiful needlework done by some of the wounded men—regimental badges in colours, and other designs on canvas. Later on there is to be an exhibition of this. At the entrance to the huts are the kitchens, linen and other stores, everything in fact that a well-found hospital can need. One of the wards in the hospital proper is used as an officers' ward. The Matron of the Territorial Hospital is Miss E. M. Vezey, who was trained and a Sister at St. Thomas' Hospital, afterwards going to the General Infirmary, Salisbury, as Matron. There are a certain proportion of voluntary aid workers in the wards, but no regular probationers, as work in the Territorial Hospital does not in the opinion of Miss Lloyd Still, the Matron of St. Thomas' Hospital, fit in with the scheme of training.

One of the newer departments at St. Thomas' is the Maternity Department, which is an approved training school for midwives; and the sight of this spotless ward, with its long row of beds (with cots attached), under the vigilant care of a highly-trained Sister, brings home to one the important part played by members of the nursing profession in the application of the principles of asepsis. It is only by a thorough grasp of these principles and their conscientious and daily application, that it is possible to nurse maternity patients together in one ward without disaster. It will be remembered how, years ago, hospital after hospital was forced to close its maternity wards because of the terrible mortality from puerperal fevers which attacked the patients.

All that is altered now, because medicine and nursing, hand-in-hand, bar the door in the face of death, each impotent without the other, to hold the tort which held by both is impregnable.

It is a time-honoured rule at St. Thomas' that every ward shall each year be emptied for a week, thus giving time for a thorough cleaning, when every mattress is re-made and baked, and everything overhauled and made fresh and clean as a new pin before patients are again admitted.

The Matron of the Hospital, Miss Lloyd Still, is keenly interested in nursing education. The course in the preliminary training school, established during the term of office of her predecessor, extends over nine weeks; for the first two months that the probationers work in the wards they have no classes on theory, then they pass under the care of the Sister Tutor—whose duties are entirely confined to those of a teacher. She instructs the probationers, gives them "grinds" on the lectures they receive at which she is present—and she has a most wonderful array of models to aid her in her work, including one of the entire human body in which all the organs, arteries, veins, nerves, muscles, etc., are beautifully shown. The appointment is not only an interesting but a well-paid one—as it should be.

PRACTICAL POINTS.

Souttar's "Thermos" Saline Infusion Apparatus.

Mr. H. S. Souttar, F.R.C.S., Eng., gives the following description in the *Lancet* of the above apparatus:—

"This apparatus consists of a vacuum flask, a syphon, a water gauge and a three-way tap. The vacuum flask is the ordinary Thermos pattern and holds either one or two pints. The syphon has two limbs, one a rubber tube reaching to the bottom of the flask, the other of plated copper, reaching down outside to a point below the flask and terminating in the tap. Parallel with the syphon tube and connected with its lower end above the tap is a water gauge of glass tube, protected by a metal guard. This gauge carries above a rubber ball used for filling the syphon. The flask stands upright in a small tray and may easily be detached. It is closed by a cap which may be removed for refilling without disturbing the syphon.

"The method of use is as follows: The flask is filled with hot saline, the syphon, &c., being already attached. The tap is closed. The rubber ball is compressed, a small hole below it is closed by the finger and the ball is released. A rush of fluid follows round the syphon and up the gauge and the apparatus is ready for use.

"The flask is hung by means of the chain from any convenient support above the patient's bed, and the needles for subcutaneous infusion or the rectal tube are connected by a rubber tube with a nozzle below the tap. The rate of flow is regulated by the tap and observed on the gauge. Should it be desired to discontinue the flow for a short time the tap is closed,

and before restarting the syphon is emptied of its now cold contents by the side nozzle on the three-way tap.

"The temperature at which the saline should be poured into the flask will, of course, depend upon the rate of flow, the length of tube exposed and the temperature of delivery required. It is found that if the saline in the flask is at 125 deg. F., the rate of flow one pint per hour, and one foot of

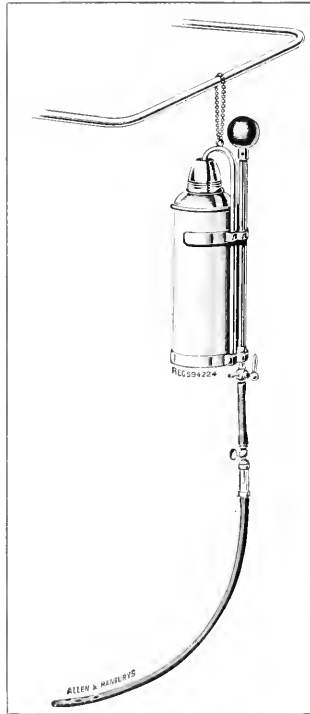
rubber tube is exposed, the temperature of delivery is about 105 deg. F. in a room at 60 deg. F. At a rate of half a pint an hour, the initial temperature should be 130 deg. F. These figures are only approximate, but are sufficiently accurate for all practical purposes. The temperature of the saline in the flask is almost constant, falling about 1 deg. F. per hour. If, then, the flow remains constant the temperature of delivery will be unaltered so long as the apparatus is not disturbed.

"For subcutaneous infusion it is essential that the apparatus should be sterilised. This is readily accomplished by filling the flask with boiling water and running this out through the tubes in the ordinary way. The needles should be separately boiled.

"The great advantages of this apparatus are its extreme simplicity both in construction and action, its absolute reliability, and the fact that it can be readily sterilised. The flask being upright, there is no risk of leakage and no danger of breaking the glass lining by inserting a stopper. The whole apparatus can be in action within five minutes of the moment when it is requested and it requires no further attention.

"A very remarkable feature is the enormous quantity of saline absorbed by this method. Owing to its constant high temperature it is taken up at once into the vessels, there is rarely any swelling of the legs or return by rectum, shock is successfully combated, and renal excretion is increased. We constantly, at the London Hospital, give five pints subcutaneously by this method in as many hours, and occasionally twice that amount, with no result whatever other than a very remarkable improvement in the patient's condition. In critical cases we use temperatures

higher than those mentioned with striking success. Any excess of fluid is at once given balanced by its rapid excretion—in marked contrast to the waterlogged subcutaneous tissues so often resulting in the older methods where the temperature of delivery too often was merely that of the atmosphere. The apparatus has been constructed to my design by Messrs. Allen & Hanburys, Ltd., of 48, Wigmore Street, London, W."



SOUTTAR'S "THERMOS"
SALINE INFUSION APPARATUS
FOR PROCTOCLYSIS.

With rectal tube attached the apparatus is equally suitable for proctoclysis, as shown in our illustration.

DIRECTIONS FOR USE.

1. Remove cap, fill flask with saline at temperature required (120 deg. to 130 deg. F. as a rule), replace cap; close tap.

2. Squeeze rubber ball, place finger over small hole just beneath ball, release ball. Saline rushes round syphon and is seen to rise in gauge.

3. Hang it by the chain to any convenient support above patient; connect needles or rectal tube with nozzle by means of rubber tube.

4. Open tap, fill tubes and make sure that the flow is free.

5. Turn off tap, insert needles or rectal tube. Turn on tap and with it adjust rate of flow, observing quantity delivered on gauge.

For subcutaneous infusion first sterilise the apparatus by filling as above (1 and 2) with boiling water, and letting water run off by tubes.

If it is desired to restart the flow after discontinuing for some time, first empty cold contents of syphon by side nozzle of three-way tap.

The apparatus should be rinsed out with plain water before being put away. Otherwise corrosion from the salt may result.

The tap should be oiled from time to time.

THE CARE OF THE SCHOOL CHILD.

Dr. Eric Pritchard was the lecturer on Wednesday, June 21st, in the course on the Care of the School Child. His subject was "The Care of the Nose, Throat and Ear." He described the course of a common cold and its causes. In the Arctic regions, he said, which were germ-free, colds and infectious catarrh were unknown. He deplored the practice of some Council schools, when giving breathing exercises, for they compelled some children to breathe through the nose when from malformation it was almost an impossibility, thus aggravating the trouble they sought to cure. Teachers should be taught to recognise this condition.

INNOCENT LITTLE VICTIMS.

The Local Government Board have asked the Metropolitan Asylums Board to undertake the control of children suffering from venereal disease. It is stated that the City Guardians have offered accommodation. Every help and care should be given to these innocent little victims.

TO BE SOLD.

A lovely tinted print of Her Majesty Queen Alexandra as Princess of Wales at the time of her marriage—in a tulle ball gown and veil—a lifelike portrait with a smile autograph in gilt frame. Published March 31st, 1893, by Paul & Dominic Calzaghi Scott & Co., Publishers to Her Majesty, 13 and 14 Pall Mall, London. J. A. Vinter, lithographer; Day & Son, lithographers to the Queen. Price, 15 5s. Write G. M., Box 63, BRITISH JOURNAL OF NURSING, 131, Oxford Street, London, W.

THE PEOPLE WHO RUN.

The greatest tragedies of the war is not seen upon the battlefield.

"Pray that your flight be not in the winter."

The familiar words have new force as we read the story of the "Dépente," the graphic Russian word for the refugees—the people who run.

The story of the flight of "five and a half million dazed and terrified people who fled away from their homes in the summer and autumn of 1915 before the great German advance into Russia" is fascinatingly told by Miss Violetta Thurstan in her newest book.* It is of special interest to nurses, who regard the author's talent as belonging not to herself alone, but to the great profession of nursing, of which she is a distinguished member.

"Pity," says Miss Thurstan, "is one of the most marked in most beautiful characteristics of the Russian people. So the whole generous heart of the people went out to these fugitives in their terrible distress during the great retreat into the interior. The sympathy and compassion were there; alas, that there was no organisation ready also to cope with the awful need!"

It is sad to read of the inertia from which so many refugees suffer and which has now been recognised as a definite medical lesion brought on by their privations and to be distinguished from slacking and shunning.

"No one who does not know Russia can imagine the immensity of the great empty distances, the absence of roads and railways, and the difficulty of transport even in times of peace, much less can they fathom the depth of misery that this hurried flight entailed on the people who run. . . . The English language lacks words to express the suffering that these people underwent, and nothing that we can imagine could be worse than the reality."

It is hard to pass over the description of the night journey through Sweden and on to Petrograd, but our main concern is with "the people who run." "Many," we are told, "are the stories of the wonderful trek, and they all had a grim fascination about them. No one can be blamed for the lack of organization. The Russian retreat will live in history as one of the finest and most heroic ever effected, but at what terrible cost, both for soldiers and civilians!"

Some of the refugees travelled on cattle trucks, and the scenes "almost defy human imagination. Lunatic asylums in the line of advance had to be emptied of their unfortunate occupants, isolation hospitals contributed their quota of cholera, typhus and almost every other known disease to the outside world. The trucks were, you would have said, as full as they could hold with these; and yet at every little station there was a crowd

* "The People Who Run." By Violetta Thurstan. G. P. Putnam's Sons, 24, Bedford Street, Strand, London, W.C. 2S, 6d.

of fugitives waiting to be taken off, and they squeezed and pushed their way in, with their bundles and their babies, and found room somehow amongst the rest. . . .

"The number of babies lost and abandoned in the retreat is an appalling one. There are now at the front Flying Automobile Columns whose chief work is to go round and pick up these poor babes in the wood. Countess Tolstoi was in charge of this department and her column alone has picked up more than four hundred babies. . . . In Petrograd a little *Precool* (institution) for fifty babies is just being opened by the Tatiana Committee. These are all tiny bottle-fed infants who have been picked up at the front. There is much room for more organisation here, and trained workers are badly needed in this direction."

Christmas Day at Gatchina, when Miss Thurstan and others found their way there armed with presents for some children living in a large barak, is interestingly described; but, alas! for the

"feather-weights of wasted frames, the thin, white faces and hollow eyes, speaking of insufficient nourishment and bad air. . . ." Here came two little tots hand-in-hand, unmistakably brother and sister, with sore eyes, the eyelashes so glued together that they could hardly see to take their present. Children with swollen glands, children with an evil-smelling discharge from the ears, a little girl with a bad whitlow that wanted opening, a boy with severe ringworm, nearly every child with sores somewhere, little boys whose white

faces and puffy eyelids spoke unmistakably of kidney trouble, children with devastating coughs that almost shook them to pieces." A tragic procession indeed when seen with the eyes of the trained nurse accustomed to note and appraise the meaning of these outward and visible signs.

Ill-health, starvation, and death are not the worst tragedies. Numbers of refugee girls have been ruined not only by strange men with whom they pick up acquaintance in the street, but also largely in the huge baraks and lodgings, where the vicious and the virtuous alike rub shoulders. The Tatiana Committee, which has branches of its organisation in most of the large Russian towns, and which derives its name from the Grand Duchess Tatiana, the second of the Emperor's daughters, besides its special function of the general registration and housing of the refugees and maintaining a large Inquiry Bureau for

bringing together those who are lost and separated, is also doing admirable preventive work in caring for girls by taking them into a home and saving them from a life on the streets.

Another interesting effort of the Tatiana Committee is the maternity hospital established near the Warsaw station for the refugees, the doctor, Matron, and nursing staff of which have been sent out and financed by the National Union of Women's Suffrage Societies in England. It is "a plain little wooden structure, with fittings and appurtenances of the simplest possible character, but it must be a revelation of cleanliness, light and purity to those women who come there out of the dark, noisome barak to give birth to their child."

In Moscow, "the great junction of the Pilgrim Way," every race, nationality, and religion, Miss Thurstan tells us, are represented. They "poured in like a submerging tidal wave by road



A STRAW WARD IN RUSSIA.

and by rail and camped by the thousand in the railway station, and it was only by immediate organization that these people were saved from literally dying of starvation."

At Kiev the refugee system is considered the best organized in Russia. Kiev is the Gate of the West. It is, as Miss Thurstan says, "one of the most beautifully situated cities in Europe. We saw it at its very best, coming into it, as we did, in the sunset on a golden afternoon. Everything was suffused with the golden flush of evening. The sky was the soft yellow of daffodil-petals, except in the east, where it was tinted with the clear, cool green of their stalks; the river was the deeper glow of their centres, and the minarets all over the city looked like pinnacles of molten gold."

When the first torrent of the eastward-bound fugitives poured in, it seemed hopeless to know what to do with them; especially with those from

Galicia, who brought with them cholera, typhus, and dysentery. In one day as many as forty dead bodies of people who had died of cholera were removed from one of the refugee trains. However, a thoroughly efficient hospital system for the refugees was organized and Kiev saved from an epidemic. In the hospital for refugee children the walls, cots, furniture, sisters' dresses are all white; even the stray visitor is not allowed to pass into this White City without first donning a white overall.

Kazan, on the Volga, a place in the far interior of Russia where the refugees are sent, has a Students' Sanitary Association, which is doing a wonderful work. When the first rush of refugees came to Kasan volunteers were asked to help in the feeding and distributing of them. Some of the students offered help thinking it would be temporary; but the work gripped, and they formed themselves into a Sanitary Association, have had some of the worst barracks condemned, and founded a refugee colony on the banks of the Volga. The students, dressed in sheep skins and valenkies like the peasants, live with the refugees sharing their food. Miss Thurstan, on her visit shared their simple supper of butterless bread and milkless tea, and writes: "I have never enjoyed a meal more. Their infections, bubbling-over cheerfulness made us all very frivolous. . . . It was all hours of the night before we finally tore ourselves away from this truly inspiring place and got packed into our sleighs again." M. B.

SINK EVERYTHING.

Una, the journal of the Royal Victorian Trained Nurses Association, quotes the following lines written by Mr. Oliver Herford, an American:—

SINK EVERYTHING.

To his dark minions under-sea

Flashed the Imperial decree:

Sink everything!

Spare naught! Sink everything that floats!

Merchantmen, liners, fishing boats;

Sink ships on Mercy's errand sped,

Bye Christ's red cross a deeper red:

Sink Everything!

Sink honour, faith, forbearance, ruth;

Sink virtue, chivalry, and truth—

Sink Everything!

Sink everything that men hold dear,

That devils hate, that devils fear,

All that lifts Man above the ape,

That marks him cast in God's own shape.

Sink Everything!

THE HUMOURS OF MARTIAL LAW.

Spectator who is observing an old Irish woman industriously hacking down timber on private property:—

"Why, Biddy, what are you doing? What will the Colonel say when he comes home again?"

"Biddy,—Why shure, yer honour, we're living under martial law now, and may all do exactly as we please."

BOOK OF THE WEEK.

"THE RED CROSS BARGE."

It is a bold venture to set out a feminist sympathetic for a German but that is what Mrs. Belloc Lowndes attempts, and it rests with the individual reader to say if she has succeeded.

This chronicle is written with impartiality, and we are able to congratulate the author that she has been able to clear away natural prejudice, and present the character of the Herr Doktor, as an instance of the "shining of a good deed in a naughty world." The taking possession of the charming little town of Valois-sur-Marne in August, 1914, forms the subject of the opening chapter of this book.

The Herr Doktor, a Weimar surgeon, was in charge of the wounded Prince Egon von Wittgenstein, and was in search of a hospital in which to place his illustrious young charge.

"There is no hospital in Valoise," Madame Blanc, the landlady of the inn, told him, and her voice was very, very cold, and then, as if the words were dragged from her reluctant lips, "But M. le Médecin will find a Red Cross barge on the river."

"Yes, they had arrived only two hours ago, and yet already Madame Blanc hated the arrogant Uhlan officers with all the strength of her powerful, secretive nature."

He made his way to the stone jetty and on the broad waters of the river lay the white barge.

On the deck stood a woman. She wore the loose, unbecoming, white overall which forms the only uniform of a French Red Cross nurse and there was a red cross on her breast. From where he stood the German surgeon could see she was young, straight and lithe. The gleams of the sun, which was now resting like a scarlet ball on the horizon, lit up her fair hair, which was massed in the French way above her forehead.

With a queer thrill at his heart the Herr Doktor told himself that so might Wagner have visioned his Elsa in war time. Since the Herr Doktor had left Weimar he had not seen so awakening, to-the-better-feelings, and pleasant-to-the-senses-of-men sight as was this French golden-haired girl. From that moment he was her secret devoted slave, but the proud young French woman kept the hatred for at his distance. It was he, of course, who now took the direction of the barge, and he listened to her low harmonious voice explaining the various cases of the poor human wrecks for whom she felt such painful concern. Glad indeed was the Herr Doktor to know there were certain things which he could do to ease that last, losing conflict with death, now being waged by two of the Frenchmen lying there before him.

He had before come in contact with French Red Cross nurses. In the hastily improvised Field

* By Mrs. Belloc Lowndes, Smith, Elder & Co., London.

Lazaret there had also been three English nurses; them he had naturally disliked, the more so that they had a short, sharp way with them, and always seemed to disapprove of his methods—methods which being German, were of course, more truly scientific than anything likely to issue from the English Army Medical Service. The German Doktor worked side by side on the barge with the Frenchwoman, with glowing love on his part, and gentle aloofness on hers. It was when the Prussians retreated from Paris and again visited and sacked the village of Valoise that she understood. It was the old parish priest who conferred with the Herr Doktor as to the best means of placing the Mademoiselle in safety. "Is it possible you do not know," said the old man, "how the Prussians have been behaving since they began to retreat?"

The German surgeon stared. "I have nothing heard," he exclaimed. It was during the awful terrors of the days that followed, when Jeanne Rowmann's was forbidden to leave the village and compelled to minister to the German wounded, that the Herr Doktor was struck by a shell.

They carried him to the Red Cross Barge, and Jeanne Rowmann's tended him—and understood. In his dying moments there came the news that the French were once more in possession of the village. The Herr Doktor went on staring sightlessly before him. He was busily talking, talking argumentatively in hoarse, broken whispers to himself and his fingers picked at the brown blanket.

Suddenly there floated in the sound of men's voices singing, "Allons enfants de la Patrie." "There came a gleam across the dying face. "Das ist schon," he whispered.

"Le jour de gloire est arrivé."

The Herr Doktor murmured, "Das genügt mir."

Jeanne got up from her knees and made the sign of the Cross on his damp forehead.

We hope this story will be read as widely as it deserves, for surely it is good for us to believe that amidst all the horrifying records of the war, there can and must exist among our enemies the leavening, purifying force of simple and good lives.

H. H.

COMING EVENTS.

July 1st.—League of St. Bartholomew's Hospital Nurses, General Meeting, Clinical Theatre, St. Bartholomew's Hospital, E.C. 2.30 p.m. Social Gathering in the Great Hall. 4 p.m.

July 10th.—Women's Local Government Society, Conference of Representatives of Affiliated Associations on the Recommendations of the Royal Commission on Venereal Diseases, 88, Lancaster Gate. 3 p.m.

WORD FOR THE WEEK.

Do not grudge to pick out treasures from an earthen pot.

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.

A LIBERAL SYSTEM OF RECIPROCIITY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—MAY I draw the attention of your readers to an extremely important question in regard to the registration of nurses, and which was not discussed at the meeting of the Consultative Board of the College of Nursing at St. Thomas' Hospital on June 15th.

I refer to the necessity of a *liberal system of reciprocity* in training, particularly in regard to the great *special hospitals*, which are amongst the most useful and important in the country, and the nurses of which would be seriously injured if such a system of reciprocity is not embodied in the general scheme.

I refer particularly to such hospitals as:—The Nervous Hospitals, the Chest Hospitals, the Children's Hospitals, the Hospitals for Women, the Eye Hospitals, the Ear, Nose and Throat Hospitals, the Fever Hospitals, the Cancer Hospitals, the Skin Hospitals.

My suggestion would be that an additional clause (*f*) be added to Section 3 of the rules of the College (*i.e.* the section dealing with the qualifications of applicants), to read somewhat as follows:—

"One year's training at an approved special hospital may count as part of the three years' training referred to in Clause (c), provided that the remaining two years shall be spent in a recognised Nurse-training School."

Apart from the question of injustice to the nurses now training at these special hospitals, the hospitals themselves in the absence of some such reciprocity scheme would find it difficult, if not impossible, to secure suitable nurses, which would be little short of a calamity.

Hoping you will pardon my drawing your attention to this matter.

Believe me, yours faithfully,

R. MURRAY LESLIE.

152, Harley Street, W.

[In the Nurses' Registration Bill, drafted by the Central Committee for the State Registration of Nurses, reciprocal training is possible under Clause 10, sub-section (c), and also under Clause 12. In the Bill drafted by the College of Nursing, in Clause 4, sub-section iii, power is taken to regulate the "course of training and the examination of nurses intending to be registered," so that power is taken to define various curricula, otherwise "a liberal system of reciprocity," a policy we have always strongly advocated.—Ed.]

AFTER MANY DAYS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM, I was one of the few "mere nurses" present at the Meeting of the Consultative Board of the College of Nursing at St. Thomas' Hospital, on June 15th. I have been a registration worker for upwards of 20 years, and I own I had to rub my eyes to realise that it was not a dream, that our cause was at last being advocated in the Great Hall of my Alma Mater, Praese De, as we say in Ireland. But from first to last only one lady spoke; she asked a question; men entirely took the helm and mostly laymen. I was glad, however, to hear Mr. Stanley say that the registered nurses were going to have a look in about their own affairs by and by. Let us hope everything will not be cut and dried before that auspicious moment. Personally I see no use in a Consultative Board, and always wonder why it is necessary to consult people whose advice one is not compelled to follow. With gratitude for your untiring labour on our behalf these many years,

I remain,
A "NIGHTINGALE."

MORE INFORMATION REQUIRED.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM, — AS ONE who has taken a great interest in the Nursing Profession for a number of years, I must acknowledge that I am not convinced that the College of Nursing is a step in the right direction. I should like to know a few facts. Let us assume that the scheme was Mr. Stanley's. Who were his advisers? If they were trained nurses, surely common decency would have suggested that the scheme should be delayed until their colleagues who are serving their King and country had returned home, and used their valuable experience in an advisory manner. Do loyalty and self-denial disfranchise in the nursing profession? There has been too much of the hole and corner about the planning of the scheme to satisfy my humble requirements. The matter has not been adequately discussed. A favoured few possess the rights, the rank and file the duties. I have read the account of the meeting at St. Thomas' Hospital on 15th ult., and my considered opinion is that chaos reigns supreme. Difficulties are already cropping up concerning the registers of mental, fever and nurses for sick children. The village nurse question arose and Mr. Stanley acknowledged that this question would tax all the mental efforts of the Consultative Board and the Council. What does all this mean? Clearly that an oligarchy has assumed knowledge and powers which it does not possess. There has been no free discussion, and no healthy exchange of opinions. You might think the examination question was settled? Mr. Stanley has not the faintest notion how this question will be settled! I should like to know what the status of the V.A.D.s will be, very excellent ladies doing

very excellent work when not the unwelcome of trained nurses, but untrained.

My advice to Matrons and Sisters is this: *At once* explain to all the nurses under your charge the meaning and purpose of the post you are in, and so let them take full advantage of it.

Yours,
Bedford.
S. J. ROSS.

A FEW HOME TRUTHS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM, Though I am not a nurse I have for many years been interested in the question of registration for nurses, so I may, perhaps, be allowed to consider myself one of the "registrationists" alluded to by you in your note on V.A.D.s letter. I venture therefore to thank you heartily for the amusement you have given us by publishing such a deliciously absurd communication. But having enjoyed our laugh to the full I should like now to strike a more serious note. The letter contains a warning which all nurses, regulars and V.A.D.s would do well to ponder. It is a startling instance of the depths to which people can sink who put conceit and egotism before duty and discipline. There are, we know, many trained nurses doing good and useful work all over the country, I might say all over the world, whose grammar is not above reproach, but there is a vulgarity of mind and heart that degrades those who suffer from it far more than any ignorance of grammar or etiquette could do.

I remain,
Yours truly,
A HOSPITAL DISPENSER.

We regret we are unable to publish further correspondence on this subject. — Ed.

OUR PRIZE COMPETITIONS.

July 8th. Describe briefly the object and effects of vaccination. Describe the method of introducing the lymph and the stages of development in a successful vaccination.

July 15th.—What diseases may this convey? What would you suggest to prevent the presence of flies in hospital wards containing cases of infectious disease?

July 22nd. If it is decided under medical advice that an infant shall be weaned, what special points would you observe in the care of the mother and child?

July 26th. What methods have you seen employed for the treatment of infected wounds, and with what results?

NOTICE.

The Secretary of the War Office states that nurses holding certificates for three years' general training who are desirous of being employed in military hospitals should apply in writing without delay to the Matron in Charge, Q.A.I.M.S. War Office, for conditions of service.

The Midwife.

POST GRADUATE WEEK.

YORK ROAD HOSPITAL, S.E.

MONDAY, JUNE 26TH.

The post graduate week at the York Road Lying-in Hospital, Lambeth, S.E. is an event which is eagerly looked forward to by the midwives who are fortunate enough to be able to attend it. This year the opening day celebrated the return to duty of its inspiring leader, Sister Olive, after an absence of three months, owing to illness.

The garden was charmingly laid out with gay plants in honour of her return, but owing to the unsettled nature of the weather it was not thought wise to follow the usual custom of an *al fresco* tea; it was served instead in the entrance hall.

Here the guests, who included many old pupils, were made welcome by the Matron, Miss E. Watkins, and by Sister Olive, with her enviable secret of making each visitor the "one and only." It was pleasant to see the affection and pleasure of former pupils which this return to their old training school evoked.

After tea, which was delightful from every point of view, the visitors were shown round the wards, and were allowed to admire the babies to their hearts' content. They were all of course *en fête*, one ward sporting large pink bows on the cot, another blue. There was a proud mother of twin boys, who certainly should receive the King's Bounty this year. There was a naughty baby who was stubbornly refusing his tea, and a little premature baby by the fire wearing its little wadded hood; and all sorts of other interesting and charming infants.

The first lecture was delivered by Sister Olive on the management of simple breech presentations. She said that to a skilled midwife these cases should be no more difficult than vertex presentations. One of the conditions which favoured this presentation was not alluded to in most text books, *i.e.*, the immaturity of the child. From statistics it had been shown that 41 per cent of these children weighed under 7 lb. She did not think much of the midwife who could not diagnose this presentation by abdominal palpation. In vaginal examination one of her axioms was "Never say it is a breech unless you have been able to put your finger into the anus." She considered a midwife very foolish who could mistake the anus for the mouth.

At York Road these patients were delivered in the lithotomy position. In delivering a breech one was always tempted to give a little help, but she strongly advised her hearers to exercise a masterly inactivity until the child was born as far as the umbilicus. She said that she had great faith in strong fundal pressure, and believed

that in a large number of cases no other assistance was needed.

She warned midwives against traction on the jaw, and said that although no evidence of injury might be apparent at the time, it was often evident at the time of dentition. Infants with white asphyxia, if no breath had been drawn, should be treated by mouth to mouth insufflation and Sylvester's method of artificial respiration.

TUESDAY, JUNE 27TH.

On Tuesday, June 27th, a clinical lecture was given by the house physician. The chart, which is a model of its kind, was used for the purpose, being a most comprehensive history of the mother and babe. On it are recorded: The involution stages of the uterus, temperature, pulse and respiration; the lochia, its importance as an indication of sepsis being mentioned; urine and bowels, the colostrum, or first milk. A great point was made by the lecturer of the presence of albumen in the urine and its dangers, it being closely associated with eclampsia; its cause was explained and treatment defined.

A case of face presentation was shown and described by demonstration with a pelvis and dummy foetus. To a primipara, where post partum hemorrhage had occurred, a rectal saline had been administered. The clinical lecture terminated by a description of an induced labour case.

It is hardly necessary to add that all the cases were doing well. This was followed by a most interesting demonstration of museum specimens in the Lecture Hall, conducted by Sister Olive, who is an admirable lecturer. In showing the uterus of a female infant, she stated that thousands of ova are present in the ovaries at birth; thus does Nature provide for the coming generations. Uteri of various sizes, healthy and unhealthy, were shown and described. A very fine wax model of a gravid uterus, showing the main blood vessels, was also well described in detail.

On Tuesday afternoon the members of the class divided into three sections, one visited Queen Charlotte's Hospital, Marylebone Road, N.W., one the Clapham Maternity Hospital, and the other the Jewish Maternity Hospital.

At Queen Charlotte's Hospital there was a fascinating array of new babies. Interest centred in the new home for district midwives at 13 and 14, Harcourt Street adjoining the hospital, which has been opened since the Post Graduate Class paid its visit last year, and which the Matron, Miss Alice Blomfield, showed her visitors with some pride. The sitting room of the Sister-in-Charge is charmingly coloured a soft tone of brown—a most effective background for the bright note introduced in chair covers and flowers. The pupils have a most comfortable sitting room

and separate bedrooms, and a bath room with plenty of hot water. Three resident midwives and five pupils live in this home. The class then proceeded to the Preliminary Training Home, where tea was kindly provided and much appreciated. Sister Allen presided at the tea table.

The Preliminary Home has thoroughly justified its existence, and it is the proud record of the hospital that out of 119 candidates presented in the past year at the examination of the Central Midwives Board only 1 failed. The failures were thus 3 per cent. as compared with a percentage of 10.5 for the entire country.

CLAPHAM MATERNITY HOSPITAL.

The annual meeting of the Clapham Maternity Hospital was held on June 23rd, Mrs. Fawcett presiding. The medical women, wearing their degree hoods and gowns, made a noticeable group among the speakers. First among them was, of course, Dr. Annie McCall, also Dr. Sturge, Dr. Janet Turnbull, Dr. Catherine Ironside, Dr. Grainger Evans, and others. Miss Ritchie, Hon. Secretary, and Miss Alice Gregory.

Mrs. Fawcett likened the hospital to a lifeboat, and said that it stood for first-class attendance. There had been twenty new babies born there in the last three days. Though she had not a word to say against men, this work was essentially woman's work, and should command all the reverence and tenderness of which they were capable.

Miss Alice Gregory spoke of the preventive side of ante-natal care, which she said was sometimes considered dull, as one could not be sure of results.

Dr. McCall and Miss Ritchie had carried on as usual in spite of the war. The enormous food prices seem to encourage rather than depress them.

Dr. Catherine Ironside, who had just returned from Russia, whither she had escorted some refugees from Persia, gave some interesting incidents of her work in Persia.

Dr. Annie McCall said she believed in earning as you go along, and the earning side of the hospital was of great importance. But for all that, it had always to take the second place; the patients were always the first consideration. This sometimes was hard for the student nurse and doctor, but the best was always for the patient.

She asked that visitors would refrain from going into the wards, as there were so many new mothers. The glimpses they were allowed revealed cheerful, airy rooms, and the management are greatly to be congratulated on their fine new building.

The visitors were entertained to tea, and were well looked after by the genial Matron, Miss Ellen Chippindale, and her staff.

LECTURE ON VENEREAL DISEASE.

Mrs. Scharlieb gave the first lecture of her course of three on Venereal Disease at No. 1, Wimpole Street, W., on Wednesday evening, June 21st.

The chair was taken by Lady Sydenham, who gave an introductory address on Infant Mortality and some of its causes. Mrs. Scharlieb gave some interesting statistics of the wastage of infant life. Many infants, she said, were born dying! A number of slides relating to heredity, and illustrating the ravages of the Spirochaete pallida were thrown on the screen. This last had been described (said the lecturer) by Sir William Osler as the worm which never dies.

CLINICAL LECTURES TO MIDWIVES.

The first of the clinical lectures organised by the London County Council, was given by Dr. Potter, at the Kensington Infirmary, on Wednesday, June 21st, at 5 p.m., when a number of interested midwives availed themselves of the opportunity offered them. The lecturer emphasized the importance of sanitation, which, he reminded his class, was one of the subjects included in the curriculum of the Central Midwives Board. Because of strict attention to this essential matter, puerperal fever has decreased enormously in lying-in hospitals within the last thirty years, whereas, in private work it has remained stationary. Midwives in private practice were recommended to visit the home of the expectant mother and make enquiries about sanitation. Puerperal fever could be conveyed through the air, therefore pure fresh air was essential. The windows of the maternity wards at the Infirmary were kept open day and night in all weathers. A great point also was made of the necessity of keeping up the resisting power of the patient which was such a strong force against disease attacks. The mattresses and pillows supplied in the maternity wards of the Kensington Infirmary are of the most hygienic description—plus simplicity—namely, fragrant pine shavings enclosed in the ordinary bedding material. The pine shavings are burnt on the discharge of each patient and the material washed. Condy's Fluid is largely used because of the oxygen it contains. From general remarks, the lecturer proceeded to show and explain certain interesting cases. One woman was admitted with puffiness of the face and extremities; upon examination of the urine, it was found to contain albumen to the extent of one-third. She was a primipara. There had been no fits, but her history disclosed the fact that she had had nephritis some years ago. Free purges and iron was the treatment. Another was the case of a young woman who when admitted was "blue in the face" owing to a bad condition of heart which pregnancy had aggravated. The child was in the dorso-posterior position. She was quickly delivered and was doing well. Dr. Potter explained the various sources of danger to the child in such presentations. A case of plegmista dolens and another of puerperal septicaemia both doing well—brought the interesting lecture to a close. The staff of the maternity wards have separate quarters and live quite apart from the Infirmary nurses.

CENTRAL MIDWIVES' BOARD.

PENAL CASES.

FRIDAY, JUNE 10TH.

On Friday, June 10th, two cases were heard (and considered with the following results:—

Struck off the Roll.—Harriet C. Clarke (No. 5502).

Judged as Suspended.—Elizabeth Seed (No. 30835).

The charges against Midwife Clarke included those of not explaining in the case of serious rupture of the perineum and the subsequent serious illness of the patient that medical assistance must be sought.

The midwife appeared in person to answer the charges. The Inspector of Midwives and the Acting M.O.H. were also present.

The midwife, who appeared somewhat confused in her statements, denied the accusation that the patient had asked for a doctor, but on the contrary, said that she had advised one being sent for, but the woman said she had no money.

A declaration was read from Dr. Ross, who stated that when he saw the patient on the eighth day she was suffering from a perineal wound inches long, which was gangrenous, the temperature being 104 deg.

Judgment was given as above.

Midwife Seed was defended by her solicitor, and brought three witnesses from Lancashire.

The Inspector and Acting M.O.H. were also present. The hearing occupied three hours.

The charges were negligence in respect of six different patients, three of which could not be supported.

The charges that were proceeded with were, in each instance, of neglect to explain that the attendance of a medical man was necessary in cases of serious rupture of the perineum. The point was that the Inspector having had information to the effect that there were many ruptured perineums in Midwife Seed's practice, had herself inspected some of the patients, in one case sixteen months after the confinement, and one on the day of delivery. In three cases she found laceration and in none, she alleged, was medical aid sought.

In the case she inspected on the day of delivery the facts were communicated with the doctor.

The midwife's defence was that she did not consider the tears anything but slight, and in one case was not aware that a tear existed. She further said that she had suggested a doctor for Mrs. Holthouse.

Mrs. Holthouse, who was present, and stated she was a null hand, supported this statement in a broad Lancashire accent.

The midwife said that if the patient objected to paying, she herself could not afford to do so.

It would obviously be a better course for the legal representative of a midwife not to attempt to discuss the seriousness of a condition such as a perineal tear with a Medical Board such as the Central Midwives Board, as not only is time wasted, but it is also somewhat absurd.

THE REVISED RULES.

An Order in Council published in the *London Gazette* of June 27th approves for a period of five years from July 1st the Revised General Rules submitted by the Central Midwives Board in accordance with the provisions of section 3 of the Midwives Act, 1902.

THE HIGHER TRAINING OF MIDWIVES.

The annual meeting of the Council for the Promotion of the Higher Training of Midwives was held at the Mansion House on June 27th, the Lord Mayor presiding.

The speakers included Lord Balfour of Burleigh, P.C., K.T., Lady Betty Balfour, Sir Dyce Duckworth, M.D., and Miss Barbara Tchaykovsky.

The Lord Mayor and Lord Balfour both laid stress on the necessity of preserving infant life, especially at this time when the war was taking such a heavy toll of the population.

Lord Balfour emphasised the necessity of efficient training of the midwife. Amateurs, he said, were of no use; education was of no value without the necessary technical knowledge.

Lady Betty Balfour said that the nation ought not to be content till skilled aid and treatment were within the reach of every mother. It was stated that the site for a new maternity home at Woolwich had been secured, but the necessary funds were not available. The population of Woolwich had enormously increased owing to the influx of munition workers. A collection was taken in support of this object.

SCOTTISH MIDWIVES' ASSOCIATION.

It was decided at a meeting held in Edinburgh last week, at which Dr. Laura Stewart Sandeman presided, to form a Scottish Midwives Association, and steps were taken to make the initial arrangements on a resolution moved by Lady Balfour of Burleigh, and seconded by Miss Cairns, Glasgow. Miss Lucy Robinson, Vice-Chairman of the Association for Promoting the Training and Supply of Midwives, London, addressed the meeting, which was attended by midwives from Edinburgh, Glasgow, Dundee, Aberdeen, and elsewhere, and urged the advantages of union and co-operation.

IRISH MIDWIVES' BILL.

The President and Fellows of the Royal College of Physicians of Ireland have unanimously adopted a resolution urging on the Government the pressing necessity which exists for passing a Midwives Bill for Ireland, and have empowered their Parliamentary Committee to take such steps as may be necessary to promote the desired legislation which is urged on the ground that it is necessary to protect lying-in women, control infant mortality, and enable Irish trained midwives to take their proper place in the ranks of the Registered midwives of the United Kingdom.

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EDITORIAL.

THE HEALTH OF MUNITION WORKERS.

The nation as a whole is alive to the need of caring for the health of the Navy and Army on active service, both along the lines of prevention by attending to sanitary and hygienic conditions, and by hospital treatment for the sick and wounded. Of equal importance is the health of those at home whose skilled work provides the munitions of war for our Armies in the field, without which they would be impotent in the face of the enemy.

The White Papers, 10 in number, issued by the Health of Munition Workers Committee are therefore of great importance, more especially those dealing with industrial fatigue, industrial diseases, and sickness and injury, including those of the lungs, heart, digestive organs, and the nervous and muscular systems, affecting efficiency, health, and expectation of life. Of all the causes predisposing to disease, fatigue must probably be put in the front rank, not the healthy fatigue felt at the end of a fair day's work, but fatigue which predisposes to indifferant work, to accidents and to ill-health. Thus, in one instance, in which men were working over time, both the sickness and accident rate rose to a high level, proving that it was directly attributable to fatigue.

How can the health of workers be best conserved? It is an axiom which is beyond dispute that "prevention is better than cure," and of all the agencies employed in preventive work the trained nurse is probably the most effective. She can inculcate habits of personal hygiene, can maintain the ventilation of workshops, and hygienic sanitary surroundings, can supervise rest rooms, visit employees detained at home by illness, render first aid in case of accident, and, provided she is the right kind of

woman, can act as the guide, philosopher and friend of the workers with whom she comes in contact. It has been abundantly proved that in factories where trained nurses are employed the health of the workers is maintained at a high level, and it is therefore specially important that they should be employed to care for munition workers whose work is performed under conditions of considerable strain, while the handling of high explosives constitutes an element of danger.

We are therefore glad to learn that the trained nurse has already proved her value in munition factories, and that she has come to stay. Thus at Woolwich the medical department includes nine medical officers (two of whom are women), a matron, four nursing sisters, and a staff of nursing orderlies. In 1914-15 there were no less than 150,000 attendances for treatment, or medical examination. That alone shows the necessity for a staff of trained nurses.

For too long the health of the producers of labour was little considered by those who benefited by their toil, but of recent years both employers of labour, and the public, have realized their responsibilities in this respect, and such firms as Messrs. Cadbury of Bourneville, and Messrs. Southall Bros. & Barclay, Saltley, have shown what can be done to conserve the health and brighten the lives of their work people. Individual effort as a rule points the way to State action, and it is certain that in all factories due provision should be made to keep the health of the employees on the same high level. We are glad therefore to know that the Health of Munition Workers Committee of which Sir George Newman, Chief Medical Inspector under the Board of Education is chairman, is alive to the importance of this subject. At the present time, when the health of the nation is its most valuable asset, there can be few more urgent.

OUR PRIZE COMPETITION.

DESCRIBE BRIEFLY THE OBJECT AND EFFECTS OF VACCINATION. DESCRIBE THE METHOD OF INTRODUCING THE LYMPH, AND THE STAGES OF DEVELOPMENT IN A SUCCESSFUL VACCINATION.

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, Gillespie Terrace, Edinburgh.

PRIZE PAPER.

The objects and effects of vaccination are (1) to protect the person from the disease of variola or smallpox by the scientific preventive method of inoculation with an active vaccine virus, by which means the effect on the system is produced and an acquired immunity established by the new resistant power acquired in the blood corpuscles through contact with a foreign element which has to be resisted and overcome. Smallpox is one of the most dreaded and fatal of epidemic diseases, the more so as the germ is air-borne as well as directly contagious, and successful vaccination is a sure preventive of smallpox for a considerable number of years, which has been conclusively proved since its introduction by Jenner in the year 1796, and has been the means of saving thousands of lives throughout the world. (2) Vaccination is effective in preventing the development of smallpox even if performed two or three days after coming in contact with the disease; and (3) should a vaccinated person contract the disease, the attack will be greatly modified, and the chances of recovery increased in contrast to the unvaccinated unprotected persons.

Those likely to be exposed to infection should be re-vaccinated at periods of about twelve years to ensure complete immunity.

Method of Introducing the Lymph.—The skin on the upper arm or calf of the leg, whichever site may be selected, is made perfectly clean, then the scarf skin is scratched away by a scarifier or knife blade to expose the true skin for about an eighth of an inch in all directions, not so deeply as to cause bleeding. The lymph is then smeared on to this area, and allowed to dry in. The lymph generally used is glycerinated vaccine lymph prepared from the vaccine vesicles as they have developed on the body of a healthy inoculated calf. This lymph is put up for use in small glass tubes, hermetically sealed to avoid contamination before use. At one time "arm-to-arm vaccination" was frequently employed, the lymph being procured from one patient at the highest stage of development and inoculated into another, but this has now rightly been discontinued as uncertain in efficacy and unhygienic

in principle. Vaccination in infancy should be always advocated if the child is in good health. About three months old is a good time, as the child is not old enough to move about much and get the arm hurt; the part need only be kept clean and dry. It is often a good plan to wash with boracic lotion and a little wool to relieve the irritation, afterwards covering the part with a piece of clean lint. The stages of development in a successful vaccination extend over a period of fifteen to twenty days, and are four in number. (1) From the third to the fifth day after inoculation a reddish papule forms, surrounded by a reddened area. (2) From the fifth to the eighth day this papule becomes a vesicle, increasing in size, and filled with thin clear lymph. (3) From the eighth to the eleventh day the top of the vesicle sinks in, and the fluid becomes opaque and yellow, while the surrounding area of skin is inflamed and the whole arm painful. Sometimes the lymphatic glands near the part may be swollen and tender, and constitutional symptoms may show themselves in a rise of temperature, general feeling of malaise, and a slight rash may appear over the body. (4) From the eleventh to the fifteenth day the symptoms subside, the vesicle begins to desiccate, the scab is formed, and separates about the twenty-first day, leaving a red scar, which gradually fades, leaving the familiar white pitted mark.

In re-vaccination the stages may appear modified, but vesiculation must be present to ensure it has "taken" properly. In vaccination it is also customary to inoculate two or three areas at the same time.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss E. A. Noblett, Miss B. Barnes, Miss Owen, Miss H. Ballard, Miss A. Phipps, Miss M. Mackenzie, Miss J. Evans.

Miss Noblett says:—"In ordinary circumstances vaccination should be postponed if the child is feverish, if it has any specific infectious disease, any cutaneous disease, especially eczema, or if it has diarrhoea."

QUESTION FOR NEXT WEEK.

What diseases may flies convey? What would you suggest to prevent the presence of flies in hospital wards containing cases of infectious disease?

One competition paper has been received without either coupon or name. Will competitors note that the coupon, with name and address, must be enclosed, or they are disqualified?

NURSING AND THE WAR.

Sister Jean Stronach, of the Canadian Nursing Service, who has been awarded the Royal Red Cross (second class), was trained at the Royal Infirmary, Glasgow, and belongs to Hillhead, where the news of the honour conferred upon her has given much gratification. This picture shows a woman of the true nursing type.

Six Russian Sisters of Mercy have left for Austria-Hungary, in order to visit the camps where Russian prisoners of War are interned. It would be well, if—in the future—the Red Cross had an International Board of Nursing Sisters—permitted to nurse prisoners of their own nationality wherever interned—a Prisoners of War Brigade of Sisters of Mercy. How eagerly our trained nurses would volunteer for such a service, and what relief would follow in their train! When, after the War, we trained nurses meet once again in International Council (let us hope, as arranged, at Copenhagen, in 1918), "How to Maintain Peace and How to Ameliorate War" should have a prominent place upon its programme.

The *Lancet* correspondent in the United States of America states:—

The United States, warned by the experience of Europe, is preparing her Red Cross services, as I have before mentioned. Ten Red Cross base hospitals are organising to help the army, and are being formed in relation with the large civil hospitals, which will each of them probably furnish a whole hospital or a section accustomed to work together, with doctors, male and female nurses, clerks, cooks, &c., and voluntary aid ladies as "nurses' aids." Transport sections will be organised, probably in relation to the Universities. Five small hospitals are to be prepared on the Atlantic coast as auxiliaries to the navy, it is announced by the Secretary of the Navy, Mr. Daniels, who is good enough to take a great interest in the Naval Medical Department. He recently told a class of newly joined surgeons

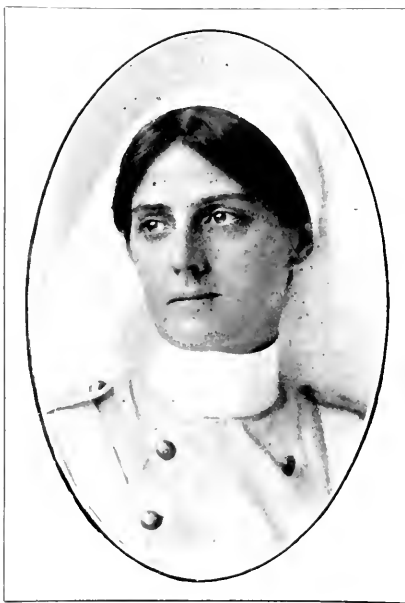
that the preparedness of a ship lies just as much in the medical administration as in the administration on the bridge—a novel proposition indeed; still, it cannot but have sent them to their life's work with enthusiasm.

The Great Push has begun, and hourly now we shall live in greater anxiety, knowing well that each hour will bring grief to many homes. It is the penalty to be paid for all that the British people hold dear, and the women are standing upright on their feet to face their agony. Were not the women so great their sons could hardly be so sublime, and if one wants to realise how sublime

they are read "The Great Push," by Patrick MacGill, who wrote the "Red Horizon"; he has seen wondrous things, and it is well we should see them too.

Many nurses were amongst the crowds to welcome the wounded from recent battles when they arrived in London, and took part in the rose showers, which evidently delighted the heroes.

Miss Bickham, Matron of the Colchester Hospital, and Night Superintendent at No. 1 General London Hospital (T.F.), Camberwell, left this week for service abroad with the Mediterranean Expeditionary Force, and Miss Emily Northover, R.R.C., Assistant Matron at No. 3 General Hospital, Wandsworth, has been appointed by the War Office to supervise the nursing staff of a



MISS JEAN STRONACH, R.R.C.

hospital proceeding to Salonica.

On a motion by Mr. W. O. Willis, Mr. Justice Bargrave Deane held that a letter, written by the late Miss Ada Stanley, a nurse on board a hospital ship, to her niece, in regard to the disposal of her property, could be admitted to probate as a soldier's will, notwithstanding that it was written in a London hotel while the nurse was on temporary leave.

Lord Tredegar has opened an extension of the Newport Hospital, towards which his predecessor—Viscount Tredegar—and himself gave £25,000.

FRENCH FLAG NURSING CORPS.

The Children's Matinée which was given at the Royal Court Theatre on June 20th under the patronage of Queen Alexandra, the Vicomtesse de la Panouse and the Indian Empire Club, in aid of the French Flag Nursing Corps, was an unprecedented success, as not only were the ballets perfectly lovely, but the house was full, and great credit is due to Mrs. Wordsworth for an artistic colour scheme of exquisite beauty and for the wonderfully finished dancing of her pupils, especially when considering their youth.

Fourteen very pretty girls did a lively trade in selling programmes and chocolates, the latter in very attractive cases—a shower of which were thrown on the stage instead of flowers before the final drop of the curtain.

whom we feel so justly proud of being allied. Mrs. Murray has handed to the Hon. Treasurer the handsome sum of £108, the proceeds from the sale of tickets, &c., after paying all expenses for rent of theatre, band, &c. Those of us who realise the work entailed to attain such success must offer the Chairman of the Corps sincere congratulations.

Miss Ellison has asked us to thank the Sisters of the F.F.N.C. for the charming letters of appreciation they have sent her about her meetings. She hopes to reply to them all in due course. In the meanwhile she asks us to say she considers it a privilege to have been able to speak in England of the splendid work done in France by this pioneer corps of nurses.

No one knows better than Miss Ellison the difficulties the nurses have had to face, but the



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Spheres

SESTRA OLGA DEKONSKY.
Sisters and Doctors on the Russian Front.

The audience was most enthusiastic, and at the end of a really brilliant performance there was a call for Mrs. Wordsworth, who was presented with beautiful bouquets, one being handed to her by a tiny tot who could hardly hold the shower of pink roses clasped in her arms.

Mrs. Murray, the Chairman of the Corps, and to whose indefatigable energy the whole financial success of the matinée is due, conveyed to Mrs. Wordsworth the thanks of the Committee—also to the very talented children and their parents—for the delightful afternoon's entertainment, which would enable the Committee to send more fully qualified, skilled nurses, so urgently needed, to the gallant wounded soldiers of France, with

appreciation of the French soldiers, as expressed in extracts from their letters which Miss Ellison read at her lectures, should be sufficient reward for all their labours. One soldier wrote: "These nurses have brought into the French Army a beautiful and wonderful influence which will never die,"

Writing to a Sister now at home, a French doctor says:—"I had the good fortune to find here three nurses of your Corps. I like very much all the Sisters, and as a *medecin chef* I have pleasure in saying they are the best of all the nurses I have met since the beginning of the war. My soldiers are good friends with them, and I am very glad of it."

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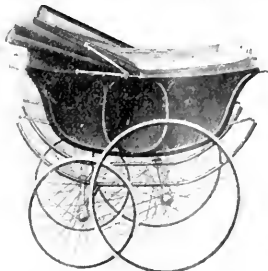
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GUARANTEE.—Buy a bottle of Hall's Wine to-day. If you do not feel real benefit after taking half of it, return the half-empty bottle, and we will refund your outlay.

Large Size Bottle, 3/6. Of Wine Merchants, and Grocers and Chemists with wine licences.

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Sister Way writes from Verneuil: "Your nice package received to-day has delighted us. Such a number of air-cushions (which are invaluable), and the slippers made to fasten so adaptably—they are all most useful things; and we thank you and all the other kind donors most sincerely. We have been very busy here lately. The enclosed photo shows you Verneuil on the left; and the crosses, to mark the graves of the fallen. There are many of these little sacred spots in the fields around here—the resting place of many together, as a rule—but, sometimes, just a single grave."

"We are all very thankful," writes Sister Clarke, "for the gramophone. I wish you could see what pleasure it gives our dear soldiers. Since it arrived they play it regularly, and it takes its turn in the five divisions. Our only

Another Sister writes:—"Before the war we said 'as brave as a lion,' now we say 'as brave as a poulu.'"

The Liverpool Women's War Service Bureau has most kindly forwarded to five centres where the Sisters are at work a consignment containing fifty shirts, fifty socks, twenty towels, fifty handkerchiefs and fifty cup covers. Each shirt also has a handkerchief in the pocket. Miss Jessie Bevan, the Secretary, writes:—"We are all glad to be able to help Miss Ellison in the splendid work she is doing." There is so much coming and going in the war zone hospitals just now that endless supplies are always required.

Fifteen very fine khaki handkerchiefs have been received from "three members of a small sanatorium." They will be greatly appreciated.



SACRED LITTLE SPOTS, VERNEUIL.

regret is we have not enough musical records. Do you think some one would send us more records and needles? Already we have used three boxes." With the gramophone we sent thirty records and four boxes of needles, each containing 1000! The needles are to be got at Gamage's, High Holborn, 2s. 6d. per box of 1000, medium and loud toned, so if any one feels disposed to forward a few, please address to Sister Clarke, F.F.N.C., Hôpital Thouvenot, Toul, France. The gramophone was paid for by a friend of Sister Clarke.

The letter adds:—"We are having all our wounded from Verdun front. . . . The fighting is constant. No one can realise what it is like. It is indeed our great pleasure to be able to help; the men are so very brave and cheerful with it all."

MILITARY NURSES IN INDIA.

The following changes in Queen Alexandra's Military Nursing Service for India are announced in the *London Gazette*:

Appointed Nursing Sisters: Miss Mary Dorothy Rabldge (Nov. 13th); Miss Evelyn Anne Moriarty and Miss Violet Ruth Tyler-Cove (Feb. 26th).

Lady Nurses permitted to resign the Service: Nursing Sisters Misses Eleanor Gertrude Hoist (Jan. 15th); Agnes Ethel Sowry (March 12th); and Margurita Agnes Currie (March 18th).

Lady Nurse permitted to retire from the Service: Nursing Sister Miss Kate Hunter (March 3rd).

CARE OF THE WOUNDED.

During their stay at Aldershot, the King and Queen last Saturday visited the Waverley Abbey Auxiliary Military Hospital, Farnham (Mrs. R. D. Anderson).

Sir Arthur Pearson writes from St. Dunstan's that eight of the men who have lost their sight in the War have recently passed the last of the stiff examinations which enable them to be described as fully qualified and expert masseurs.

These men—though none of them had received any past education of service to them—have acquired a good knowledge of anatomy, physiology and pathology, and have also equipped themselves with the manipulative dexterity needed by the skilled masseur. For this latter essential a great need of thanks is due to the authorities of the Middlesex and Hampstead Hospitals, who have readily given our men every facility for learning their difficult art, and who have assisted them in every possible manner.

Their training has in its initial stages been conducted at St. Dunstan's, and later at the perfectly equipped massage department of the National Institute for the Blind. Six of the eight have been given situations at military hospitals, where they receive salaries of two guineas a week—a very satisfactory wage for those who were apparently hopelessly handicapped so short a time ago. The other two, a New Zealander and a Canadian, are returning to their own homes, there to lead the way in showing how admirably fitted an occupation for the blind is massage. Sir Arthur believes that the thirty men who are now in course of training will all, as their turn comes, prove themselves just as thorough masters of the art of massage. One of the blinded officers passed his examinations in massage some time ago, and is now engaged in acquiring a thorough knowledge of Swedish remedial exercises.

Danish physicians state that several of the British and German sailors who took part in the naval battle, and whose corpses have been washed ashore off the Scandinavian coast, could have been saved if they had been picked up twenty-four hours before.

The Norwegian paper *Morgenbladet* makes the proposal that the Scandinavian Government should open up negotiations with the British and German Governments in order to adopt measures for the saving of sailors shipwrecked in future naval battles. The paper suggests that warships, with physicians and nurses on board, be stationed at Christiansand, Gothenburg, and Frederikshaven in readiness to patrol the North Sea at the conclusion of a naval engagement.

If such stations had been established before the North Sea battle hundreds of sailors might have been saved.

The Ladies of the Soldiers' Comforts' Committee of the Ottawa Women's Canadian Club have undertaken to pay the expenses of the Soldiers'

and Sailors' Free Buffet at Victoria Station for one day a month, to be called "Canada Day."

CENTRAL COMMITTEE FOR THE STATE REGISTRATION OF NURSES.

By kind permission of the British Medical Association a meeting of the Central Committee for the State Registration of Nurses will be held in the Council Chamber at 429, Strand, on Thursday, July 13th, at 2.30 p.m.

A Report will be received from the representatives of the Committee appointed to confer with the representatives of the College of Nursing, Ltd., on the Nurses' Registration Bill, and the Bill will be further considered. The Memorandum and Articles of Association of the College of Nursing will also be considered, as if an agreed Bill is accepted it will be necessary that certain alterations should be made to bring the Constitution of the College into accord with the proposed draft Bill. We are informed such alterations are under consideration.

The Memorandum and Articles of Association of the Nursing College, Ltd., may be obtained from the printers, Eyre & Spottiswoode, Ltd., East Harding Street, London, E.C., price 1s. net, by post 1s. 1½d. We advise trained nurses interested in the organization of their own profession to obtain copies and study the constitution of the Company, so that if they desire any alteration they may be qualified to offer an intelligent opinion on the provisions.

PROFESSIONAL RESPONSIBILITY.

Trained nurses holding three years' certificates of training should join the Society for the State Registration of Nurses without delay, as the opinion of the most highly qualified members of the profession should be available in a corporate capacity on proposed legislation. If a Nurses' Registration Bill is in the near future agreed upon by the promoters of Nursing legislation, the Central Committee for the State Registration of Trained Nurses, and the College of Nursing, Ltd., which has now drafted a Bill, it is the duty of every trained and certificated nurse to read and understand the effect of each clause in an agreed measure, before it is introduced into Parliament. With this end in view Mrs. Bedford Fenwick and others will attend at the office of the Society for State Registration, 431, Oxford Street, London, W., to explain the proposed legislation to trained nurses. Should agreement not be effected, Mrs. Fenwick will explain upon what fundamental principles the promoters of the two Bills differ. Apply to the Hon. Secretary, Society for State Registration of Trained Nurses, 431, Oxford Street, London, W., for membership forms.

THE NURSING CONFERENCE.

A very interesting and well-attended Conference was held at 49, Marsham Street, Westminster, S.W., on Thursday, June 24th, convened by the National Union of Trained Nurses, when Miss E. M. Cancellor, Chairman, presided.

The following organisations were represented, through the National Council of Trained Nurses of Great Britain and Ireland:—(1) Matrons' Council, (2) Society for State Registration of Nurses, (3) The Irish Nurses' Association, and the Ulster Branch, (4) League of St. Bartholomew's Hospital Nurses, (5) St. John's House Nurses' League, (6) School Nurses' League, (7) Chelsea Infirmary Nurses' League, (8) Registered Nurses' Society, (9) Queen's Hospital Nurses' League, Birmingham, (10) Victoria and Bournemouth Nurses' League, (11) Leicester Royal Infirmary Nurses' League; also the Scottish Nurses' Association, Royal British Nurses' Association, Poor-Law Infirmary Matrons' Association, Guy's Hospital Nurses' League, and the Midwives' Institute.

In her introductory remarks Miss Cancellor explained that it was thought that it might be helpful at the present time to discuss questions which were uppermost in the minds of nurses, to pick the brains which were most worth picking, and to arrange a concerted plan of action so as to voice, with no uncertain sound, opinions on questions which were of vital importance to the nursing profession.

She then invited Mrs. Strong, President of the Scottish Nurses' Association to address the Conference.

WORDS OF ENCOURAGEMENT.

Mrs. Strong, who was warmly applauded, said that she had been asked for words of encouragement, and the Conference had her most hearty good wishes in their struggle for vital points in connection with the training and status of nurses.

She much admired the manner and spirit in which the present generation of nurses were working.

A former generation had grasped the necessity for a fixed curriculum for the education of nurses in the hope that they might induce the Government to take it up as a basis, and develop it into a standard for national adoption. There had been no lack of pupils, and no difficulty in carrying out the plan. Perhaps it was a bold and quixotic step, but without some practicable demonstration of what could be done they could hardly expect to be listened to.

They were indebted to the promoters of the College of Nursing for giving an impetus to their efforts to bring about uniformity in a nurse's education, and to fix her status. There had been a general feeling that Parliament had its hands full enough, but nurses had been coerced into taking steps in self-defence. The formation of the

College of Nursing, Ltd., had made them bestir themselves, and to state definitely what they wanted. Vagueness would not do, they must battle with it.

The National Union of Trained Nurses had realised the strong necessity for the union of trained nurses to counteract what they believed to be half measures, but there was need to beware of multiplying societies; better to make use of those already existing; a multiplicity of societies was confusing to the public.

"You," said Mrs. Strong, "are young, you have brains and you must work out in detail what you wish your curriculum to be." For herself she wished to see it made illegal for anyone to enter a hospital for practical training without a fixed preliminary education, not only in elementary anatomy, physiology, and hygiene, which could be obtained at a minimum of expense if the medical schools throughout the kingdom would form classes for nurses for this instruction, but also that each hospital should be required to give fixed clinical instruction before the pupil was admitted for practical work in the wards, these classes to be uniform, controlled by the State, and class certificates to be given.

Those present could call to mind the first days and weeks they spent in hospital if placed there without previous instruction, the bewilderment, and the overwhelming sense of impotence, and in some cases shattered nerves for life through the sudden contact with acute suffering. Often it was the stodgy probationers who held on, and those with more wit who gave up. Further, there was the patients' side to consider; there was much less risk to them in being handled by one who had some clear idea of what she was doing, and who received her instructions in a language which was no longer foreign. She had searched in vain in the Bill prepared by the College of Nursing for some indication of uniformity of education and a common examination before nurses were placed on the Register. It seemed to leave the training schools much where they were, merely placing on a register the nurses from recognized schools, and leaving the mass of small hospitals ostracised, whereas, given a fixed minimum of theoretical knowledge, the practical training in hospitals (large or small) could be tested by independent fixed examinations, and a common diploma granted, thus placing all hospitals on a common footing. She thought the term "graduate in nursing" would convey more than "registered."

Nurses must form a governing body for themselves. "You know," said Mrs. Strong in conclusion, "or should know, your own needs. If you have clear thought you will have clear speech. Make up your minds what it is you want and stick to it."

NURSING IN SMALL HOSPITALS AND AFFILIATED TRAINING.

Miss Cancellor, who presented the first paper, first outlined the cottage hospital movement, by

means of which the rural population get modern surgery brought to their doors, and said that the original cottage hospital was started in 1859 at Cranleigh, in Surrey, by the late Dr. Napper and Archdeacon Sapte, at a time when the London, Brighton and South Coast Railway was being made, and many serious accidents were occurring among the gangers working on the line. It was established in the old Rectory, a charming little old-fashioned cottage with four bedrooms, two of which, leading into one another, were fitted up as male and female wards, a third was used for operations and the fourth was occupied by the nurse. The staircase was so constructed that unless patients could walk they had to be carried up on the back of whoever brought them in.

In spite of these difficulties very excellent work was done from the first, and Dr. Napper recorded in the annual report that "under a free exhibition of port wine many patients recovered." From the first it was his intention that the hospital should take in serious cases of accident and disease, and Miss Cancellor enumerated the first six cases admitted at Cranleigh, and those admitted at Frimley half a century later, showing that they had not departed from the founder's ideals. Another first principle was that every patient should contribute towards his maintenance, though in many instances fees were remitted. Most cottage hospitals had one or more private wards, the advantages of which were: (1) they were a source of income; (2) they enabled the doctors to obtain some slight remuneration for their services; (3) they enabled first-class surgeons to be retained as consultants; (4) old private patients were usually staunch friends of the hospital and made admirable members of committee subsequently; (5) it was an excellent thing for the nurses to get some experience in private nursing.

Many cottage hospitals now were built for the purpose, and were models of construction and planning. In numerous instances the Matron was consulted by the architect on many points.

Miss Cancellor quoted Dr. Napper's opinion that the nursing staff should be well trained, though he added that this advantage was sometimes counterbalanced by conceit.

An ideal nursing staff for a hospital of 10 or 12 beds was first the Matron, who had to act as house surgeon, and who should not only be fully trained, but also a midwife, a masseuse, and accustomed to work amongst the poor.

She reminded those who worked in large hospitals that they parted with their patients when they left the wards, whereas in cottage hospitals the patients all remained their near neighbours, and woe betide the nursing staff if they offended one, as all their cousins, aunts, and uncles, lived there too, and any one who had ever lived among a rural population knew what that meant.

In addition to the Matron there should be a fully trained staff nurse, an assistant nurse with at least a year's experience, and one or more proba-

tioners. Matrons were comparatively easy to get, staff nurses very difficult; they found it dull if from a large hospital, and six months or a year seemed to be the usual limit for their stay. Assistants were fairly easy to get, and probationers were selected from among girls of twenty or so who meant to take full training later, but it must be fully explained to them that they could be given no kind of certificate.

What effect would a Registration Bill have on the smaller institutions? Surely it would make it increasingly difficult for them to obtain junior nurses. Yet they were doing good work, and formed a splendid ground for preliminary training. Could not some plan of affiliation with the County Hospitals be devised, whereby the small hospitals could act as preliminary schools for the probationers, and be supplied with assistants from among the second-year nurses from the County Hospitals and staff nurses from the third-year nurses, or from those who had completed their training? Of course a syllabus of training would have to be adopted, and the nurses examined by the County Hospital examiners, but surely an allied training scheme could be evolved. She thought the County Hospital nurse who had had nine months or a year of her training at a Cottage Hospital would have learnt many valuable lessons in tact, management and self-reliance which she had no chance of obtaining in a large institution; for instance, she might have to cope with serious hæmorrhage, whereas in a large institution it would be her duty to summon assistance.

That was the case for the small hospitals.

DISCUSSION.

A discussion then took place, in which Mrs. Strong emphasised the necessity for preliminary training to be both practical and theoretical. Miss Norton (N.U.T.N.) suggested that if there could not be affiliation between the cottage and county hospitals the larger hospitals should allow cottage hospital probationers of a year's standing to rank as six months' nurses. Miss Cancellor said that the cottage hospitals would want some sort of return. Miss Thurstan thought that children's hospitals should come within the scope of affiliated training. Miss Cancellor considered that both children's and cottage hospital training should form part of a whole. Miss Huxley said it should not be difficult if the County Hospitals refused to take any probationers who had not received preliminary training. Miss Musson said one of the difficulties was that if the County Hospitals took none but probationers who had had a year's training they would not come in as junior probationers, and there would be no one to do that work. Then there was the inequality of the training in the smaller places. She had tried to push on nurses as much as possible to meet the demands occasioned by the war, and she had established an examination at the General Hospital, Birmingham, for nurses who had had previous training, but many failed. She did not think that a junior nurse in a large hospital would let an artery bleed



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while she sent for assistance. Miss Cancellor agreed that might be an extreme case, but said that in large hospitals junior nurses were not allowed to carry out treatment.

Miss A. C. Gibson said that a great difficulty was that discipline could not be enforced in small hospitals in the same way as in large. The more discipline there was during training the more useful the nurse afterwards. Much waste of good material went on because nurses were only half trained. She thought, however, that in the large hospitals the probationers had better begin at the very beginning.

Miss Purvis (Middlesbrough) thought the smaller hospitals were good training ground for those too young for general training. Miss Cancellor said that meant that the training in the small institutions did not count.

Miss H. L. Pearce thought that if nurses were properly paid the utilization of every institution for training purposes would cease, as fully trained nurses, where available, could be employed instead of probationers.

THE POLITICAL POSITION IN THE NURSING WORLD.

Miss E. M. Musson, R.R.C., said that when war broke out the demand for State Registration of Trained Nurses was slowly but surely making way, the rank and file of the nurses were mostly convinced, the House of Lords had passed a Nurses Registration Bill, the House of Commons had endorsed the principle by a majority of 228 on the first reading of the Bill in 1914. The Prime Minister and the Home Secretary (then Mr. McKenna) had told influential deputations that the opposition was the only thing in the way—there was no time for contentious legislation—and advised them to conciliate it. At that time it seemed as if nothing short of a miracle would reconcile the opposition. Then war broke out, and it became impossible to get a private member's Bill considered. But the war had worked miracles, and practically done away with the opposition to State Registration of Nurses. The most difficult opposition had come from members of the nursing profession the Matrons of the large training schools—and the conditions arising out of the war had brought these Matrons—with one exception—to see that registration was necessary, unless the members of their trained staffs, when they returned from service abroad, were to be cut out by untrained women, and the temporary arrangements created by the exigencies of the war allowed to continue as permanent. For instance, district nursing societies had been obliged to make use of untrained help, but that must be put right at the end of the war, and competition with the fully trained of a host of semi-trained women must not be permitted.

Miss Musson did not wish anything she said to be construed as condemnation of V.A.D.s who, as long as they worked under a trained staff, could do good work. They were of all social positions, and all societies suffered from members who

brought discredit upon them. Most V.A.D.s had no intention of nursing at the conclusion of the war, and knew that if they did so it would be necessary for them to be trained. It was not only the V.A.D.s who had to be considered, but the host of half-trained people who had come to the fore. That had brought the Matrons round.

Also they had had a great deal to do with the Army Services, and the great inequality of training had been impressed upon them. Many of the nurses enrolled in the various Services were highly trained, others, although they had three years' certificates, had really not been taught or efficiently trained. That had brought home to the Matrons the necessity for the standardization of nursing education, and with it the registration of trained nurses.

Then came the bombshell of Mr. Stanley's Circular Letter of December 30th. It was not necessary to say very much of that, because the present scheme was so different that it was practically in the waste paper basket. At the time it came out it was much criticised, and she thought the nursing profession was to be congratulated that Mr. Stanley, though strong and determined, was sufficiently big-minded to own himself in the wrong, and he quickly acknowledged that State Registration of Nurses must be made one of the first planks in the College of Nursing Scheme. Mr. Stanley had said that after his letter was published he was amazed at the overwhelming demand there was for registration, and at the smallness and futility of the opposition.

At present there were two parties; one had been working at registration for a long time, the other was just beginning, but they hoped before long there would be an agreed Bill, promoted both by the Central Committee for State Registration of Nurses and the College of Nursing, Ltd. In that case Mr. Stanley had great hope that the Government would give time in the House of Commons for the consideration of the agreed Bill as a War Measure. Mr. Stanley had made mistakes, but once he took up a thing he was very determined, and she thought that nurses might congratulate themselves not only on having secured another supporter in the House of Commons, but that he was winning the support of the Training Schools for State Registration.

DISCUSSION.

Mrs. Bedford Fenwick said there was registration and registration. There might be a system enforced which was more injurious than nothing at all.

The underlying principle of the demand for registration of trained nurses was the desire of public spirited nurses to protect their patients, as well as to obtain legal status and legal recognition for women doing most responsible work. They felt that so many divergent interests were connected with the nursing care of the sick that it was impossible these should be reconciled without the intervention of the law. It seemed a simple thing, but was not so simple as it appeared.

What was apparent to a few clear-thinking people thirty years ago had now been brought home to those who had formerly opposed the proposal, and they had drafted a Bill for the State Registration of Nurses, but those who had been working so long to obtain just legislation were not going to see any Bill placed in the Statute Book which did not incorporate the basic principles included in the Bill drafted by the pioneers.

A College was an academic body. They needed that very much to co-ordinate nursing education, but they wanted also something more. They wanted legislation in accordance with the demands of their professional conscience. The great majority of Matrons were now convinced of the necessity for registration, but legislation must be effective. When registrationists were told at the beginning of the year that it was proposed to organise the nursing profession through a voluntary system they knew it could not be done.

Mrs. Fenwick then described the line of action taken by the registrationists who had been watching from outside the movement for organisation through the College of Nursing, Ltd. Representatives of the Central Committee for the State Registration of Nurses had met those of the College and discussed the Nurses' Registration Bill and agreed on some fundamental principles. Then the College of Nursing drafted a Bill. The first draft was one which could not for a moment be accepted. The idea seemed to be that to get a Bill through Parliament it must contain nothing of either educational or economic value. Then negotiations took place between two or three persons on both sides with the object of bringing the two Bills into agreement, and owing to the courtesy and sympathy of Mr. Stanley Mrs. Fenwick thought that when the Central Committee met again the representatives of the various societies interested would think that progress towards agreement had been made.

She considered the political situation fairly hopeful. It would have been mischievous to circulate the first Bill, as the fifth edition was much better. If the advisers of the College agreed to the amendments proposed, then when the Bill was printed she hoped it would be widely circulated so that the nursing profession at large might express its opinion upon it. The National Union of Trained Nurses had its delegates upon the Central Committee, and they should not permit any Bill to pass into law without serious consideration.

As the time allotted to the consideration of this subject had come to an end, the Chairman closed the discussion, and during an interval tea was most hospitably provided, and informal discussion of the subject continued over the teacups.

We shall conclude the report of this Conference next week, but may here state that the feeling of the meeting was in favour of a Conference in the autumn convened conjointly by the National Council of Trained Nurses of Great Britain and

Ireland and the National Union of Trained Nurses at which important nursing questions could be discussed.

(To be concluded.)

THE COLLEGE OF NURSING, LIMITED.

During the controversy which has taken place since the College of Nursing scheme has been before the nursing profession and which must be judged not by intentions but by its printed Memorandum and Articles of Association, it has been keenly criticised by the nurses' societies associated to obtain the organisation of the nursing profession by Act of Parliament, and in our opinion the criticisms have been reasoned, well controlled and, as events have proved, effectual.

The leaflet issued by the Society for the State Registration of Nurses for the information of the nursing profession, based on the printed Memorandum of the College, has been widely read, by the wise to their enlightenment and by those who are not wise with resentment.

Now that we are all living in hope that the Central Committee for State Registration and the Nursing College may come to agreement on a Nurses' Registration Bill and combine to have it made law, we have no hesitation in expressing the opinion that had Mr. Stanley, who launched the College scheme, taken the attitude a less generous man might have done and resented or ignored the expression of expert opinion upon the part of the nurses' organisations the present hopeful position would never have been attained.

A word, therefore, in the ear of those members of the College Council who, having accepted office, are inclined to assume the attitude that criticism of the present constitution of the College by their colleagues is somewhat superfluous if not heretical.

Because we have stated emphatically that we, as professional women, object to the organisation of the nursing profession by a limited liability company of laymen, to being governed by a nominated council, to having nursing educational and registration standards defined by such an authority without discussion or consent, and indeed to being denied the use of our reasoning faculties, we are told we are "abusing the College" and we are "not giving it a fair chance."

This is nonsense.

Those who control the destinies of the College of Nursing have been quick to grasp the fact that once the fundamental principles, for which clear-thinking nurses have been working with the utmost self-sacrifice for years, have been accepted by them, and a revised constitution adopted by Parliament, criticism will have attained its object and harmony may result.

We registrationists impugn the integrity of no one in this controversy, though we may fail to approve their judgment. For ourselves we shall continue to exercise the reasoning faculties with which we have been endowed, and upon all counts Mandarinism will be gently and firmly resisted.

THE NURSES' MISSIONARY LEAGUE CAMP.

Our fortnight at Jordans has come to an end, and a more ideal holiday for a nurse it would be difficult to find. We came tired out in body and in mind; we are going back to work, refreshed and with renewed strength to meet the round of tasks and especially the little worries that tire more than actual physical work.

We were not under canvas, as the word "camp" might suggest, but were housed in a delightfully quaint old hostel in the most peaceful spot imaginable. Jordans is a district made famous by its associations with William Penn, the founder

With the exception of the last few days, the weather was beautifully fine, but even the clouds and showers of those days did not prevent the energetic from enjoying the delightful walks which abound round Jordans. The field paths were a great joy, and the many stiles and gates to be climbed gave rise to no end of fun.

The daily programme was much as follows. We were called at 8 a.m. and a cup of tea was brought to us. How we *did* enjoy that! Our kind friends on the staff of the League never forgot for a moment that we were nurses, and did everything in their power to give us a thoroughly good time. To them we owe a great deal for the homely atmosphere which they created here and for the *very* joyous times which we had.

Breakfast was at 9 o'clock, followed at 9.30 by prayers. From twelve to one was given to Bible Study Circles or to addresses, the latter being a series on "The Morning Watch." From those we learned much to help us in our daily path and also how to make the most of the few minutes that nurses can spare in the morning for prayer and Bible reading. For the study circles we took the League daily Bible portions and studied them along with the "pink notes" and the help of our leaders. These hours were very precious and went all too quickly. How many of us realise what a mine of wealth our Bibles are and that the riches contained in them are all



NURSES' MISSIONARY LEAGUE CAMP.

of Pennsylvania, and with other great Quakers. In fact, the hostel still belongs to the Society of Friends, and the spirit of those who suffered in days gone by for conscience's sake still seems to breathe a peace over the place, and the little Meeting House in the woods quite near.

In all we numbered thirty-nine. Those not fortunate enough to get the whole fortnight came for shorter periods, such as week-ends or even for one day. Various parts of England were represented and also every branch of nursing, military, civil, hospital, private, district and those doing missionary work abroad. Amongst the latter we had the very great pleasure and also privilege of meeting three lady doctors, one from China and two from Persia, also seven nurses from various stations in India, China, and Africa.

ours if we choose to dig for them?

Dinner was at 1 p.m. and tea at 4. With the exception of one day we always had tea outside. It was great fun carrying the things out to the fields or garden. One afternoon we had a real picnic in the woods. We made a fire in an old tree stump and boiled a huge kettle over it. It was a real gipsy camp for the time being. On such occasions cameras were not far away, and the snapshots taken then will remind us for many a long day of the happy times here.

Supper was at 8.30 p.m. and every evening after that we had addresses on various subjects, amongst them being, "The National Mission, and how we can all Help," "Joy in Service," "The parables in St. Luke xv," and the "Te Deum as a tremendous declaration of our Faith even in the

present day when sorrow and suffering are everywhere around us." Our missionary friends gave us most interesting talks about their work. These talks made things so much more real to us all than reading about the places and people in magazines. They were one of the great privileges of "Camp." When we hear that one trained nurse or perhaps a nurse and a doctor are the only means of relieving suffering and disease in districts about the size of a quarter of England, dare we say that the need abroad is not pressing? Certainly the need at home is very great also, but there are many more to meet it.

With the free times during the day, we did as we each felt inclined. Those who were not so tired explored the country in all directions, while the more weary ones enjoyed themselves in camp chairs and had a proper "lazy" out in the fields, in the garden or on the verandah which is in front of one of the old barns. One afternoon we drove to Burnham Beeches; it was a glorious afternoon and everything looked lovely.

I must not forget to mention last Sunday morning at the Meeting House. Friends come from far and near to sit in silence and to wait upon God. Some of us joined them that morning and the whole atmosphere of the place seemed to be filled with an unseen Presence. It was very wonderful and we shall not soon forget it.

Now our happy holiday is over, but the strength received from it ought to carry us through many days of work for Him and His. We only wish that more nurses would come to "camp" and see for themselves what a really delightful holiday it is.

A MEMBER OF THE N.M.L.

THE IMPERIAL NURSES' CLUB.

A drawing-room meeting, to secure wider interest in the Imperial Nurses' Club, was held at Sunderland House, Mayfair, on Thursday, June 20th, by the kind permission of the Duchess of Marlborough. Lady Codrington occupied the chair.

Major-General Sir Alfred Turner, K.C.B., in eulogising our heroic men engaged in this war of liberation, implied that special courage and endurance were required to meet an enemy of so cruel and barbarous a nature. Admitting that the Empire owes her first deep debt of gratitude to her soldiers, he remarked with emphasis, the debt was secondly due to the nurses. It was difficult to believe, he said, that this beneficent institution (of trained nursing) did not exist fifty or sixty years ago.

After some amusing allusions to the classical examples of incompetence—Sarah Gamp and Betsy Prig—Sir Alfred referred to our great protagonist and her wonderful achievements in the Crimea, which led her afterwards to found Professional Nursing. He entirely approved of, and sympathised with the object of the meeting, and wished it success.

Major W. McAdam Eccles, M.S., F.R.C.S., R.A.M.C., T., gave a brief survey of the nurses of other countries, and compared them with our own, beginning at Berlin, which city he visited in 1912 for a two-fold purpose, namely, (1) to see the working of the Insurance Act, and (2) to see modern medical education. This latter he found to be excellent, especially on the side of science. In this respect German hospitals are good; but on the nursing side the speaker said he was very much struck with the backwardness of the system, more especially with the inadequacy in numbers. He instanced a hospital of 600 beds staffed by 42 nurses only. The Virchow Hospital, which is a memorial hospital to that great scientist three miles out of Berlin, contains 2,000 beds. The same inadequacy was observed. Major Eccles asked the surgeon how abdominal cases were nursed under these circumstances. The reply was that the convalescent patients looked after them!

Major Eccles gave unstinted praise to France and America. Returning to the more immediate subject of the meeting, he spoke with evident and pardonable pride in his own country, and his countrywomen. Within twenty-four hours of the declaration of war the Territorial Force Nursing Service had mobilised and the nurses were at their posts. According to military regulations, a hospital must contain 320 beds and be staffed by 60 nurses. This compares favourably with 42 nurses to 600 beds in a German hospital.

"The nurses have been a little bit overlooked," said the speaker. "Although our men deserve well of us," he added, "so do the nurses." He considered the projected Imperial Nurses' Club was badly needed, both for the nurses of Great Britain and those of the Overseas Dominions. As Treasurer, he pleaded for funds. £5,000 was needed, and a tenth of that sum had already been subscribed. "Anything for the Nursing Profession must be good, therefore the Club must be a good one." The sum mentioned is required for initial expenses and general upkeep for two years. The Club is to be a social and not a residential one.

Lieut.-Colonel Nestor Tirard, M.D., F.R.C.P., R.A.M.C., proposed a vote of thanks to Lady Codrington for presiding, to the Duchess of Marlborough for so kindly lending her house, and to the speakers. Miss C. H. Mayers seconded, and a hearty response was given.

Miss Cox-Davies was also one of the speakers. She commended the scheme to the generosity of the public. A collection was taken, during which a lady musician played delightfully on the piano. The meeting then terminated.

I have before me the notes of what Dr. A. J. Rice-Oxley had intended to say if he had not been unavoidably prevented from attending the meeting. He is evidently all for making the Club as social as possible, so that the members can get away from work and worry and throw off restraint. His advice is that the nurses should be hampered with as few rules as possible, and he sounds a very necessary note of warning where our

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milk enriched and modified with the soluble
nutritive extracts of choice malted cereals.
The ratio of protein to carbohydrate and its
perfect digestibility commend this food as a

reliable reconstructive which
may be given freely in septic
conditions and surgical cases
with the assurance that it
will be well tolerated, pro-
perly digested, and be an
efficient help in maintaining
or restoring strength.

READY IN A MOMENT. NO ADDED
MILK OR COOKING REQUIRED.

Also available as delicious food tablets to
be dissolved in the mouth.

Liberal Samples for trial will be sent to
the Profession just free on application.

HORLICK'S MALTED MILK CO.
Slough, Bucks, England.



"A Valuable First Aid Dressing for Wounds"

SUCH is the most recent testimony to Sphagnol of a
well-known London Surgeon.

Sphagnol has for many years been used by hundreds
of Doctors with extraordinarily successful results in the
treatment of Eczema, Psoriasis, Acne, Dandruff, Ring-
worm, Haemorrhoids, and other forms of skin irritation
and inflammation. It is the standard remedy.

Sphagnol

Sphagnol has proved itself of equal value as
a quick and effective cure of "Trench Sores."

Sphagnol is a distillate of peat, is antiseptic, possesses
remarkable healing properties, and is easily applied.

Treat Sphagnol Free

Nurses and Doctors are invited to write for a Free Sample
Outfit. This will be sent on receipt of professional card.

PEAT PRODUCTS (SPHAGNOL) Ltd
18 Queenhithe, Upper Thames St., London, E.C.

profession is concerned. "There must," he says, "be no feeling of charity or patronage about the Club." This, of course, can be avoided by the members electing their own Committee and helping to manage their own affairs, as they do in Nurses' Clubs in Dominions over Seas and in the States. Donations and applications for membership should be sent to Miss Mayers, Hon. Sec., 52, Lower Sloane Street, London, S.W.

B. K.

GALLANT AND DISTINGUISHED SERVICE.

The following members of the South African and East African Nursing Services have been recommended for gallant and distinguished service in the field by Lieut.-General the Hon. J. C. Smuts, Commander-in-Chief East African Force, in a dispatch to the Secretary of State for War:—

South African Military Nursing Service.—Janet McLeash, Matron; C. R. Norris, Nursing Sister; B. Shepley, Nursing Sister.

East African Nursing Service.—A. L. Majendie, Senior Nursing Sister; R. Paul, Senior Nursing Sister; E. B. H. Wormald, Nursing Sister.

A POPULAR CLUB.

One of the sure signs of a comfortable home for nurses is the fact that they use it again and again. This is a very noticeable feature of the Kensington Gardens Nurses' Club, 56 and 57, Kensington Gardens Square, W., where Miss Bertha Cave spares no pains to make her guests comfortable.

EXTRA QUALIFICATIONS.

Few nurses are satisfied when they have obtained a three years' certificate unless they have at least one extra qualification, and a very usual one desired is massage. In this connection we may mention that Mrs. Hoghton Stewart, St. Hilda's, 194, Marylebone Road, W., has an enviable reputation as a teacher, and prepares pupils for all examinations of the I.S.T.M.

A Provincial is the National Association of Trained Masseuses and Masseurs, 15, Piccadilly, Manchester, where the course is six months. All information may be obtained from the Secretary, 15, Piccadilly, Manchester.

Nurses who wish to take a course in dispensing should apply to Mr. J. I. Walden, Secretary, Westminster College for Lady Dispensers, 112, St. George's Road, Southwark, which has the reputation of being a successful school.

The General Meeting of the League of St. Bartholomew's Hospital Nurses, held on Saturday, July 1st, in the Clinical Theatre of the Hospital, was both well attended and interesting. We regret that pressure on our space compels us to hold our report till our next issue.

APPOINTMENTS.

MATRONS.

Lady Wantage's Convalescent Hospital for Discharged Soldiers near Newbury.—Miss Juliet Curtis has been appointed Matron. She was trained at St. Bartholomew's Hospital, E.C., and after acting for a time as Lady Superintendent of a Nurses' Home at Cambridge, returned to St. Bartholomew's Hospital as Sister, where for many years she was known as Sister Colston.

Tuberculosis Hospital, Llangefin, Anglesey.—Miss Jennett J. Williams has been appointed Matron. She was trained at the Royal Infirmary, Liverpool, and has been Assistant Matron, Joint Sanatorium, Heswall, Cheshire.

Isolation Hospital, Mortlake, S.W.—Miss L. Wood has been appointed Matron. She was trained at the Fever Hospital, Carlisle. She has been Night Superintendent Fever Hospital, Norwich, Sister in several isolation hospitals, Deputy Matron at Aitken Sanatorium, and Matron Amsworth Sanatorium for Consumptives and Assistant Matron Military Hospital, Whitworth Street, Manchester.

Anglo-American Hospital, Cairo.—Miss Gertrude Watkins has been appointed Matron of the Anglo-American Hospital, Cairo. She was trained at St. Bartholomew's Hospital, London, and has been Matron of Dr. Milton's Hospital, Cairo.

QUEEN VICTORIA JUBILEE INSTITUTE.

Miss Mary H. Jones is appointed to Manchester (Harpurhey). Miss Jones received general training at Birmingham Infirmary, district training at the Moseley Road Home, Birmingham, and holds the C.M.B. certificate. She has held various posts under the Institute, including that of Superintendent of the Huddersfield Home.

Miss Lena M. Milford is appointed to Gloucester C.N.A. as Assistant Superintendent. Miss Milford received general training at Paddington Infirmary, and district training at Gloucester. She holds the C.M.B. certificate.

Miss Margaret Gwynne is appointed to Woolwich as Senior Nurse.

NATIONAL UNION OF TRAINED NURSES.

NEW APPOINTMENTS.

Russian Medical Relief Expedition (Sisters).—Miss E. Egerton, Miss J. Miller, Miss K. A. Smith, *Friends' War Victims Relief Committee for Russia (Sister).*—Miss L. Dawson.

Exeter V.A. Hospital (Sister).—Miss C. Passmore.

The administration of the Red Cross has been informed that Lady Sibyl Grey, representing the British Committee in the Anglo-Russian Ambulance Column at the front in Russia, has been seriously but not dangerously wounded during hand grenade practice. It appears that a grenade happened to be thrown through an observation loophole in an armoured shelter in which Lady Sibyl Grey was. A splinter of the bomb pierced her upper jaw. She was sent to Petrograd, so let us hope there will be no serious result.

NURSING ECHOES.

Members of the Royal British Nurses' Association are beginning to realise that the incorporation of the voluntary register compiled by the College of Nursing by Act of Parliament, sounds the death-knell of the roll compiled by the R.B.N.A., and indeed of the necessity for the Association at all. At the recent annual meeting, Princess Christian, the President, remarked that she knew very little regarding the College of Nursing, but she should always do her best to maintain for the Association its own position and dignity. As two of its honorary officers, Dr. Bezy Thorne, the Chairman, and Mr. Comyns Berkeley, the Hon. Treasurer, have both accepted office on the

compelled to own that a Board so constituted, to advise on highly specialised questions, such as the educational curriculum for the scientific profession of nursing, does not inspire us with much confidence. What does the average Poor Law Guardian know about Nursing Education?

For instance, we note that a Guardian who attended the recent meeting at St. Thomas' Hospital, in reporting the result to his Board, is reported to have made the astounding statement that "it" (the College) "was a movement to make nursing a close profession in the same way as the medical or legal profession. A certified nurse would require to have a certificate from the Royal College of Surgeons." The report was adopted!!



A REST HOUSE FOR BRITISH NURSES AT ABOUKIR.

This building has been loaned to the Red Cross Society by Mr. George B. Alderson for use as a rest house for nurses at Aboukir.

College of Nursing, the former as a Vice-President and the latter as Hon. Treasurer, there should surely be some *modus vivendi* arranged between the two bodies, so that the nurse members of the R.B.N.A. who are registered under a Royal Charter shall receive consideration.

Many Boards of Guardians are responding to the invitation to nominate representatives on to the Consultative Board, to consist of 450 persons, in connection with the College of Nursing. From cuttings to hand, these are usually male members of the Board. We are

The committee of the Ladies' Auxiliary of the Dublin University Mission to Chota Nagpur, India, desire to make known that the mission is in urgent need of the services of two fully trained nurses. There is a large women's hospital, also district and dispensary work. The mission staff includes two fully qualified medical women. The climate is good. Those interested should apply to Miss Gwynn, Ashbrook, Clontarf, co. Dublin, for further information.

It is difficult to imagine a more delightful rest house than that generously lent to the British Red Cross Society by Mr. George B.

Alderson as a rest house for British Nurses at Aboukir. Set in the midst of graceful palms, with wide verandas and shaded rooms, it seems an ideal place in which to gather up fresh energy for strenuous work.

Lady Grogan, in an interesting letter in the *Times*, contributes some personal recollections of Sister Augustine, of Salonika, whose death we have already reported.

Lady Grogan writes that for forty years Sister Augustine Bewicke had lived in the Balkans, she spoke six or seven languages with singular fluency, and was the friend and confidant of men and women of all nationalities—Turkish soldiers, Bulgarian komitadjis, American missionaries, Albanians, Italian pensioners, French schoolgirls, foreign Consuls, special correspondents, and latterly a stream of French and British officers. To all who came to her, Sister Augustine had something to give.

She had a boundless interest and delight in life, a bright intelligence, a gaiety of heart and ease in conversation, a charm which would have made her a notable member of any society; she had a burning sympathy with the oppressed, and a radiant absolute confidence in Almighty God, which made her fearless for herself and for others. Her superiors, with the wise discretion which characterises the Order of St. Vincent de Paul, allowed her a remarkable degree of liberty. She would ask a general permission beforehand for all the unusual things she might wish to do during the coming week.

Her happiest days were spent in relief work. Rough mountain roads, snow or rain, burning sun, miserable quarters at night, hostile Greeks or Turks, nothing daunted her if the people could be reached, helped, or comforted. Lady Grogan recalls her joy when allowed to nurse a case of black smallpox in a hovel to which no one else would go; her unflagging spirits when she nursed almost single-handed in a hospital of sick and wounded through a cruel winter in Kastoria. She mentions also her courage in confronting high Turkish officials to ask for mercy for prisoners or justice for the oppressed.

It was wonderful to see this aged nun, her pale face lit by her ardent dark eyes, below the white papillons of her Order, her rosary in one hand, her ancient cotton umbrella in the other, addressing the assembled Council of a *Kaimakam*, or a group of Bulgarian insurgents, or it might be the formidable Hilmi Pasha, or Enver Bey himself. She was a privileged person to whom everyone must listen, whose petitions were seldom refused.

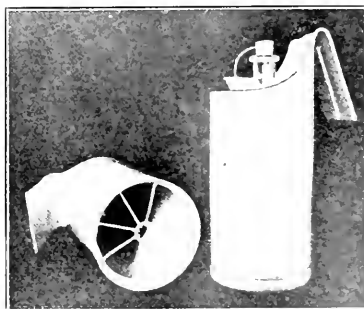
PRACTICAL POINTS.

An Improved Urine Bottle Holder.

The illustration shows a holder which is used at the Massachusetts General Hospital, Boston, U.S.A., of which Mr. J. B. Howland writes in the *Modern Hospital*:—

"With us the practice of obtaining twenty-four-hour amounts of urine has become so general that it has proved very difficult to be sure that urines of all the patients have been correctly collected. In case the bottles are kept in the toilet rooms, there is great danger of specimens being thrown out or poured into the wrong bottle. To overcome this, we have made a five-pint bottle container as suggested by our chemist, Dr. Willey Denis. The interesting features are as follows:—

"The holder, which is made of galvanised iron, is white enamelled. The bottom is openwork wire, to prevent the accumulation of dust, moisture, &c. The container is hung on the side rail of the bed, and because it is white it is not con-



IMPROVED URINE BOTTLE HOLDER.

spicuous. A cork stopper is tied to the bottle to prevent loss. A small enamelled iron funnel is provided with each holder. If the patient is able, he pours the urine into the bottle from his urinal; if not, this is done by the nurse.

"For genito-urinary cases, on constant drainage, it also makes a convenient receptacle for collected urines. The cost to us of all receptacles, unpainted, is \$1.00 each."

The Windermere Hair Net.

A tidy head is one of the first essentials in a nurse, and a means to this end will be found in the Windermere Hair Net, to be obtained from all leading drapers.

TRUE TALES WITH A MORAL.

In payment for his marriage to a soldier at Stevenage Parish Church touched a gold coin, adding, "I kept it for the wedding; I thought my wife was worth gold."

A SUMMER HOLIDAY CRECHE.

It was a happy idea of the National Society of Day Nurseries, 4, Sydney Terrace, Fulham Road, S.W., to establish a holiday crèche at Conewood, Camberley, where little children from the London crèches can be sent for a fortnight or three weeks to spend their days in the open air among the health-giving Surrey pines.

The Chairman of the Local Committee is Mrs. Francis Brenton, Colonel Sir Henry McCallum is Hon. Secretary and Treasurer, Dr. Law Adams and Dr. H. L. Lewis Hon. Physicians, and Miss Alice Mary Mason Matron. Miss Mason was trained at the Poplar and Stepney Sick Asylum, and has had additional experience in the care of children at the Hospital for Children in the

while a number of the former have been named by donors of three guineas. The dining room is furnished with tables and chairs of a size to suit the children whose ages are between two and five, while in the adjoining room are little stretchers upon which they all take a midday nap.

London children are friendly little people, and, as will be seen in our illustration, are very content with their surroundings. They make a pretty picture on the lawn in their blue or pink overalls, and little white hats with ribbon bands. That ribbon seems to be the joy of their hearts; infantile as they are, they appreciate its value to the full. Amongst the attractions may be mentioned a sandpit to play in, and chickens and rabbits to feed. It is all very homelike, happy and healthy, but one does not like to think of the



SLUM CHILDREN AT THE SUMMER-HOLIDAY CRÈCHE, CAMBERLEY.
ESTABLISHED BY THE NATIONAL SOCIETY OF DAY NURSERIES.

Harrow Road, W., and at St. Mary's Nursery Training College, Belsize Lane, N.W.

The Committee could scarcely have found a more ideal home for their experiment than Conewood, which has been lent them by Mr. William Watson, of Ascot, for three months. It is a substantially built house, flooded with sunshine, with rooms well adapted for the purposes for which they are used, and at the back is a garden with spacious lawns, on which the children can play to their heart's content, while if it is wet there is the big playground on the ground floor of the house.

The neighbourhood has opened its heart, and cots and other necessary furniture have been lent,

day when the children return to the slums. Perhaps—who knows?—the love of a country life in after years may date, for some of these children, from these days of their babyhood, and Conewood play a not unimportant part in attracting the slum-dwellers "back to the land."

The Queen opened the new South London Hospital for Women, at Clapham Common, on Tuesday last. Her Majesty had a great reception, and amongst those presented to her was the Matron, Miss Jones Pearce. The purses presented contained £1,500. With other gifts, £25,000 was contributed.

The Mellin's Food Method

WHERE hand-feeding is necessary *do not experiment*: give Mellin's Food—the Fresh Milk Food that for half a century has proved its safety and superiority in all parts of the world.

Mellin's Food so "humanises" fresh cow's milk that, retaining all the vital elements which fresh milk alone offers—it becomes as acceptable, as easy of digestion and as safe and beneficial as mother's milk.

Sir Thomas Barlow,
K.C.V.O., D.Sc., LL.D.

stated before the Local Government Board that "Certain maladies were introduced by sterilization. It was well known that children fed upon sterilized milk developed scurvy and rickets."

Sir Lauder Brunton,
M.D., LL.D., F.R.C.P.

has stated: "There was a consensus of opinion that in the long run sterilized milk was injurious to children, although at first it might seem to do them good."

L.R.C.P., L.R.C.S.

"In no case have I found Mellin's Food to fail. I believe Mellin's Food with cow's milk to be infinitely preferable to those foods which are described as 'perfect foods' *i.e.*, requiring no addition of milk."

Mellin's Food is instantly adapted to the requirements of any child of any age or constitution; and countless medical men, parents and nurses have testified to its unequalled body-building power.

Mellin's Food

TEST "MELLIN'S" A sample of Mellin's Food, with a most valuable book on "How to Feed the Baby," will be sent Free to any member of the Nursing Profession. Address: Sample Department, MELLIN'S FOOD Ltd., PECKHAM, LONDON, S.E.

IF YOU NEED A TONIC WHY NOT BUY THE BEST?

Skilful and extensive advertising may sell a medicated wine, and general statements about medical recommendations may aid such sale, but the

only true and final test of real quality and intrinsic merit must be a complete analysis confirmed by specific clinical results.

WINOX WINE FOOD

is a perfect combination of sound wine grown on ferruginous soil and the best extract of English beef and malt. Its quality and

flavour are superior to all other medicated wines. The full analysis is printed on every bottle.

2000 Clinical Reports made by fully qualified Doctors consider from exhaustive test the nutrient and stimulating property of WINOX to be in advance of any other preparation of the kind that I have tried.

G. RYSHFORD, B.M., C.M.

I think WINOX is far and away the best preparation of its kind, it is pleasant to take, and has a body in it which is not found in any other Meat Wine that I know of.

R. ROBERTS, M.R.C.S., L.S.

prove this superiority, the following are a sample:—

I know of no preparation in the market equal to WINOX, and I cannot but think that it must—on its merits becoming more widely known—win its way into the very front rank of Tonic Wines.

HORACE CRAVE, L.R.C.P.

"WINOX" is more pleasant to take than other Tonic Wines.

DENIS BOTTIGER BLODIE, M.B., B.S., M.R.C.S., L.R.C.P.

SPECIAL OFFER—ONE SHILLING FOR YOU.

To obtain a First Trial 3/6 Bottle of Winox for 2/6 cash, sign this advertisement and take it to your wine merchant, store, licensed grocer or chemist, who will allow you one shilling on the 3/6 price of a Full-sized, champagne Quart Bottle of Winox. Thus you make this advertisement worth one shilling to you. We hereby authorize the licensed trader to accept this advertisement for one shilling, in part payment for a bottle of Winox, which amount we will pay him on receipt of this advertisement received by customer.

Full Name _____
Address _____

WINOX

WINE FOOD

65, London Wall, London, E.C.



GENUINE
Lysol



Always ask for
the "L" Brand

THIS British article will alone give you perfect satisfaction. It is non-caustic and gives clear solutions. If you have not yet tried it, send a post card for a post-free sample. You will never be satisfied with substitutes after a trial of

"L" BRAND BRITISH LYSOL

Obtainable of the Drug Departments in the Leading Stores in London, and Provincial Towns, and of all High-class Chemists.

MARSHALL'S LYSOL TOILET SOAP. 1/- per box of 3 Tablets. A pure super-fatted Soap, made expressly for the toilet and also for the nursery.

LYSOLINE. A Hair Tonic that should appeal strongly to nurses, who can appreciate the value of an hygienic and antiseptic tonic for the hair. It thoroughly cleanses the scalp and quickly removes dandruff and greasiness. Sold in bottles at 1/-.

SUPPLIES OF ALL CHEMISTS.

MADE ONLY BY
LYSOL LTD.

Warton Road, Stratford, London, E.

FIRST CLASS FIRMS AND WAR REQUISITES.

The war has caused an extraordinary demand on the great houses which supply medical and surgical appliances, surgical dressings, invalid dietary, nursing uniforms, and hospital equipment of all kinds, and it is testimony to the great business ability of these firms that they have risen to the occasion with extraordinary capacity, and that supplies pour out from their warehouses to meet the abnormal demand, so that there is no serious shortage, and the needs of sick and wounded are supplied on requisition.

HOSPITAL SUPPLIES AND EQUIPMENT.

MESSRS. ALLEN & HANBURYS.

A name which is a household word for excellence is that of Messrs. Allen & Hanburys, 37, Lombard Street, E.C. The firm supplies not only hospital equipment, but surgical supplies and special invalid dietaries, the foods supplied as the Allenburg Diets are largely depended upon by nurses and midwives, and we must not forget at the present time that it is not only the sick and wounded who need our care but the refugees. Such beneficent agencies as the British Women's Hospital in Petrograd would benefit greatly by consignments of such body-building supplies.

We may once more draw attention to Bynogen, a nutrient and nerve restorative recently put on the market by this firm, and stated by a medical man to be a valuable preparation and a great improvement on its German-owned predecessor.

It should further be noted that Messrs. Allen & Hanburys, Ltd., have successfully applied in the Patents Court for licence to manufacture Bromural in this country. Bromural is of the veronal type, but less toxic than veronal, and it was stated in support of the application that it was made at the urgent request of a large number of doctors in military hospitals. Bromural, which is a German patent, has not been importable since the outbreak of war, and no supplies are at present available. The firm intend to supply the drug under the name Dormigene as they think it undesirable to perpetuate the German name.

MESSRS. E. & R. GARROULD.

One has only to visit Messrs. E. & R. Garrould's Nurses' Salon in their establishment at 150, Edgware Road, W., to be assured of the popularity of this firm with nurses, for invariably nurses, in uniforms of various hospitals and institutions are to be seen purchasing goods. Whether a nurse needs uniform, standard nursing books, hospital supplies, furniture, linen, or travelling trunks, and much else besides, she will find them ready to hand. We may specially draw attention to an invalid chair supplied by the firm, which, though compact is comfortable and roomy, the polished wooden frame has a cane seat and back, the wheels have rubber tyres and self-propelling rims and there is a sliding footboard.

A more welcome gift for the invalid soldier, or indeed, for any invalid, it would be difficult to find. In it he can easily propel himself about a room or a garden, and have a degree of the independence which is so dear to every human being. The firm also supply a sterling silver wristlet watch with radium dial on which the figures can be plainly read in the dark, and with a second hand. The watch is guaranteed, and its very moderate cost is 35s. 6d.

THE HOSPITALS & GENERAL CONTRACTS CO. LTD.

Situated within a stone's throw of Oxford Circus, at 19-35, Mortimer Street, the Hospitals & General Contracts Co. is ideally placed, and is well known not only throughout the metropolis but throughout the world. It is, moreover, its claim that anything which it does not stock it can procure for customers, so it is small wonder that it has a very large and increasing clientèle, and supplies numerous hospitals as well as individuals, and that customers who find that their purchases are reliable in quality and moderate in price return again and again.

The Nurses' Equipment Section, which is of comparatively recent date, has rapidly won its way into favour with nurses both at home and abroad. Every endeavour is made to meet their requirements, and its reputation is well established.

BODY BUILDERS.

If a body is to be well nourished it must be supplied with food which can be assimilated. More especially is this the case when its health has been impaired by disease, wounds or nerve shock. Then we turn for assistance to well-known firms who have made a study of the question of "What foods feed us?" and their practical answer is to place before us preparations which are highly nutritious and easily assimilable.

VIROL.

Amongst these body builders is Virol, supplied by the firm of that name in Old Street, City Road, E.C. Virol, the basis of which is red bone marrow, malt extract, eggs and lemon juice, is now regularly supplied to more than 1,500 hospitals, sanatoria and clinics, a testimony to its utility which cannot be gainsaid. It is worth remembering in these days of high prices that the cost of Virol has not advanced.

BOVRIL.

Bovril, supplied by Bovril, Ltd., of Old Street, E.C., is a very favourite preparation with nurses, both for themselves and their patients. Those who have visited the headquarters of the firm use it with the more confidence, because they have seen the scrupulous care taken in its preparation, and know that the meat used is derived from cattle reared on some of the finest pasture lands in the world, those of the Argentine Republic.

ROBINSON'S "PALENT" BARLEY.

It is well known that barley water is a nutritious as well as a palatable drink, especially when pre-

pared with Robinson's "Patent" Barley, the purity of which is guaranteed, supplied by Keen, Robinson & Co., Denmark Street, London, E.

VITALER.

Vitaler is a concentrated tonic and nerve food, prepared by the well-known firm of Southall Bros. & Barclay, Ltd., Birmingham, of comparatively recent date, but of well-established repute. It is widely prescribed in cases of physical and nerve weakness, and in addition to its own intrinsic merit, its increasing use is no doubt due to the fact that it is British throughout, and supersedes preparations formerly pushed by alien enemies. It is practically tasteless and may be used either dry or in tea, coffee, &c.

MELLIN'S FOOD.

Mellin's Food, prepared by the company of this name, Stafford Street, Peckham, London, S.E., has a widespread repute as a food for both infants and invalids, warranted entirely free from starch. One of its distinguishing characteristics is its easy adaptability to the varying needs and requirements of different children. It is prepared by the addition of fresh milk, and water, in carefully graded quantities. As a diet for invalids, whether nursing mothers or those who need feeding up, one or two tablespoonfuls are taken in a tumbler of milk, hot or cold, when not only does it increase the nutritive value of the milk, but renders it more digestible, so that invalids who cannot digest plain milk find no difficulty in doing so. In addition Mellin's Food biscuits are suited for children after the weaning period as well as for convalescents and aged and dyspeptic persons, and we may add at the present time persons who have been living on insufficient food, such as refugees, being easily digested as well as nutritious.

HORLICK'S MALTED MILK.

Horlick's Malted Milk, prepared by Horlick's Malted Milk Co., Slough, Bucks, is well known to nurses. They have tested both its palatability, and its reviving and sustaining qualities at many exhibitions, and know it is a good thing. If testimony to this fact were needed it is to be found in the numerous letters the firm have received as to its value in circumstances in which it has been put to the severest test.

LACTAGOL.

Lactagol (E. T. Pearson & Co., Ltd., London Road, Mitcham, Surrey), is a body builder as to whose efficacy there can be no dispute, and when taken by nursing mothers whose milk is deficient in quality or quantity it frequently enables them to nurse their infants successfully for the full nine months. A historic instance is one reported in the *Lancet* where a medical man called in to see a mother with triplets which were not thriving, and losing weight, prescribed Lactagol, as the patient's milk was very deficient both in fat and protein, with most satisfactory results. All

three infants thrived and the mother was able not only to feed them for the full period of lactation, but to carry out her domestic duties without fatigue. It will also be noted on page 43 of this issue that Lactagol is given at the York Road Lying-in Hospital when the mother's milk is at all deficient. This is high testimony to its value.

BENGER'S FOOD.

Benger's Food, supplied by Benger's Food, Ltd., Otter Works, Manchester, is a preparation that few nurses would willingly be without. Both in the rearing of hand-fed infants, whose mothers are unable to supply the necessary nourishment, and also as an item in the dietary of the aged and invalids, Benger's Food is an old and tried friend of proved efficiency which can be prepared in a variety of ways, and is not only nutritious, but delicious. The firm issues a booklet which gives some necessary information as to the methods of preparing the food—for the value of the most useful of foods may be minimised if the method of preparation is faulty—as well as some excellent recipes, and full particulars as to the natural digestive principles on which the food is based.

DISINFECTANTS.

SANITAS.

Amongst many excellent disinfectants now procurable, none is of higher repute than Sanitas, one of those to be early placed on the market which still maintains its place in the forefront rank. One of the points to be remembered about Sanitas is that it is not only an effective antiseptic, but it is non-poisonous and may safely be used as a gargle. As a spray in a sick room its refreshing fragrance is appreciated by many invalids.

Sanitas, which is prepared by the Sanitas Co., Ltd., Limehouse, E., forms the basis of many other preparations which may be thoroughly commended.

Some of the newer preparations of the firm are "Potex," an embrocation which is being prescribed with very satisfactory results for the relief of pain in some forms of rheumatism and lumbago; "Kaytor," an antiseptic jelly used in the treatment of hay fever and pruritis, and "Sanitas Anti-Vermin Paste," which might well be included in parcels sent to men at the Front, and we are sure would be most welcome.

LYSOL.

Nurses will note with satisfaction that "L" Brand Lysol, as supplied by Lysol, Ltd., Warton Road, Stratford, is British made and British owned. Lysol is a very favourite preparation with nurses and midwives, and, with this assurance, they will have every confidence in using it.

Important points in regard to "L" Brand Lysol are that it is miscible in chloroform, alcohol, and glycerine without becoming cloudy or turbid, and that it possesses no caustic or corrosive action. The purest caustic potash—as distinct from caustic soda—is used in its preparation, and the

percentage of free cresols contained in "L." Brand Lysol is maintained at a constant 50 per cent.

Amongst other specialties of this firm are Lysol Toilet Soap, a very pleasant soap for personal use; Lysol Surgical Soap, containing 10 per cent. Lysol; Lysolan, an antiseptic ointment; Lysoline, a hair tonic; and Pascarel, a new antiseptic liquid dentifrice.

SPHAGNOL.

Most people know that Sphagnol Preparations, supplied by Peat Products (Sphagnol) Ltd., 18 and 19, Upper Thames Street, E.C., are, as their name implies, peat derivatives. They are prepared by the calcination of the peat, and have been proved to be both useful and inexpensive germicides. The preparations include medical soap 15 per cent. strength, toilet soap 5 per cent. strength, shaving soap 5 per cent. strength, ointment 10 per cent, and sphagnoline cream 10 per cent. It has been used with success not only in the treatment of eczema, dermatitis, pruritis and other skin troubles, but the proprietors have received striking testimony from surgeons and officers at the Front as to its efficacy in the treatment of trench sores, face wounds and insect bites.

TOXOL.

Toxol, supplied by Boots Pure Drug Co., Ltd., Nottingham, was prepared by them in the early days of the war, with the object of replacing the German-owned Lysol, and has rapidly won its way into favour. It consists of cresol dissolved in liquid soap, and so has cleansing as well as disinfecting properties. While it will not corrode instruments, or injure bedding, in specified strength it dissolves grease, mucus, and other secretions. It is therefore, suitable for use for a variety of purposes, as a disinfectant and deodorant, and may be employed not only where illness exists, but as a routine practice from time to time in ordinary house cleaning, in order to act as a preventive.

LISTERINE.

One of the signs of good nursing is the care bestowed on a patient's mouth, so that it is kept free from sores, moist and clean. A great ally of the nurse in this work is Listerine, prepared by the Lambert Pharmaceutical Company, St. Louis, the British agents being Maw, Son & Sons, of Aldersgate Street, E.C. A teaspoonful used in a glass of water is a pleasant and effective mouth wash. It is besides useful as an antiseptic lotion and as a gargle and douche in a prescribed dilution.

TONIC WINES.

During serious illness, or to combat the conditions caused by such illness, tonic wines are often prescribed, and under medical direction may prove of considerable benefit.

HALL'S WINE.

Hall's Wine (Messrs. Stephen Smith & Co., Ltd., is a restorative, every bottle of which is guaranteed, and which has stood the test of over a quarter of a century. The original formula was evolved by a

member of the medical profession to aid in combating conditions of over-strain and nerve weakness, and since that time it has become known all over the world as a valuable restorative in such cases.

WINOX.

"Winox Wine Food" (05, London Wall, London, E.C.) is a preparation, the full formula of which is printed on every bottle, before it is prescribed by the medical practitioner knows exactly what he is giving, and it is claimed that the formula proves that Winox is free from any injurious drug, and that its strong tonic properties must neutralise any reaction possibly caused by the alcohol it contains, and that for this reason it cannot induce habits of intemperance.

WINCARNIS.

Another tonic wine is Wincarnis (Coleman & Co., Ltd., Wincarnis Works, Norwich), the ingredients of which are standardised so that the dosage can be effectively controlled. The special points claimed for Wincarnis are that the primary effect is immediate stimulation and invigoration of the system, and the secondary an upbuilding of mental and physical vigour, and that as the secondary follows immediately after the primary effect, the upbuilding of bodily vigour occurs before the stimulating effect has worn off.

MISCELLANEOUS.

INGRAM'S "AGRIPPA" BAND TEAT AND VALVE.

Nurses and midwives do not need to be told the importance to the hand-fed baby of a teat which can be readily sterilised. This is one of the many advantages of Ingram's "Agrippa" Band Teat and Valve (J. G. Ingram & Son, Hackney Wick, N.E.) The Band Teat will grip on to any bottle-shaped feeding bottle, and by means of the Patent Band Valve the flow of food can be regulated to a nicety.

THE "MARMET" BABY CARRIAGE.

The "Marmet" (Messrs. E. T. Morriss & Co., Ltd., 130, Finchley Road, N.W.) is the last word in baby carriages, and any one thinking of investing in so important an article should make a point of seeing the "Marmet" before coming to a decision. The fact that it has spiral springs attached to a continuous tubular steel framework makes its movements exceptionally gentle. It can be seen at the West End at the Institute of Hygiene, 34, Devonshire Street, W.

PROFESSIONAL LITERATURE.

We frequently receive enquiries as to what books on professional subjects nurses should read and where they may be purchased. Messrs. H. K. Lewis, Gower Street, W.C., are publishers who make a special point of supplying the needs of nurses, and their shelves, or their lists, if a personal visit cannot be paid, should be consulted.

All nurses will also remember the many delightful books published by Messrs. G. P. Putnam's Sons in making their selection. A nurse's bookshelf could be well stocked from their list alone.

TO A V.A.D. FROM A V.A.D.

1

- When you start by oversleeping, and the bath is
bagg'd three deep,
When you stagger to the window 'neath the blind
to take a peep,
When you find the snow is snowing, and it's murky
overhead,
When your room-mate has a day off, and lies snugly
tucked in bed,
When your cap falls in the coal-box and you lose
your collar-stud,
When it's time to start, and then you find your
shoes are thick in mud,
When you scramble in to breakfast, just too late
to drink your tea—
Don't grouse, my dear; remember you're a "War-
time V.A.D."

2

- When you start to scrub the lockers and the bowl
falls on the floor,
When you finish them and then you find that they
were done before,
When you haven't got a hanky and you want to
blow your nose,
When the patients shriek with laughter 'cos a bed
drops on your toes,
When you use the last Sapolio and can't get any
more,
When you've lost the key belonging to the Linen
Cupboard door,
When your head is fairly splitting, and you're
feeling up a tree—
Don't grouse, my dear; remember you're a "War-
time V.A.D."

3

- When the Doctor comes into the ward, and each
stands to his bed,
When he asks you for a probe and you hand him
gauze instead,
When the Sister "strafes" you soundly 'cos
Brown's kit is incomplete,
When you take a man some dinner, and upset it
on the sheet,
When you make the beds and sweep the ward and
rush with all your might,
When you stagger off duty and the wretched fire
won't light,
When you think of those at home and long for
luxury and ease—
Don't grouse, my dears; remember you're the
"War-time V.A.D's."

4

- When your name's read out for night shift and
they leave you on your own,
When you're suddenly in darkness and you hear
the telephone,
When you crash into a coke bin as you rush to take
the call,
When they tell you there are Z-pps, and that you
mayn't have lights at all,
When you go into the kitchen and a rat runs
through the door,

When it chases you into a chair, and both fall on the
floor,

When you try to eat your food, mistaking paraffin
for tea—

Don't grouse, my dear; remember you're a "War-
time V.A.D."

LESLIE M. GODDARD.

"The Gazette," 3rd London General Hospital.

BOOK OF THE WEEK.

"THE IRON AGE."*

Really good literature in fiction is as rare as
it is satisfying. When it is combined with a really
interesting study of men and things, the reader
can settle himself or herself down to a real—
it short—respite from the stern realities of the
present time. Not that the story under con-
sideration deals with the pleasanter aspects of
human nature; rather, it is of one of the, perhaps,
most soul destroying—the successful manufacturer,
whose higher aspirations have been swamped in
the pursuit of success, and who when it is attained,
fails to use it as a means of rising to a higher and
purer atmosphere. The tragedy of his son
Edward's life—for a life lived in a wholly un-
congenial environment must always be a tragedy—
is the chief centre of the story. It was said of an
older Willis that he had not worshipped gold but
the iron of his factory. The thoroughly common-
place and unimaginative Willis is drawn with
the discriminating and critical pen which marks
Mr. Brett Young's writings.

"The green fringe of the Black Country,"
was the way Mr. Willis described his surroundings.
"Southwards you can see a long way—Worcester
Cathedral—I haven't been there for years. My
son Edward would take you with pleasure. Did
Mrs. Willis show you the fish pond? . . . We're
very homely people," depreciating with a smile
the velvety lawns, the elaborate lounge chairs
with their red cushions disposed under the spread-
ing cedar, the heavy silver tea-tray at which
Mrs. Willis sat pouring, rapt in the drone of her
husband's voice.

Charles Stafford, the newly married engineer,
was a great acquisition to the firm. "This new
steel of Mr. Stafford's is going to be a big affair."
His wife was a languid, rather contemptuous
beauty, who appealed to Edward on the night
they first dined with the Willis's. Her thick
chestnut hair and milky-white shoulders reduced
the men on either side of her to the level of a
set-ting. She alone seemed wittily to detach
herself from the little lighted area around and
above the dinner table. She was listening for her
husband's voice. It came rather fresh through the
bland atmosphere—with the mean accent of the
Midlands. Edward, looking at the husband,
wondered where in the world the man had picked
up the idea of tucking a silk handkerchief into
his shirt front.

* By E. Brett Young. Martin Secker. London.

Lilian, Edward's half-sister, was described as a nice girl, but so colourless. Colourless and uninteresting she was, no doubt, and plain, and, in spite of their money, badly dressed and dowdy.

Edward was fond of her, but he was a beauty-lover, and an idealist. It was soon evident that he was attracted by Mrs. Stafford, and she—well, her husband had only been a means of escape from her brother's country parsonage. At first quite an innocent friendship, though good, prim Lilian at once took exception to his friendship with a married woman.

"Looking back over the sixteen years of life in his father's factory, Edward felt that every one of them had been wasted. One lived in an atmosphere of dull prosperity, making much money, spending it freely; condemned to make money and spend it; to go on spending and making money for ever." In such an atmosphere it was little wonder that Celia's beauty and surface charm should grow upon him and arouse him to all that he had missed in life.

"She had implied more trouble in her life than she had ever disclosed; awakened a romantically passionate sympathy. It had made him seek her, and she had not been so chaste as he supposed."

The conclusion of the book deals with threatened ruin of old Mr. Willis, which is only averted by the declaration of war, and its consequent large order for armaments. Old Willis is frankly delighted.

"We've declared war on Germany; you may thank God for that. . . . Do you understand, mother?"

"Over the cornfields of that dim country above the Holloway the summer night slept. Already in Belgium, amid other trampled corn, men who had little to gain lay screaming with their entrails in the dust."

And Edward! Well it struck him as vaguely humorous that it should take so great a thing as war to give him courage to die. He walked into the recruiting office at the Horse Guards, and took an oath which meant as little to him as to many of the men who followed him.

H. H.

COMING EVENTS.

July 10th.—Women's Local Government Society Conference of Representatives of Militated Associations on the Recommendations of the Royal Commission on Venereal Diseases, 88, Lancaster Gate, 3 p.m.

July 13th.—Meeting of the Central Committee for the State Registration of Nurses, Council Chamber, British Medical Association 420, Strand, W.C. 2.30 p.m. To consider the Nurses' Registration Bill and the Memorandum and Articles of Association of the College of Nursing, Ltd.

WORD FOR THE WEEK.

"Ships sail east, and ships sail west,
By the very same gales that blow,
'Tis the set of the sail, and not the gale,
That determines the way they go."

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.

WHAT IS RECREATION?

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—There was once a dear little girl, who, when she said her Creed, affirmed her belief in the "Recreation of the Body." A very good article of faith, too. Let's get on with it. But how? That's the question.

It would be quite nice, if some of the JOURNAL readers would give some of their ideas on Recreation.

Duty is an admirable thing, but it does not do to become like the grave-digger who, when he had a holiday, went to see how they dug graves in a neighbouring churchyard.

Change of environment is an essential part of real recreation and there are very few who cannot attain this in some degree.

Personally, I think a visit to the East End of London very stimulating; this is, of course, a matter of taste. A short time since, being wearied with the conventional type of congregation, I paid a visit to a church in a very poor neighbourhood, where the parson is the friend of his shabby flock.

There were lots of ceremonial and flowers and light, as was fitting in a neighbourhood where all is dull and ugly. It was the old gospel service that was being recited, and while the poorly-dad mothers were joining with "Angels and archangels and all the company of Heaven" in their praises, it seemed quite natural that a chubby infant should squat in the centre aisle and gravely play with its doll. The padre was not in the least upset that he nearly crushed the doll's bonnet when he knelt to pray among them; nor was he disconcerted by the evident impression of the babe that he had come there with the sole intention of playing "peep-bo" with her.

It was certainly unconventional that he should rise from his knees and say, "Now, my dears, don't let's forget the others"; and that we—mothers, babies and the rest—should follow him to the "War Corner," where cheap photographs of husbands, fathers and sweethearts in khaki were nailed up around the Crucifix. We all prayed after him that the boys they loved might be preserved from drunkenness, impurity, from grievous wounds and poisoned gas, and all other ills of body and soul.

I had that Sunday morning "a nice change," and "a refreshment"—it is as still. But, as I said before, it's a matter of taste. H. H.

CRITICISM A WHOLESOME THING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM, I would like to hear Miss Houghton speak of the comely and unadmirable

of the Hon. Arthur Stanley when she addressed a meeting at the Midwives' Institute and Trained Nurses' Club, on the evening of June 23rd, on the subject of the College of Nursing. Mr. Stanley has certainly shown a breadth of mind, a tolerance of criticism, and a readiness to learn the truth about the Reform Movement of the Nursing Profession, things of which—to use his own words—he was entirely ignorant. We are grateful to him for it. The pity of it is, that those who have associated themselves with him in the scheme, have not followed his lead a little more closely. What particularly struck me at this meeting was an *intolerance of criticism*. Is it possible that the members of the College of Nursing Council suppose that a scheme of this sort, which will so vitally affect the present and future generations of nursing, is to be rushed through without criticism? Criticism which has been passed upon the scheme was alluded to at this meeting as a grievance. Why? Is it not always acknowledged to be a wholesome thing?

As a fully-trained nurse and one who has had considerable and varied experience in the nursing world, I claim for myself and others a perfect right to criticise. Criticism does not mean antagonism—a thing I always try to avoid. As a member of the State Registration Society—which stands for liberty of conscience and freedom of speech—I am heartily thankful that there has been so much criticism about the College of Nursing, because many much-to-be-desired changes have been made in the original scheme in consequence of it. It has now adopted our State Registration policy, and it seems highly probable that an agreement will be reached between the two parties.

I am a week late in sending this letter, the reason being that a request was made from the chair that no press notices should appear, but as I see an evidently inspired account of the meeting has been published in a weekly journal for nurses, I no longer feel under an obligation to keep silence.

BEATRICE KENT.

MORE INFORMATION REQUIRED.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—From a paper to hand I note the College of Nursing, Limited, has begun to compile a voluntary list or register under 3 standards:—(1) Nurses holding a certificate or certificates of three years' training; (2) Specially, I presume, for the London Hospital, nurses holding a two years' certificate and two years' service, and (3) Nurses with training to the satisfaction of the Council. Can you tell me if cottage and village nurses are being accepted under the latter clause and will rank in a general register with No. 1 class?

Yours truly,

M. C. F.

Birmingham.

[We should advise you to apply to the Secretary, College of Nursing, Limited, 6, Vere Street, London, W. We think the nursing profession has a right to this information. Of course under

an Act of Parliament, during a term of grace, provision has to be made for existing nurses, but presumably only for those who are adequately trained. "Cottage nurses" cannot be classed as "trained." They are useful "cottage helps" and should be "certified midwives." When used as "private nurses" they are out of their element, and the fees sometimes charged by associations for their services out of all proportion to their so-called training and standard of knowledge.—Ed.]

WOMEN PATROLS AND WOMEN POLICE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I should be extremely grateful if you will allow me, through your paper, to make an appeal for recruits on behalf of the new and important work now spreading throughout the country—that of Women Patrols and Women Police. Women of education, tact, common-sense and perseverance, with previous experience in some branch of Social Service, such as Nursing, Club-work, Health Visiting, &c., are urgently needed to fill posts now offering as Policewomen, Patrol-Leaders, &c. The course of training before appointment depends upon individual needs and qualifications, and the pay, when posted, ranges from 30s. to 40s. a week.

At a time like the present, when too much cannot be done to protect and stimulate the moral growth of our national girlhood, it would be disastrous to neglect the opening offered for work to Women Patrols and Women Police; and if any of your readers wish to offer themselves for training, or to make further enquiries, I shall be very glad indeed to hear from them.

D. A. G. PETO, *Director*,
Bristol Training School for Women
Patrols and Police.

5, Belgrave Road,
Tyndalls Park, Bristol.

OUR PRIZE COMPETITIONS.

July 15th.—What diseases may flies convey? What would you suggest to prevent the presence of flies in hospital wards containing cases of infectious disease?

July 22nd.—If it is decided under medical advice that an infant shall be weaned, what special points would you observe in the care of the mother and child?

July 29th.—What methods have you seen employed for the treatment of infected wounds, and with what results?

NOTICE.

In order to conform with the wishes of the Government in regard to economy in paper it is important that the copies of newspapers published each week should approximate to the demand for them. Readers of this JOURNAL will, therefore, help materially if they will place a regular order for their copy with their newsagent, price 1d. weekly, or with the Manager, BRITISH JOURNAL OF NURSING, 43L, Oxford Street, London, W., 6s. 6d. per annum, post free.

The Midwife.

POST GRADUATE WEEK.

YORK ROAD HOSPITAL, S.E.

WEDNESDAY, JUNE 28TH.

The subject of the clinic lectures on Wednesday morning, June 28th, was the ever new and ever interesting one: "The Baby." Sister Cosh and Sister Cullen conducted them. Everything concerning these interesting atoms is detailed upon the chart. The feeding, which, of course, comprises weight and other things, was fully described. There is no stereotyped rule about the intervals of feeding; some babies do very well on three-hourly feeds, while others require to be fed more frequently. If a baby is not doing well on the breast, it is put "on test," which is a simple, but efficient procedure. It is weighed before and after the meal. The test may prove that the baby is not able to take sufficient at one time, in which case it must be fed more frequently; or it may prove that the mother's milk is at fault, in which case she is given "Lactagol" and a higher standard of diet; and the baby is given cream. Sometimes it is necessary to supplement the mother's milk with the bottle. Sterilized milk and barley water are used in the proportion of one in three, in the place of Pasteurized milk which was formerly used.

PREMATURE BABBIES.

The old-fashioned incubator appears to be out of favour and out of date, pretty generally. On the American continent, in up-to-date Maternity Hospitals, a specially constructed heated room is used. In York Road Hospital the same principle is followed. A clothes horse is requisitioned as the frame-work of a tent; it is draped with blankets, and an outer covering of sheets, a thermometer is hung inside, and a temperature of 70-80 is maintained. The babies wear a tiny suit of gannet tissue with a cap of the same. They are rubbed with oil every other day. The first day they are fed on sterile water every three hours, followed later by whey, or dilute breast milk, or whey and cream. If mother's milk is not used, condensed milk, 1 in 10, is used, strength increased gradually. Peptonized milk is also used.

The "premature bottle" is used for these cases. In appearance like a test tube, with a pointed end, to receive the nipple, and an india-rubber cork.

The class was also shown a case of ophthalmia neonatorum being treated in the following way:—Boric acid douche (one dram to the pint) every hour or hour and a half; boracic ointment is applied afterwards to the lids. Every two or three hours a drop or two of a 10 per cent. solution of argyrol or protargol is used.

THE BLOOD AND NERVE SUPPLY TO THE UTERUS.

Professor Arthur Keith's lecture on "The Blood and Nerve Supply to the Uterus" was much appreciated by the large number of post-graduates who assembled to listen to it on the afternoon of Wednesday, June 28th.

The lecturer began by saying that the subject was a dry one, but it was necessary that these nerves and vessels should be studied by midwives. No one present could be otherwise than fascinated by the subject, which, if it were dry, was made to blossom in an extraordinarily vivid manner by the learned lecturer. He illustrated his lecture by models which he filled in with the organs and vessels as he proceeded. He first described the course of the blood vessels and nerves in the normal condition, and then those when the uterus was at full term. The blood vessels were then enlarged six times. He explained and illustrated by the models the causes of pain in the back and down the leg, of which pregnant women so frequently complain and generally attribute to pressure.

At the conclusion Dr. Fairbairn, who presided, said that Professor Keith as a rule addressed learned audiences, who sometimes had a difficulty in following him. He congratulated him on the extreme simplicity with which he had presented the salient features of his subject, which was an extremely complicated one. The present day midwife differed from her predecessors. The old race had been thirsty; the new was also thirsty—but it was for knowledge. Later the class attended Dr. Fairbairn's lecture to pupil midwives and clinic on "Abnormal Cases," when he dealt with delayed and obstructed labour.

THURSDAY, JUNE 29TH.

On Thursday, June 29th, the post-graduates met at the hospital for the demonstration in the milk kitchen, where the infants' feeds were prepared with scientific methods and every precaution against contamination of the milk. Each bottle was made up according to prescription. The demonstration was given by Sister Cullen.

In the afternoon visits were paid to the Marylebone Infants' Clinic; the Infants' Hospital, Vincent Square; and the Royal Sanitary Institute. At the Sanitary Institute they had a brief demonstration of drains, the various methods of purifying water, the value of certain foodstuffs, &c. They were especially interested in the beautiful slides showing micro-organisms and ideal sanitary conditions. The case showing the analysis of various milks is most dramatic and useful, and there are also some specimens of diseased tissues in animals, amongst them an udder invaded by tubercle. The midwives were urged to qualify either as sanitary inspectors or health visitors, if they wished to take better appointments.

Dr. Fairbairn's post-graduate lecture dealt with the examination of the pregnant woman, and a scheme for note-taking was briefly outlined. The main objects of the examination are the prevention of abortion, the early recognition of contracted pelvis, toxicæmic symptoms and signs, and abnormal medical or obstetrical conditions that necessitate the attendance of a registered medical practitioner. If every practising midwife would carry out the advice given by Dr. Fairbairn, and would study ante-natal hygiene and care, the community would reap lasting benefit.

FRIDAY, JUNE 30TH.

On Friday, June 30th, demonstrations were given in the milk kitchen in the morning by Sister French.

In the afternoon the party divided into two, one visiting the Medical Museum and the other going to Wembley to inspect the Walker-Gordon Dairy Farm.

Here they were received by the manager and shown first the method by which the milk is immediately cooled down after being taken from the cow. The temperature is reduced from about 90 to 32 degrees. They then visited the beautiful herd of shorthorns in the milking sheds, where the milking was in process. The milkers are required to wear white overalls and caps and to carefully wash their hands. The cows' udders and hind quarters are also washed before milking. As everywhere, the shortage of labour is being felt on the farm, and so far they are not able to secure women skilled in the work. The machinery for milking looked cumbersome, and it was said that it took some time to adjust, but, on the other hand, the four teats are made to yield at the same time by this device. Milk sterilised on this farm can, if unopened, be kept for two or three years. A medical man inspects the hands and throats of the employees twice a week.

The extraordinarily interesting Medical Museum arranged by Messrs. Burroughs, Wellcome & Co., in Wigmore Street, was visited by other members of the class, and it was agreed that all nurses and midwives should make a point of seeing this educative exhibit. If they do so once, they will assuredly do so again.

The two parties later on were re-united at tea in the garden at the York Road Hospital.

Dr. Gordon Ley's lecture at the Midwives' Institute was well attended; the subject, "Congenital Disease and Malformation of the Infant," was handled with great clearness and simplicity. Congenital syphilis was first described. The comparatively recent methods of diagnosing this disease make it certain that an infected child has an infected mother. Although there may be no evidence of active disease, her blood gives a positive reaction to the Wassermann test. If she is infected in the last months of pregnancy, or if the disease is in the tertiary stages, the child will probably escape infection; but if she is infected in early pregnancy or the disease is in the secondary stage the child will suffer from

congenital syphilis. The malformations—hare lip, cleft palate, hydrocephaly, spina-bifida, anocephaly, imperforate anus, phinosis were briefly described. Dr. Gordon Ley is of opinion that no infant is born alive with an imperforate urethra. He thinks that many supposed cases may be accounted for by the habit, which many infants have, of micturating in the bath.

TEST EXAMINATION.

As the result of the Test Examination held at the close of the week, the following prizes were awarded:—

First Prize (value 10s.)—Mrs. Mary Walters (trained at York Road Lying-in Hospital).

Second Prize (value 5s.)—Miss Farley, The Cottage Hospital, Petersfield, Hants.

CENTRAL MIDWIVES' BOARD FOR SCOTLAND.

Under date June 27th the Privy Council notify in the *Edinburgh Gazette* of June 30th that by virtue of steps taken by the Lord President of the Council in pursuance of Section 3 of the Midwives (Scotland) Act, 1915, the Central Midwives Board for Scotland has been finally constituted as follows:—

Name of Members.	Appointed by
The Lady Ballfour of Burleigh,	Lord President of the Council.
Miss Alice Helen Turnbull,	
Miss Isabella Scrimgeour.	
Sir Archibald Buchanan-Hepburn, Bt.	
Sir Robert Kirk Inches, Knt.	Association of County Councils for Scotland.
The Lady Susan Gordon Gilmour.	Convention of the Royal Burghs of Scotland.
Archibald Campbell Munro, Esq., M.B., M.R.C.P., D.Sc. (P.H.)	Queen Victoria Jubilee Institute for Nurses (Scottish Branch).
Professor Sir John Haliday Croom, Knt., M.D., F.R.C.P. Edin., F.R.S.	Society of Medical Officers of Health of Scotland.
Professor Murdoch Cameron, M.D., C.M.	University Courts of the Universities of Edinburgh and St Andrews (conjunctly).
	University Courts of the Universities of Glasgow and Aberdeen (conjunctly).
	Royal College of Physicians of Edinburgh;
James Haig Ferguson, Esq., M.D., F.R.C.P. Edin., F.R.C.S., Edin.	Royal College of Surgeons of Edinburgh; and
	Royal Faculty of Physicians and Surgeons of Glasgow (conjunctly).
Michael Dewar, Esq., M.D., C.M.	Scottish Committee of British Medical Association.
John Wishart Kerr, Esq., M.B., Ch.B.	

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EDITORIAL.

DUMPED INTO THE NURSING PROFESSION.

It will be remembered that at the last Session of the General Medical Council three medical men were cited to appear in connection with the covering of uncertified midwives, the prosecution being conducted in each case by the Central Midwives Board, proving that when a profession is organized steps can be taken to protect its interests; for whether these proceedings were taken for the protection of lying-in women, or in the interests of certified midwives, the fact remains that the machinery exists for effectively dealing with abuses. In two cases the President of the General Medical Council informed the practitioner concerned that the Council took a very serious view of the nature of the offence, and, in the third, the extreme penalty of removal from the Register was inflicted.

Further, the General Medical Council proposes to issue a warning notice against the "covering" of practice by uncertified women, and local authorities are already issuing notices of the same nature. The legitimate interests of certified midwives in this respect are therefore protected.

It is of interest and importance to trained nurses to realize what happens when certified midwives are removed from the Roll, or voluntarily resign for reasons which seem good to them; or because pressure is brought to bear upon them by local supervising authorities so to do.

Recently a medical practitioner wrote to the Chairman of the Central Midwives Board, asking his opinion as to whether he was "covering an uncertified midwife." He wrote that "Mrs. —, who was in practice before the Act, and who has since been crossed off the Roll, or, to be strictly accurate, has resigned, still acts as a nurse, and tells everybody who comes to her that

she cannot act without a doctor, and sends all the people to me. Am I justified in going to them?"

The correspondence arising out of this letter has, by the direction of the President of the General Medical Council, and the Chairman of the Central Midwives Board, been sent to the medical press.

Sir Francis Champneys, in defining for this medical man what should be his attitude to this ex-midwife, writes:—"There is nothing to prevent Mrs. — from acting as a *monthly nurse* under your orders. You are responsible for the cases, and for Mrs. — nursing of them."

Thus the nursing profession becomes the dumping ground of bona-fide midwives removed, either at their own request or otherwise, from the Midwives Roll, while even if they have had no training in nursing there is nothing to prevent them from acting as monthly nurses, undistinguishable from those who have spent years in attaining knowledge and skill.

Is nursing a skilled profession or is it not? If it is then there could hardly be a stronger argument for the State Registration of trained nurses than the official pronouncement of the Chairman of the Central Midwives Board that there is nothing to prevent unrostered midwives from acting as monthly nurses.

The effect of the protection of the title of Registered Nurse would be the same as that of the title of Registered Medical Practitioner under the Medical Acts, the public would know that registered persons had attained the standard required by the recognized professional authority; and that if they employed an unregistered person they did so at their own risk.

Moreover, registered nurses would have some reason for refusing to work for medical practitioners who ignored their legal status and covered untrained nurses.

OUR PRIZE COMPETITION.

WHAT DISEASES MAY FLIES CONVEY? WHAT WOULD YOU SUGGEST TO PREVENT THE PRESENCE OF FLIES IN HOSPITAL WARDS CONTAINING CASES OF INFECTIOUS DISEASE?

We have pleasure in awarding the prize this week to Miss Emily Lewis, James Street, Plymouth.

PRIZE PAPER.

The diseases flies may convey are:—Enteric fever, infantile diarrhoea, tuberculosis (lungs and general), cholera, plague, ophthalmia, gangrene, anthrax, and possibly diphtheria, leprosy, and smallpox.

The preventive measures I would suggest are first of all absolute cleanliness, both outside and inside the hospital; all courtyards and back premises should be kept free from dirt and rubbish; dustbins should be placed as far away from the hospital as possible and frequently emptied, an excellent plan to clean them is to place a good quantity of paper inside (loosely arranged) and set light to it. When well lighted shut down the lid. This will both disinfect and kill the germs, and also kill the eggs and larvæ of the fly, should there be any. Should there be stables within a mile of the hospital (flies have been known to fly a mile), a strict eye should be kept on them to ensure frequent removal of the manure; manure is a common breeding-place for flies, especially if undisturbed. A good plan to protect hospitals from flies is to spray the outside walls and trunks of trees in the evening or early morning with a *poisonous* solution of sod. arsenite 2 lb., honey 2 lb., treacle 10 lb., water 10 gallons. Early morning is the best time to catch flies. With regard to the inside of the hospital, every nurse knows the importance of keeping the patient absolutely clean and free from any traces of discharge and sputum; short and clean nails; the immediate removal and disinfection of all discharges and excreta; thorough cleansing of sputum cups, receivers, urine bottles, and bed pans, taking great care not to omit the crevices and corners; all w.c.'s, slop sinks, baths, mops and brushes kept perfectly clean, boiling all articles that can be boiled; no old rags, papers, or rubbish of any kind allowed to exist, as flies breed in these; all lockers should have a daily inspection, as some patients have a mania for storing food and paper. Water and all food (especially milk) should be kept in fly-screened larders or meat safes; squares of muslin, weighted with beads, should cover milk jugs, glasses, and food receptacles. In the absence of larders or safes,

muslin made to fit over a light wooden framework serves the purpose. These can be placed over the food on tables or cupboard shelves. It is important that the muslin does not touch the food to prevent soiling and moistening the muslin, because in this way dust will cling to it, and should a fly gain access, it can get at the food through the muslin. Refuse tins should be emptied after the clearing of each meal, and the lid always tightly closed. The same applies to soiled dressing buckets after each round of dressings, and the contents of both should be burned. If absolute cleanliness is observed in every detail, both outside as well as inside hospitals, the fly would be conspicuous by its absence.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Gladys Tatham, Miss M. M. G. Bielby, Miss E. E. Please, Miss M. James, Miss G. Macintyre.

Miss Gladys Tatham writes that if the anopheles mosquito is counted as a fly, malaria must be included in the list of diseases due to its agency.

The ova of certain worms (e.g., thread-worms) may also be carried by flies, and deposited by them on food. Trypanosomiasis is also a fly disease, the bite of the tsetse fly being responsible for the infection of animals and human beings. These diseases are all *known* to be conveyed by the agency of flies; very probably other micro-organisms are also conveyed by these little winged pests.

Miss Bielby says that in very hot weather the progeny of a house fly may be laying eggs, 150 at one time, about three weeks after the eggs from which they themselves developed were being laid, and in a normal summer a normal fly can become the ancestor of 95,312,500,000,000 descendants. The persistence of the species is secured by hibernation in warm places—bakehouses, kitchens, and stables. Hence the importance of killing the earliest flies as they appear in March or April.

QUESTION FOR NEXT WEEK.

If it is decided under medical advice that an infant shall be weaned, what special points would you observe in the care of the mother and child?

NURSE N. FUND.

"A Friend from India" sends £1 for the Nurse N. Fund. We have also received 10s. from Miss D. Rolfs, R.N.S., 5s. from M. D., and 2s. 6d. from Miss Evelyn Thompson. The fund now stands at £22 6s.

NURSING AND THE WAR.

THE ROYAL RED CROSS.

The King invested the following Matrons, Sisters and Staff Nurses with the insignia of the Royal Red Cross at Buckingham Palace on Saturday last:—

FIRST CLASS.—Miss Ethel Gray, Matron, Australian Army Nursing Service, and Miss Frances Epton, Sister, Army Nursing Service.

SECOND CLASS.—Miss Elsie Schafer, Sister, Queen Alexandra's Imperial Military Nursing Service; Miss Margaret Porteous, Sister, Queen Alexandra's Imperial Military Nursing Service;

Miss Cecily Shaw, Staff Nurse, Queen Alexandra's Imperial Military Nursing Service; Miss Laura Pratt, Sister, Australian Army Nursing Service; Miss Florence Nicholls, Sister, Australian Army Nursing Service, Miss Ethel Taylor, Staff Nurse, Civil Hospitals, and Miss Rose Hayes, Staff Nurse, Civil Hospitals.

Miss M. M. Bond, Matron in Queen Alexandra's Imperial Military Nursing Service, is one of those to receive the decoration of the Royal Red Cross (First Class). We are indebted for our illustration to the editor of the *Lady's Pictorial*.

General Sir Beauchamp Duff, G.C.B., Commander-in-Chief in India, in a despatch covering the military operations in the Indian Empire since the outbreak of war, and dealing with operations of a minor character in Aden, Gulf of Oman, Sistan, Baluchistan, North Western Frontier, Burma and Madras, includes the names of the following Nursing Sisters with those of officers and men brought to notice for gallantry and good service:—

Q.A.M.N.S. for India: Nursing Sister Miss Ethel Green; Temp. Nursing Sister Miss A. R. I. Lowe (attached); and Nursing Sister Miss M. A. Stroughill.

The Edith Cavell Memorial (Scotland), has taken the form of an annuity scheme. The committee are now prepared to receive and consider applications from retired Scottish nurses.

Particulars can be had on application to the Secretary, Miss Graham, 15, Alva Street, Hon. Edinburgh.

The Millicent Fawcett Hospital Units for Refugees in Russia (N.U.W.S.S., 14, Great Smith Street, London, S.W.) have already established a reputation for thorough and disinterested work, and their help is now sought by the local town councils, and Zemstvos in the Eastern Provinces of Kazan or Middle Russia.

In the town of Kazan, the medical centre for the whole province, thousands of refugees are living, and during the summer many more will be streaming through, bringing in their train cholera, small-pox and other infectious diseases. The governor has for some time been most anxious to open a children's hospital for infectious diseases, but has been unable to do so for lack of funds. He has now handed over buildings to the Millicent Fawcett units and will provide heating and lighting. They have sent doctors and nurses, and the Great Britain to Poland Fund have handed over to them the sum of 6,000 roubles, which has been expended on equipment, drugs and upkeep. Miss Moberly relates that when the offer was reported to the Town Council everyone present stood in token of respect. The hospital which was opened early in June contains from 50 to 60 beds. When the Mayor of Kazan notified the event to the Lord Mayor of London by telegram, he concluded: "Mayor Kazan begs you accept warm greetings, considers action British Rebel Workers lasting link in chain between friendly Allied Nations."



MISS M. M. BOND, R.R.C.—MATRON, QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Friday this week is "France's Day." We hope every reader will do her little bit to make it a success.

FRENCH FLAG NURSING CORPS.

The Civic Service League, Blundellsands and Crosby Branch, have sent to the office a bale of goods containing sixty nightshirts and forty pairs of socks. These are just the two items of clothing of which an army can never have enough. A grand bale has been sent to Sister Horan at Lisieux, as after a very quiet time the Hospital Jules Ferry is to be filled up with wounded.

Miss Beatrice Warr, cert. Taunton and Somerset Hospital, Miss Mary I. Little, cert. Salop Infirmary, Shrewsbury, and Miss H. O. L. Winter, will leave for France on Friday, July 14th.

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals:—

Scawband V.A.D. Hosp., Longtown, Cumberland.—Mrs. A. L. Parsons.

V.A.D. Hosp., Shoreham Place, Sevenoaks.—Miss C. Geoghegan.

Horkham Hall Hosp., Wangford, Suffolk.—Miss E. O'Callaghan.

The Mitchen Hosp., 184, Queen's Gate, S.W.—Miss M. Dunn.

King's Weston V.A.D. Hosp., Bristol.—Miss E. M. Adams.

Dalston Hall Hosp., Cumberland.—Miss H. C. Carpani.

V.A.D. Hosp., Chelmsford.—Mrs. M. Watson.

Popeswood Aux. Hosp., Binfield, Berks.—Miss E. C. Campbell.

Hornsey Aux. Mil. Hosp., Crouch Hill.—Miss M. A. Garrard, Miss E. M. Murphy.

V.A.D. Hosp., Newbury, Berks.—Miss B. Omerod.

Red Cross Hosp., The Monastery, Rye.—Miss A. Bridges.

The Hill Hospital, Holyhead.—Miss Anna M. Kane.

Red Cross Hosp., Wallasey, Cheshire.—Miss L. H. Wilson, Miss F. M. Clive, and Miss E. T. Clark.

Fairlawn Aux. Hosp., Forest Hill.—Miss C. D. Hirst.

Aux. Home Hosp., Penarth.—Miss M. A. Blackmore.

V.A.D. Hosp., Yacht Club, Gravesend.—Miss M. C. Ince.

Red Cross Hosp., The Close, Winchester.—Miss A. C. Middleton.

Newton Red Cross Hosp., Wimborne.—Miss S. E. Turner.

Highfield Hall, Southampton.—Miss M. J. E. Leeds.

Red Cross Hospital, Aberavon, Cardiganshire.—Miss H. M. Davies.

Acute Hosp., Cowalescot Camp, Abwick.—Miss F. G. Ball.

V.A.D. Hosp., Banbury Rd., Oxford.—Miss L. Blackwell.

Red Cross Hosp., Earl's Colne.—Miss M. E. B. Weatherup.

V.A.D. Hosp., Marlborough Hall, Swaffham.—Mrs. E. Vines.

Hosp. for Officers, 16, Bruton Street.—Mrs. O. L. Williams.

Aux. Hosp., Aberdare.—Mrs. H. Hudson.

V.A.D., Rosherville.—Mrs. F. K. Tilbury.

Hanover House, Woodford Wells.—Miss W. I. Pettitoe.

Greenlands Hosp., Southgate.—Mrs. G. Zala.

Red Cross Hosp., Cirencester.—Miss M. C. Diamond.

V.A.D. Hosp., Normanhurst.—Miss L. Cromack.

Broome House Hosp., West Horsley.—Mrs. D. Mair.

Gifford House, Roehampton.—Miss A. Ruddock.

Cluny Red Cross Hosp., Swanage.—Miss J. K. Bennett.

Creswall V.A.D. Hosp., nr. Mansfield.—Miss M. M. Chambers.

Clayton Court, East Liss.—Mrs. R. Campbell.

87, Eaton Square.—Mrs. E. V. Carruthers.

V.A.D. Hosp., Higham, Rochester.—Miss E. Shipsey, Miss E. P. Eadie.

The Wardell Hosp., Stannore.—Miss J. Todd.

V.A.D. Hosp., Exmouth.—Mrs. A. L. Wood.

Seaham Hall Aux. Mil. Hosp., nr. Sunderland.—Miss A. V. Coburn.

Southwood Aux. Hosp., Eltham.—Miss L. Duke.

St. Anne's Hall, Caversham.—Mrs. J. Howard.

Red Cross Hosp., Minehead.—Miss N. Hogan.

Parc Howard, Llanelly.—Miss E. Staples.

Laverstoke House, Whitechurch.—Miss S. M. Rogers.

Roslyn Lodge Aux. Hosp., Hampstead.—Miss C. F. Arathoom.

Aberdare Hosp., S. Wales.—Miss E. M. Smith.

16, The Avenue, Bridesbury.—Miss E. K. Good.

Aux. Mil. Hosp., Islworth.—Miss D. K. Simmonds, Mrs. A. H. Foster.

Victoria Aux. Hosp., Stretford, Lincs.—Miss M. King and Miss F. Berestord.

Roseneath Vol. Hosp., Winchmore Hill.—Miss I. Mann.

Hornsey Aux. Mil. Hosp., Crouch Hill.—Miss O. Tucker.

V.A.D. Hosp., Cottesbroke Hall, Northamptonshire.—Miss A. S. Hawkes.

V.A.D. Hosp., Wells.—Miss L. Golberg.

V.A.D. Hosp., Burton-on-Trent.—Miss I. D. Daile.

Hobbe Mead Hosp., Lynton.—Miss L. Lamp-lier.

V.A.D. Hosp., Erdington, West B'ham.—Miss M. E. Doyle.

Hill House Hosp., Warwick.—Miss M. Marsh.

Spalding Hall, Hendon.—Miss J. Comberbeach.

V.A.D. Hosp., Rugby.—Mrs. R. Mahoney.

V.A.D. Hosp., Earl's Colne.—Mrs. A. K. Bell.

184, Queen's Gate.—Mrs. K. Weston.

ABROAD.

Anglo-Italian Hosp.—Miss I. Mitchell Wishart and Miss C. Viner.

Boulogne Headquarters.—Miss D. Arden, Miss E. M. Allen, Miss J. T. Kitchen, Miss O. E. Robins and Miss N. L. Co-entry.

THE OFFICIAL OPENING OF THE RECREATION HUT AT FULHAM BY H.R.H. PRINCESS LOUISE, DUCHESS OF ARGYLL.

Monday, July 10th, was a gala day for the men of the Fulham Military Hospital, when their Hut was opened by H.R.H. Princess Louise Duchess of Argyll. Hours of careful thinking and active work must have gone to make the Hut look so charmingly attractive as it did on this occasion. The colour scheme and furniture suggested the summer bungalow of an artist, rather than a recreation hut for our Tommies. The green and white paint of the walls and gabled roof looked fresh and cool, and when the sun is shining on

said she hoped it would bring pleasure and comfort to the men. In declaring the Hut open, the Princess said she had on several occasions opened other huts, and it always gave her great pleasure; she knew they were much appreciated, and she added, "We want to do all we can to show our gratitude to the men for all they are doing for us on the other side." She wished every success to the Hut.

Some interesting facts concerning the general work of the Y.M.C.A. were given by Mr. J. J. Virgo, Field Secretary to the British National Council, and Mr. A. K. Yapp, National Secretary. The former is about to start on a tour round the world to inspect the work of this excellent Association, and to establish an Imperial Council, which speaks for itself of the need and extent of the work,



H.R.H. PRINCESS LOUISE, DUCHESS OF ARGYLL, ON HER WAY TO OPEN THE HUT.

and through those pretty pink curtains of the lattice windows, making the central hall glow with light and colour, and when flowers—cut and in pots—are tastefully arranged in moderate profusion, why then you can easily imagine that our wounded soldiers are getting all they require in the refinement of rest and recreation.

A large number of people had assembled to do honour to the occasion, and after Heber's beautiful hymn, "The Son of God goes forth to war," had been sung, followed by the Lord's Prayer, the Chairman, Colonel Sir T. Sturmy Cave, gave an introductory address. Miss Annie E. Hulme then made a presentation of the Hut on behalf of the donors, namely herself and Baron Profumo, and

which began in a small way 73 years ago. There are now 9,500 centres. At the time the war broke out there were about 1,000,000 members; the addition of 2,000,000 more may probably now be counted on. Twenty millions of money is invested in real estate for the benefit of the Y.M.C.A. The speaker said it is work that will endure because it is built upon the basis of the Christian religion.

At the request of President Roosevelt, Y.M.C.A. Huts had been established at Panama during the construction of the canal, with marked success.

Mr. Yapp, in accepting the Hut on behalf of the Council, thanked the donors for their beautiful gift, and spoke warmly of Miss Hulme's work there.

A hearty vote of thanks was accorded to the Princess.

The interesting ceremony terminated appropriately by the singing of the National Anthem. Tea was then served to Her Royal Highness in the Rest Room, and to the rest of the company in the Central Hall.

B. K.

THE MATRONS' COUNCIL.

By the kind permission of the Board of Guardians of the City of Westminster Infirmary, Hendon, a meeting of the Matrons' Council will be held at the Infirmary on July 20th. Miss Elma Smith, the Matron, offers a cordial invitation to the members, and no doubt an enjoyable reunion will take place. The business meeting will be at 4 p.m., after which there will be tea and croquet.

SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

A meeting of the Executive Committee of the Society for State Registration of Trained Nurses will be held at the office, 431, Oxford Street, London, W., on Thursday, July 27th, to receive a report on the Nurses' Registration Bill. Members of the Society who are not members of the Executive Committee are cordially invited to attend. Those who desire to do so should notify Miss Breay, Hon. Secretary, 431, Oxford Street, W. Such members are invited to express their opinion, but are not eligible to vote.

Mrs. G. F. Wates has generously sent her annual subscription of £1 is. toward the funds of the Society for the State Registration of Trained Nurses. She writes: "I cannot send it without expressing my warmest appreciation of the many years of devoted work of 'our leaders.'" Miss Evelyn Thompson has also sent a donation of 2s. 6d. and Miss M. H. Peck 1s.

THE MEDICAL PROFESSION AND THE I.S.T.M.

The *British Medical Journal* reports that a conference has been held between members of the Medico-Political section of the British Medical Association and representatives of the Incorporated Society of Trained Masseuses, and this body was urged (1) that establishments for the teaching by medical practitioners of pupil masseurs and masseuses who desire the certificate of the Society should only be inspected by medical members of the Society, and (2) that there should be medical representation on the Council or other Executive Body of the Society. The matter is still under consideration.

SISTER AUGUSTINE BEWICKE.

It is now alleged that the report from Salonika of Sister Augustine Bewicke's death, referred to in this JOURNAL last week, is not correct. We sincerely hope that this statement may prove to be well founded.

THE SOUTH AFRICAN WAR HOSPITAL, RICHMOND.

The South African War Hospital, which has been erected on a lovely site just within the gates of Richmond Park, has been built on the hut system and provides for some three hundred beds. The cost, amounting to about £32,000, has been provided by South Africans at home and in England. The walls of the buildings are composed of a non-inflammable composition of concrete and asbestos, the outside being of stained wood. Colonel Stock is its C.O. and Mrs. Creagh is the Matron. Though the necessary havoc of building is still apparent, we judged that it will not be long before its immediate surroundings are once more brought into harmony with the stately trees which fringe it, and with the graceful, timid deer which come up to the wire boundary and gaze with wondering eyes of mute appeal at the enormous structure that has invaded their peace. Are they dimly comprehending that the whole creation must groan and travail in pain together?

While we were waiting to be shown round the buildings the staff of officers, Sisters, V.A.D. probationers and orderlies were being grouped for a photograph. The Matron and Sisters wear light buff uniform faced with dark blue and blue tippets.

On the occasion of our visit only a small number of patients had as yet arrived.

The bath room, which contains eight cubicles, with green waterproof curtains, is at the entrance of the hospital and has two doors, one for entrance and one for exit. The idea is that men straight from the trenches shall enter, take their bath, leave their clothes, don fresh clothing and enter the hospital by the other door. There is a beautiful rest room fitted with luxurious easy chairs and a billiard table. The dining room for convalescents is bright and pleasant, and the tables were gaily decorated with flowers.

Soft green is the colour scheme of the long wards. Green casement curtains to the windows, green enamel beds. The blue screens were a matter of discussion.

The beds had the source of their endowment printed above them, and amongst others we read:—"Camp's Bay," Queenstown; "Women's Unionist Association," and "The Women of Johannesburg."

The dressing room is admirably fitted with its aseptic arrangements and operating table where all cases so able are brought to be dressed. There are two beautiful theatres, with an anæsthetic room between, one for septic and the other for aseptic cases. The lighting of these calls for special admiration. It is so constructed as to cast no shadows, and we were told that when dark it has the effect of bright moonlight. It runs continuously round the top of the wall after the manner of a picture rail.

The massage and electric room is fitted with

suitable appliances and comforts. There are also beautiful X-ray and dark rooms for eye work.

The commodious kitchen contains all that the heart of a cook can wish, and the linen room is overflowing with desirable stores.

The capable Matron, Mrs. Creagh, was trained at the Royal Free Hospital, and has lately been working in Pretoria and Wimbung. During the Boer War she gained great experience in nursing the wounded at Standerton. But in spite of her kind reception and courtesy in showing us so many interesting things, we came away a little depressed. Green-eyed monster? Yes. Partly on account of the beautiful hospital and the splendid opportunities of service, to visit a war hospital always makes one long to be "in it"; but primarily because our professional sisters from over the water have legal status and can put their claims in the air in consequence whilst the trained nurses of the Mother Country who have borne so much of the burden and heat of the day have no State recognition whatever. H. H.

CARE OF THE WOUNDED.

The British Red Cross has arranged to send to France a fleet of motor dental ambulances. The staff will consist of a dental surgeon and dental mechanic, and the ambulances will go far forward so as to be within reach of men in the trenches. They will do all ordinary dental work, but they are specially intended to deal with cases of men who are suffering from acute lesions of the teeth and gums, or what used to be known under the generic term of toothache, and with men whose artificial dentures have got out of order.

The Wounded Allies' Relief Committee has arranged for two special grants to be made to the Committee for the Relief of Belgian Prisoners in Germany. These grants will benefit not only sick and wounded Belgian prisoners in Germany, but also those interned in Switzerland. The Committee is also granting a sum to be devoted to providing books and games for patients in Belgian hospitals.

For the relief of sick and suffering Serbian soldiers, the Wounded Allies Relief Committee, of Sardinia House, Kingsway, W.C., has recently shipped off to Corfu quantities of hospital stores of all kinds that are urgently needed both by the Committee's own hospital staff at Corfu and by the Serbian Red Cross Society. A Ford touring motor-car has also been dispatched as an aid to relief work on the part of the Committee's Administrator.

Miss Kathleen Burke has collected £10,000 of American money during a three-months' tour in the United States and Canada for the Scottish Women's Hospital Fund, and in addition has promised of £5,000 more.

THE NURSING CONFERENCE.

(Continued from page 30.)

At the Conference of the National Union of Trained Nurses, held at 19, Marsham Street, Westminster, on Thursday, June 20th, when Miss Cancellor resumed the chair, after the interval for tea, she called on Miss H. L. Pearse to read a paper on the Economic Position of Nurses.

THE ECONOMIC POSITION OF NURSES.

Miss Pearse said that she would be very brief and only intended to start a discussion on this important and difficult question. The payment the nurse received in this country bore little relation to her skill, or to the period spent in acquiring that skill. The reason lay in the present lack of union amongst nurses, and the remedy in State Registration, with a recognised standard of training, a definition of the term "Trained Nurse," and the protection of her uniform from use by the unskilled worker and the impostor.

Now to consider what a nurse had to spend on obtaining her training, and what living she could make by her knowledge when trained.

Training expenses might be classified as Time and Money.

(1) *Time.*—The usual training period was three years in a general hospital, or infirmary, and this could not begin till the probationer was 21 years of age. When training did not begin till so late there was an expensive gap between the time that she left school, and the time that she could become self-supporting, and then, during the three or four years that she was training, she would only earn from £40 to £50 in salary plus lodging, board and uniform. One could therefore hardly call her self-supporting during training. The nurse, therefore, could not expect to earn a living by her profession for six or seven years after she left school, a very long and expensive period.

True, this period might be regarded as apprenticeship, but she was worth to the institution what it would have to pay if the probationer were not available, and it was questionable whether a much better arrangement could not be made from the nurse's point of view.

Then as to the fruit of her training. The payment of trained nurses varied considerably, but not on the side of generosity. Only the private nurse earned sufficient to enable her to make provision for old age. Usually nurses were expected to live in, keep was provided, and a nurse's salary represented the amount she could spend on dress and holidays and also what she could save.

In most institutions this salary ranged from, £30 to £45 per annum; in private work from £2 2s. to £3 3s. per week (for infectious cases); in work where she had to live out from a minimum of £75 to a maximum of £130, unless she obtained a post which required long experience or further qualifications.

This scale of salary was hardly on a level with salaries ordinarily obtained by women after a short training of, at most, six months or a year, and then an examination which did not require the experience a nurse must have before going in for her examination if she were to gain her certificate.

The salaries paid by the London County Council to nurses were from £80 to £105. The sum was fixed by the law of supply and demand. Were nurses obtainable at that salary? If so, why pay more? A certain percentage of the salary was deducted for the Superannuation Fund. This was really deferred pay. It was obvious that nurses could not save a substantial amount out of their average pay.

Referring to the Nursing College Scheme, Miss Pearse said that representation of Hospital Committees on the Governing Body was provided for. In regard to the representation of the nurses (who should keep outside altogether unless they had proper voting power), it must be remembered that every matron had two sets of interests to guard, those of her Committee and those of her profession. She had been a Matron and she knew. It was certain that Matrons on the Governing Body would have to voice the interests of their Committees or they might be faced with the direction to "come out of it." They would certainly, if placed on the Governing Body, be expected to help to keep the expenses of training down, as the Schools would inevitably be involved in extra expense.

Miss Pearse suggested that nurses must look for the remedy for the evils from which their profession suffered in organisation. It would be difficult to improve things unless the nurses took the trouble to fight for professional interests. They should see to it that the government of the profession was placed in the right hands by their own votes.

DISCUSSION.

Miss Cancellor said she was sure some of those present would wish to discuss Miss Pearse's able paper.

Miss Eden asked whether the scale of payment for nurses had not gone up, and Miss Cancellor said that during the war the payment of nurses had certainly improved. In some instances war bonuses were given.

Mrs. Fenwick said that economics were concerned with the law of supply and demand. It was true that a probationer was an apprentice; but, if one considered the conditions of apprenticeship in former days, the apprentice often paid a fee during the period of his contract, on the understanding that he was taught a skilled trade. If probationers received a low salary they had the right to something else as the equivalent of their work. Otherwise this small remuneration would be regarded by many philanthropists as wages for work done.

Many of the Governors of Hospitals to which nurse training schools were attached knew

very little of what nursing education should be, and many so-called schools were so only in name. Under a Nurses' Registration Act a curriculum of nursing education would be defined and presumably the hospitals would have to provide special teachers other than the overworked Sisters, to deal with the education of the nurses under their control. It was only recently that in some hospitals nursing tutors had been appointed. This system would undoubtedly have to be extended and either the training schools would have to incur increased expense or the pupils would have to pay for the instruction they received. They could not have it both ways. It was sometimes argued that hospital probationers could not afford this, but many nurses paid high fees for a few months' training in midwifery. With more thorough professional instruction trained nurses would possess higher practical skill and would command higher remuneration—as they could in Overseas Dominions and in the States. At present the rate of pay for the services of newly qualified medical men on military service was often £1 a day, and allowances, while highly skilled nurses with years of experience received £40 per annum, but the medical profession paid highly for their professional education and their skill was tested and registered. Mrs. Fenwick did not consider the Nursing Profession could be in a financially stable condition while it repudiated responsibility for the management of its own cash. The National Insurance Act was faulty in many ways but at least, for the first time under an Act of Parliament, nurses had power to manage their own finances. Yet where one nurse joined an insurance society that was professionally managed many put their money into one controlled entirely by men though the excellent results achieved by their own society showed what might be done by co-operation. Why should nurses hand over their money to be managed and expended by men? They would never be a free profession until their financial affairs were placed on a sound, self-managing basis.

Mrs. Shirley enquired whether it was true that some of the allowances originally given to Army nurses had been stopped, and was answered by Miss Eden in the affirmative, the reason advanced being that these allowances were intended to enable married officers to meet extra expenses which nurses did not incur.

Miss Pearse pointed out that extra qualifications acquired by trained but unregistered nurses, perhaps at considerable expense, had little financial value. In the appointment of sanitary inspectors, for instance, trained nurses were not even given the preference; nursing simply did not count.

Miss Thurstan caused amusement by relating the numerous qualifications which a nurse, for whom application had been made to the National Union of Trained Nurses that morning, had been expected to possess, the salary offered being £24 per annum.

Miss Eden enquired whether any organised

enquiry had been made into the financial position of nurses, and was told that some effort had been made by the Women's Industrial Council some years ago, but they were unable to obtain sufficient information for statistical purposes.

The Chairman then invited Mrs. Bedford Fenwick to speak on the Organisation of Nurses' Societies.

THE ORGANISATION OF NURSES' SOCIETIES.

Mrs. Fenwick said that there was only one basis upon which to build up an effective Nurses' Society—the individual one, and its foundation must be the individual will, expressed by the vote, otherwise there would be government without consent.

It was always wise to study men's organisations, and one found that politically nearly every man had the vote. On village councils, borough councils, municipal councils, and in London by the London County Council, for which she had a great admiration, the business was managed by the elected representatives of the people, and men had the privilege of electing their representatives in Parliament.

In professional societies of men the same system was in force.

With regard to nursing organisation English women seemed peculiarly incapable of following a lead; they had shown little power of co-operation for the common good and preferred small self-centred societies which had proved ineffective. When the British Nurses' Association was founded, in her house in 1887, nurses flocked to the standard and there was promise of a fine organisation. Unfortunately, however, the controlling power was monopolised by men and an autocracy resulted.

Mrs. Fenwick then described her visit to the World's Fair at Chicago in 1892, when she was one of the British delegates to the World's Women's Congress, at which Mrs. May Wright Sewall, the founder of the International Council of Women, spoke on the International Idea, and how she was asked to convey to this country the desire that it should form a National Council of Women. The National Union of Women Workers had already been founded and eventually a scheme was agreed upon whereby a National Council of Women of Great Britain and Ireland was formed and became the Governing Body of the Union. It was composed of delegates from women's organisations and societies, the National Union continuing to enroll individual members and form local branches. The National Council of Trained Nurses was founded on much the same system, and based on the graduate vote; societies composed entirely of nurses with the necessary qualifications were affiliated to form the National Council, but it had not so far admitted individuals to membership, thus many nurses were unable to enter the International Federation of Nurses which had spread all over the world. To-day there was an awakening amongst nurses, and a desire for more professional co-

operation, and it was possible that the National Council of Trained Nurses and the National Union of Trained Nurses might in co-operation bear somewhat the same relation to one another as the National Council of Women and the National Union of Women Workers, the former affiliating leagues and societies of nurses and the latter individual nurses and branches. Through such affiliation with the National Council they would enter into affiliation with the International Council of Nurses with its splendid organisation; all its congresses in Berlin, Buffalo, Paris, London, had been marvellously successful. At its last meeting at Cologne in 1912 twenty-three countries were represented by 1,000 delegates, and at the banquet at the close of the Congress speeches were made by distinguished nurses from all parts of the world. It was a magnificent and uplifting gathering, demonstrating the value of professional solidarity in the highest degree.

The National Council was the only portal to affiliation with the International Council of Nurses, and she thought that together the National Council and the National Union should be able to devise a constitution by which every trained nurse in the kingdom who desired effective national organisation and international federation could take her part in elevating the nursing profession to a high standard of efficiency throughout the world.

Miss Thurstan, who attended the International Meeting at Cologne, said that it was a revelation to her of what comradeship meant, everyone was a comrade; it was an unforgettable experience.

When she and other British nurses passed through Denmark from Belgium in 1914 nothing could exceed the kindness they received from the Danish National Council of Nurses at Copenhagen. A reception was given to them at the Palace Hotel, chocolates, pictures, &c., were sent to their hotels, and every opportunity was given them of seeing the hospitals and other institutions, and of having an enjoyable time.

Miss A. E. Hulme said that she and Miss Kent, as British delegates, had the same wonderful experience at the meeting of the International at San Francisco last year; nothing could exceed the kindness and hospitality they received. Mrs. Fenwick remarked that to be a member of a National Council of Nurses, taking credentials from its President, was an open sesame in nursing circles throughout the civilised world.

Miss S. A. Claridge, who was in Germany just before the outbreak of war, described her experiences at that time.

Before the close of the proceedings the Chairman asked whether it was the feeling of the meeting that another Conference should be held in the autumn.

Mrs. Bedford Fenwick thought the Conference might be a conjoint one, convened by the National Council of Trained Nurses and the National Union, as the former usually held an annual Conference; by such co-operation everyone interested could be invited to attend and help to make it representative.

Many very important questions required consideration before the next Session of Parliament, which it was the duty of thoughtful nurses to consider.

The President of the Union, Miss A. M. Bushby, proposed a vote of thanks to the speakers and the Chair, and a very interesting and enjoyable Conference terminated. M. B.

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 Theatre at the Hospital on Saturday, July 1st. Miss Cox Davies, the President, who was in the chair, was wearing the Royal Red Cross recently conferred upon her.

Before the business was proceeded with Miss Cutler read the list of members of the League who had received distinction since the last meeting.

Royal Red Cross, First Class.—Miss M. R. Acton, Miss J. Clay, Miss G. Larner, Miss M. Rundle, Miss A. E. Holmes.

Royal Red Cross, Second Class.—Miss E. Monck Mason, Miss D. Mudie, Miss H. Simpson, Miss Whitley Cooze, Miss A. E. Harris, Miss D. Minchin.

Mentioned in Despatches.—By General Haig, from France: Miss Paterson (Sister Mary), Miss E. M. Duncum, Miss M. Cockshott, Miss A. White, Miss A. Wilson, Miss E. Johnson, Miss D. Foster, Miss E. Gordon. By General Maxwell, from Egypt: Miss A. Stubble and Miss K. Lowe. From East Africa: Miss Moulton (now Mrs. Cooper).

It was agreed to send the congratulations of the League to these members.

REPORTS.

The first Report was that of the Treasurer, presented by Mrs. Shuter, who notified a balance in hand of £64 14s. 10d. on the current account, besides in the Reserve Fund £100 War Loan Stock at 4½ per cent., and a Balance at the Bank of £10 14s. 11d.

The President announced that Mrs. Shuter had asked to be relieved of the work of Hon. Treasurer, though she would keep it on till October, and a very hearty vote of thanks was passed to her. It was hoped that Mrs. Turnbull would then consent to act.

The General Report presented by Miss Cutler notified that 97 new members had been elected during the year, and 4 had resigned. The League had lost through death Miss M. A. Buckingham (Matron of the Queen's Hospital, Birmingham), Miss Graham (Sister Coborn), and Miss McConal. The League had now 884 members; 10 had been decorated with the Royal Red Cross First Class, 13 Second Class, and 17 Mentioned in Despatches. Mrs. Andrews had represented the League at two meetings convened to consider the College of Nursing, and Miss Curtis at the third. Miss Le Geyt had been appointed to succeed Miss Milne as the representative of the League on the

Executive Committee of the Society for the State Registration of Trained Nurses.

The President had tendered her resignation but had been asked by the Executive to reconsider it, and had consented to do so for the present.

The President remarked that the League was extraordinarily alive and healthy and the Report was accepted.

It was reported there had been no calls on the Benevolent Fund during the year.

The Scrutineers then made their report on the voting papers for the new members of the Executive in place of Lady Baddeley, Miss Bramwell, Miss E. Hunter, and Miss Rundle, and Mrs. Turnbull, Miss Finch, Mrs. Shore, and Miss C. Hayes were declared to be elected.

Miss J. Curtis was elected Vice-President in succession to Miss E. M. Waind.

THE ISLA STEWART MEMORIAL FUND.

Mrs. Shuter reported that at the last summer meeting of the League she had stated that £8 was needed to bring the Fund up to £500. Before the end of the month she had received £119, one member wishing to give the whole of the £8. She had been helped by Miss Stewart in a time of difficulty and felt that she could in this way partially defray her debt. £21 6s. 4d. interest on investments had been received. The amount invested was £505, and a further sum of £25 had been invested in Exchequer Bonds on June 23rd.

REPORT FROM THE DELEGATE ON THE SOCIETY FOR STATE REGISTRATION.

The following Report was presented by Miss Le Geyt, the Delegate of the League, on the Society for the State Registration of Trained Nurses:—

MADAM PRESIDENT AND LADDES,

I have much pleasure, as your Delegate, in presenting the following short report of the work of State Registration.

During the first year of the War there was a tacit understanding in most of the Societies connected with the economic status of women that there should be no active propaganda while members were so fully engaged in the immediate necessities of the times, but from the date (December 30th last) on which the Nursing College scheme was first propounded in a circular letter issued by the Hon. Arthur Stanley, the Society for State Registration of Trained Nurses has been exceptionally active and alert.

In the Fourteenth Annual Report mention is made that the Executive has met no less than six times and transacted a large amount of business, also that a Nurses' Protection Committee has been formed with Miss E. B. Kingsford as Chairman. Five hundred and twenty-six new Members have been elected, bringing the total number of those who have joined the Society up to 4,100.

It is desired that I draw the attention of the newly attending members of the League to the new Form of Application for membership, in

which the objects of this Society are stated in four clear propositions.

Firstly, State Registration of Trained Nurses by Act of Parliament.

Secondly, an elected Governing Body for the Nursing Profession on which the Registered Nurses have direct and adequate representation.

Thirdly, a central examination for nurses at the expiration of the term of grace provided for in the Nurses' Registration Bill, before admission to the Register.

And fourthly, the protected title of Registered Nurse for those placed on the General Register.

At the Annual Meeting of the Society, held on June 8th, the President, Mrs. Bedford Fenwick, gave an illuminating résumé of the conferences between the Central Committee for the State Registration of Nurses, and the Nursing College Delegates.

It remained to be seen if the Bills of both parties could not be combined in their essential features, including the agreement as to the Constitution of a Governing Body.

In view of the strong desire on both sides to come to a mutual understanding, there was every reason to hope that an acceptable Bill might be agreed upon at some date in the near future.

Our sincere thanks are due to our indefatigable President, Mrs. Bedford Fenwick, who has been working for these principles for the last twenty-five years, and consequently has a most intimate knowledge of the technical and legal points required in such a Bill. We can rest assured that with her watchful devotion to our Cause the liberties, and highest interests of the Nursing Profession will be safeguarded and preserved.

THE COLLEGE OF NURSING.

The President then gave a short account of the College of Nursing scheme, and said that it was no longer possible to separate the College from a Bill for the State Registration of Nurses. As deliberations were still proceeding between the Central Committee for the State Registration of Nurses and the College it would be improper to go into details, but she mentioned some points which she had direct authority from Mr. Stanley for stating. Mr. Stanley was of opinion that if an agreed Bill was arrived at, and with the help of Major Chapple, a Nurses' Registration Bill might be passed as a war measure, probably before Christmas.

Mrs. Bedford Fenwick said that it was in no contentious spirit that she repeated what she had said at the last meeting of the League, that the College scheme as outlined in Mr. Stanley's original letter and incorporated in its Memorandum and Articles of Association was exceedingly dangerous to the best interests of the nursing profession, but much had happened in the past six months calculated to mitigate such effects. State, as apart from Voluntary, Registration had been adopted by the College and a Nurses' Registration Bill drafted. There had been several meetings between the representatives of the College and the Central Committee to try to

get an agreed Bill. This could only be done by inserting clauses considered of vital importance in nursing legislation. Many of their proposals had been accepted, and it further additions were included it did not appear improbable that with compromise a Bill might be agreed upon. They must not, however, think that everything was plain sailing. The constitution of the College as defined in its Memorandum and Articles of Association was autocratic and impossible. For instance, it was expressly provided that the College, which was presumably an educational institution, should not grant either titles or diplomas to trained nurses. They must not permit so obsolete a mandate to stand. Those framing legislation were responsible for the status of future generations of nurses and they must conserve their interests. However, by conference much could be done, and she was inclined to think that if an agreed Bill were adopted it would not be so very different from their own statesmanlike measure to which so much thought had been devoted.

Miss M. Huxley then gave a most interesting and sympathetic account of the recent Irish rebellion in Dublin, after which the members adjourned to the Great Hall for tea, which, as usual, was dainty and delicious, and to which many guests were invited. Mr. Algernon Clarke's Ladies' Trio played delightfully. Registration and the war provided absorbing topics of conversation.

M. B.

THE PHYSICAL CLINIQUE.

The Physical Clinique for Wounded and Disabled Soldiers at 126, Great Portland Street, was opened on July 1st by H.M. Queen Alexandra. Its special features are the Whirlpool Bath and the Zander appliances.

The baths, actuated by currents of water, by electric motors and by compressed air, have a strong tonic effect on the special conditions of muscles and joints due to injuries. The baths differ in detail, one pattern for feet, another for arms, and one for the entire body, but the principle is the same throughout.

The Zander appliances for extension and flexion of stiff joints and contracted muscles are extremely interesting. The apparatus has been obtained from Paris, and consists of twelve pieces. We were informed that the whole of this wonderfully ingenious apparatus cost only £175. Neither this nor the Whirlpool Bath has hitherto been in use in England. The treatment, which is entirely free, will in the first instance be given to wounded and disabled soldiers. About sixty cases can be treated in the afternoon, which at present is the only time the clinique is opened.

THE EDITH CAVELL STATUE.

The Daily Telegraph Shilling Memorial Fund for the erection of a statue to Edith Cavell now amounts to 58,527 shillings and ninepence (£2,029 7s. 9d.). We look forward to seeing Sir George Frampton's beautiful statue in its place near Trafalgar Square—a splendid national site.

APPOINTMENTS.

MATRON.

Wirksworth Cottage Hospital. Miss Annie Hardon has been appointed Matron. She was trained at University College Hospital, London, where she has been nurse and Sister, also Night Sister at the Devonshire Hospital, Buxton.

Isolation Hospital, Pentrobin, Hawarden, near Chester.—Miss R. Stewart has been appointed Matron. She received her general training at the Leeds Union Infirmary and lever training at the Bradford City Hospital, and has held the position of District School Nurse at Broseley, of Sister at the Borough Hospital, Crewe, the City Hospital, Nottingham, and the City Hospital, Bristol.

SUPERINTENDENT NURSE.

Union Infirmary, Bedford.—Miss Mary A. Price has been appointed Superintendent Nurse. She was trained at the Union Infirmary, Manchester, and was subsequently Sister at Wolstanton and Burslem Union Infirmary, and Queen's Nurse at Salford. She is a certified midwife.

HEALTH VISITOR.

Plymouth.—Miss Lucy C. Cooper has been appointed Health Visitor. She received her general training at the Central London Sick Asylum, Hendon. She has also the certificates of the Medico-Psychological Society, the Royal Sanitary Institute, and has Midwifery and Massage training. She held Superintendent Nurse's post at Leavesden Asylum, Herts; has done several years' private nursing and the last eighteen months has held first the Night Sister's and later the Assistant Matron's post at her training school, now known as The City of Westminster Infirmary, Hendon.

SCHOOL NURSE AND HEALTH VISITOR.

Whitby Urban District.—Miss Ada Akcroyd has been appointed School Nurse and Health Visitor in the Whitby Urban District, the appointment having been made by the North Riding County Council, and the Whitby Urban District Council conjointly. Miss Akcroyd received general training as a nurse at the Batley and District Hospital, and midwifery training at St. Mary's Hospitals, Manchester, and has held the position of School Nurse at Hull.

THE PASSING BELL.

Butler.—On July 3rd at a Nursing Home, Torquay, Clara Louisa Butler, for 20 years Matron of the Samaritan Free Hospital, Marylebone Road, London, W. Aged 70.

The news of Miss Butler's death will be received with very widespread regret. She was one of the original members of the Matrons' Council, on its foundation, and did all in her power to help the members of the nursing profession to obtain the legal status which she realized was necessary

both in the interests of the public and of trained nurses. Miss Butler had a charming personality, and will long be remembered by her colleagues and friends with respect and affection. She had been ill since January last, but to many the news of her death was unexpected. We offer our sincere sympathy, and we are sure that of all her professional colleagues, to her relatives.

MEDALS, PRIZES, AND CERTIFICATES.

The Duchess of Portland visited Bagthorpe Workhouse Infirmary, Nottingham, on the 6th inst. for the purpose of distributing the medals, prizes and certificates won by probationers at the examinations in 1915 and 1916.

Mr. T. Munk (Chairman of the House Committee), who presided over a numerous attendance of members of the Board and visitors, congratulated the probationers on their work. The Guardians, he said, took a deep interest in their training. He went on to speak of the reluctance with which in days gone by poor people took advantage of workhouse infirmaries. He felt, however, that thanks to the skill of the nurses that reluctance was rapidly passing away.

LIST OF AWARDS.

1915.

Gold Medal: Nurse Eliza A. Walker (first in final examination). *Silver Medal:* Nurse Beryl E. Walker (first in second year examination). *Bronze Medal:* Nurse Emily E. Coxall (first in first year examination). *Prizes:* Nurse Elizabeth West, Nurse Minnie Deverill, Nurse M. A. Shakespeare, Nurse S. J. Blunt, Nurse Dorothy Seals and Nurse Mary Brown.

1916.

Gold Medal: Nurse Millicent A. Shakespeare (first in final examination). *Silver Medal:* Nurse Harriet Widdowson (first in second year examination). *Bronze Medal:* Nurse Mabel H. Hampshire (first in first year examination). *Prizes:* Nurse Eva Smith, Nurse Anna M. Yates, Nurse Mary E. Riding, Nurse Emily E. Coxall, Nurse Frances M. Holland and Nurse Mary A. Mayne.

SPECIAL PRIZES.

For Midwifery: Nurse Florence L. Hampson, 1; Nurse Edith E. Garratt, 2; Nurse Olive J. Donoghue, 3. *Guardians' Prize (for uniform excellence in the qualifications desirable in a nurse):* Nurse Elizabeth West. *For General Neatness in Person and in Work:* Nurse M. A. Shakespeare, 1; Nurse Clara Wakein, 2. *Certificates (gained after the completion of four years' training and after passing satisfactory examinations):* Nurses Phyllis R. Newcombe, Gertrude Knight, Faith Start, Florence L. Hampson, Elizabeth A. Conway, Cecilia E. Willbond, Elizabeth West, Olive J. Donoghue, Louisa Treadwell, Beatrice L. Ward, Ethel May Tarlton, M. J. Shepherd, Edith L. Hall and S. J. Brunt.

NURSING ECHOES.

This has been a record year of work and worry for hospital matrons: workers have been so limited, both in the nursing and domestic departments, and we all know how matrons are often expected to make bricks without straw. We are the more pleased, therefore, to see recognition upon the part of hospital committees of the manner in which the majority of matrons have risen to the occasion, and "carried on" with so much spirit. At the annual meeting of the Royal Infirmary, Wigan, the Chairman, in speaking of the nursing department, said "the matron and staff have done wonders." No doubt other chairmen can tell the same tale. Let them place such recognition on record: it is a great incentive to further effort.

The Women's War Procession, on Saturday, July 22nd, which is being organized by the Women's Social and Political Union, 114, Great Portland Street, is intended to include all women, no matter what their political convictions, who feel strongly on the need for vigorous measures in the prosecution of the war abroad, where strong measures for the protection of British prisoners of war are urgently needed, on sea a free hand for the Fleet, and at home—the members of the Union consider that the enemy alien should be interned. They also demand the cancellation of Naturalisation Certificates granted to those who continue to be Germans, and a drastic reform of the Naturalisation Laws, in order to prevent Britain from being permeated and undermined by Germans in future.

The Women's War Work Secretary, Miss Elsie E. Bowerman, writes:—"We are hoping to have a special section in the procession to represent the War Work of Women, and we are most anxious to have a large number of nurses. . . . We are sure that this would be a splendid opportunity for paying a tribute to Florence Nightingale, the Founder of Modern Nursing."

Nurses are working night and day just now, but we hope some will be able to take part in a demonstration which means "no wobbling in war."

At a recent meeting of the members of the Devon and Cornwall Branch of the National Poor Law Officers' Association, a discussion took place on the urgent need of nurses becoming members of the Association, arising from a letter from the National Association Execu-

tive. It was stated that large numbers of women now doing V.A.D. work in the hospitals looking after wounded soldiers, would adopt nursing as a career. If that happened, the nursing profession would be overcrowded, which might induce Boards of Guardians to accept such nurses at low salaries. Poor Law nurses, therefore, required the protection which that Association could afford. It was intended to establish a College of Nursing, and to induce Poor Law nurses to submit themselves to examination, so as to secure certificates of efficiency.

We gather from paragraphs headed "The Enemy within the Gate" in the *Poor Law Officers' Journal* that the National Poor Law Officers' Association objects to the professional co-operation of Poor Law nurses as such, and that the "enemy within the gate" are those matrons and others who realise that nursing, like medicine, cannot be confined within the narrow limits of the Poor Law, and that members of both professions, even if attached to Poor Law institutions, have a right to co-operate professionally outside the Association. We are entirely in sympathy with this view, and have more than once suggested that nurses trained in Poor Law hospitals should form a society of their own, as their Matrons and Superintendent Nurses have done, so that they can consider their own affairs, and, through the National Council of Nurses, come into sisterly association with various Leagues and Societies of hospital nurses.

We must confess that when the nominated list of persons was announced to form the Council of the College of Nursing—a body which proposed to define nursing standards and register trained nurses—it appeared to us an extraordinary anomaly that whilst not one of the powerful societies of trained and certificated nurses were represented, the Poor Law Officers' Association was accorded representation, although it has absolutely no claim whatever to participate in the expert work of defining nursing educational standards or controlling our professional discipline. The Association, which is composed of workhouse officials of all grades from master to porter, has its uses, no doubt, but the control of the nursing profession cannot be included in its duties. We hear, however, that all over the country Poor Law lay officials are being nominated on to the Consultative Board of the College, and that in consequence a rising determination upon the part of the nursing profession to resist any such control will have to be taken into consideration if the College is to continue.

THE HOSPITAL WORLD.

THE COTTAGE HOSPITAL, FRIMLEY.

Chief among the benefits of a cottage hospital are the facts that skilled medical treatment and nursing care can be brought to the rural poor at the earliest possible moment, and further that when obliged to leave their own homes for such treatment they are still in the midst of familiar things and familiar faces, and to the man and woman who rarely move more than a few miles from home the loneliness of illness amongst strangers is not an added burden.

Typical amongst institutions of this kind, which are doing good work all over the country, is the Frimley District Cottage Hospital, of which

the centre bed at present taking the form of a red cross.

In the attic are three bedrooms, a boxroom and a linen cupboard.

Along the road just now pass many troops and also convoys of German prisoners on their way to the large internment camp near the Sanatorium.

During the past year a system of heating by hot water has been installed throughout the hospital, the whole cost was defrayed by a member of the Committee, Mrs. A. C. Pain. In consequence of this alteration it has been necessary to build a mortuary, as a portion of the building used for this purpose was required for a furnace room. Another generous donor has given the mortuary slab.

The hospital is now undertaking the school



A VERANDAH, FRIMLEY COTTAGE HOSPITAL.

Miss E. M. Cancellor is Matron. It consists of a central block to which wings have been added and which form the main wards (King Edward VII and King George V) and their annexes. A feature of these are the wide and pleasant verandahs on to which the beds of the patients, as shown in our illustration, can be drawn through the French windows. The private wards are in the main building, opening on to the central corridor. On the other side of the corridor the scullery and operating room are placed.

The Matron's quarters are on the first floor. A charming sitting room, dining room, bedroom and bathroom; there is also a kitchen on this floor. From the windows of the sitting room there is a pleasant outlook over the garden where, under Miss Cancellor's supervision, roses and many other beautiful things grow and prosper,

clinic work, an indication of a further way in which cottage hospitals may serve the community. They might also, in many instances, become centres of ante-natal work. When one sees the good work of the Frimley Cottage Hospital under its up-to-date and capable Matron one realises what potent centres for good such hospitals may be.

It requires a many-sided person to be Matron of a cottage hospital. She should be a first-rate nurse, both in the operating theatre and of medical and other cases, a good domestic manager, for the very existence of the hospital may depend on her capacity to manage well and economically. She should also be able to secure the friendship of rich and poor and, withal, should be watchful for opportunities of extending the sphere of usefulness of the hospital. To manage a cottage hospital well is indeed no mean feat.

CONFERENCE ON RECOMMENDATIONS OF ROYAL COMMISSION ON VENEREAL DISEASE.

There is no more important subject before the public to-day than that on which the Royal Commission has lately made Recommendations—namely, Venereal Disease. Certainly, there cannot be one which bristles with more difficulties.

A Conference of the Women's Local Government Society was held at the house of Lord Meath, on July 10th, to discuss this burning question. The basis for discussion was presented to the Conference in the form of resolutions which affirmed the necessity of the presence of women on Boards of Management which undertake, with the assistance of grants from the Exchequer, the diagnosis or treatment of venereal disease. Further, that the public should be enlightened as to the need for women on the Boards of Management of voluntary hospitals, and to the ever-increasing need for the co-operation of women with men as members of County and County Borough Councils.

Dr. Helen Wilson pointed out that at present there was no suggestion that new bodies or buildings should be created, but rather that existing organisations should carry out the work. She pleaded that the patients should be treated as real hospital cases and not as criminals. There were two main lines: 1. Dealing with infected persons; 2. Remedying the conditions which brought about the disease. The first of these only was dealt with by the Royal Commission. Complete isolation was not practicable, as the treatment lasted too long a time. Expert opinion was against compulsory notification. The only suggestion of compulsion in the Report was that Poor Law Guardians should have the power to detain known prostitutes. Dr. Wilson pointed out that if that were carried out, women would not put themselves in the position to be detained. Much better results could be obtained by persuasion. It was also a mistake to imagine that known prostitutes were the most dangerous. Young girls just beginning the life were as much and more a source of danger. This was a work in which men and women must co-operate.

Mr. Maurice Gregory, whose experience of the work is very great, began by saying that it needed a great many women of good will and sound common sense. He spoke in glowing terms of the excellent nursing at the London Lock Hospital, and of the good results obtained. They were skilled, kind and patient women, who worked there, with such careful attention. It was a mistake to lay too much stress on specifics, and much more was due to the enormous value of good nursing. He and many other speakers deprecated the miserable aspect of many lock wards, and said, under no circumstances, should disease be punished.

Miss A. C. Gibson was also of opinion that these cases should be given different surroundings;

they should be happy and pleasant. There were still some old-fashioned nurses who worked from a different motive than that of caring a living, who would undertake this work, who would help and encourage these patients and nurse them with skill and tenderness.

Dr. Gertrude Keith said these women should be treated sympathetically; it was not to be expected that, after a bright, gay life of supper parties, theatres and fine clothes, they would remain where their surroundings were so unattractive, their clothes so coarse, laundry work for occupation, and singing of hymns their only recreation.

Councillor Edith Sutton spoke of the unwillingness of men at this time to co-opt women on to their Councils; but the women could, at any rate, be rousing their fellow women and see to it that when the work is ready the women are ready too.

Miss Kilgour, M.A., speaking of the need of women on voluntary hospital boards, said a good deal might be done in this direction by women subscribers.

The Chairman, Mr. W. Alexander Coote, in his closing remarks, asked the women to realise that men did not want them either on Boards of Guardians or Borough Councils; they did not mean to lose any chance of a position on public bodies. He asked whether the organisation was quite ready for the work in hand. He spoke of the marvellous change in public opinion, and said that some years back medical opinion was a great drawback to the work, but that now the consensus of opinion was convinced of the necessity of purity.

The Local Government Board will issue instructions this week to all local authorities instituting a new campaign against venereal disease. These order local authorities to arrange with existing hospitals and clinics for free treatment for those suffering from this terrible scourge. Towards the cost the Local Government Board will contribute 75 per cent. and the local authorities the remainder.

A reader in India writes: "Bombay is a great centre just now, and a most interesting place. At St. George's Hospital sick and wounded officers have been taken in from the Gulf for more than a year now. Parts of the Byculla Club and the Taj Mahal Hotel also receive wounded officers, and there are three large war hospitals open. Hospital ships are continually going and coming between this and Mesopotamia and Bombay and Suez *en route* for England. Nurses have been lately arriving from England, but just at present the work is light here. The heat in Bombay has been very great, and at Basra, where some of the nurses from Egypt have gone, it will be much worse. But the most trying work of all is ambulance train duty; the heat when going across India in May is appalling. One wonders if the war will ever end. Cholera has broken out in the Gulf now, so that makes it the more sad

THE CARE OF THE SCHOOL CHILD.

THE TUBERCULOUS CHILD.

A lecture on the above subject was given on June 28th, at the London Day Training College, by J. Edward Squire, Esq., C.B., F.R.C.P., Physician to the Mount Vernon Hospital, Hampstead.

Ten thousand children under the age of fifteen, he said, die every year from tuberculosis. These figures did not represent the total effect. Some die after that age; some recover; and some recover, though crippled for life. He described the various ways in which it affects children, and said that lung disease from this cause was not so common in them as in the adult. The seeds must find the proper soil to grow in; and it was too often found in the London child, who lacked good food and fresh air, and whose vitality was always low. In cases of tuberculous joints, there was often a history of a fall or blow. It was when they were in the inflamed condition caused by such an accident that the tubercle bacillus already circulating in the blood found a suitable resting place. Cleanliness and the cult of the open window would go a great way in the prevention of tuberculosis. He strongly advocated open-air schools, and said there should be residential schools of this kind for preventive work among the poorer children.

THE CRIPPLED CHILD.

Lecturing on "The Crippled Child" at the London Day Training College, on July 5th, Mr. R. C. Anslie, F.R.C.S., Medical Officer of the L.C.C. Cripples' Schools, said there were not so many crippled children in London as was generally believed. Out of the 700,000 children in the schools, only about 4,000 were crippled.

The number that were born cripples was extremely small; nearly all that were so afflicted became so at a comparatively early age. Tubercular disease of the bones and joints was responsible for about 50 per cent. Infantile paralysis was the cause of a large proportion of the other half. It was now known that these were both infective diseases, and, in consequence, a large diminution of cripples might be looked forward to. He advocated strongly institutional treatment for these children; but, of course, the expense would be very heavy. The tuberculous subject, though apparently cured, should always be carefully watched and safeguarded. It was not right that they should be in ordinary schools where they ran great risk of injury. He impressed the necessity of noting early symptoms in children, and that any alteration in a child's habits ought to receive attention. Infantile paralysis was capable of great improvement. In the last five or six years he had treated thirty cases, only two of which he had failed to make walk.

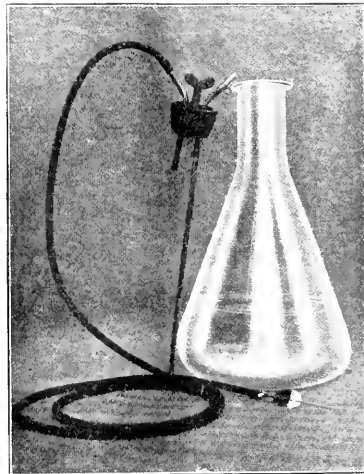
PRACTICAL POINTS.

A Simple Method of Giving Saline Subcutaneously and Intravenously in Use at the Royal Victoria Hospital, Montreal, Can.

Writing in the *Modern Hospital*, Dr. E. C. Levine, of the Royal Victoria Hospital, Montreal, says:—

"In the giving of saline intravenously, there are some slight difficulties which I think could be overcome by the use of a receptacle or flask, which I shall describe later. Let us consider the drawbacks which exist in the old method of giving saline intravenously:

"1. The monotonous and tiresome act of having to hold the funnel at arm's length, and the occasional overflow of same when fluid is too vigorously poured out from flask by the assistant.



THE CORK REMOVED FROM FLASK.

- "2. The unequal pressure of fluid in the funnel.
 "3. Possibility of air getting down into the tube, due to allowing the funnel to empty itself.
 "4. Exposure to air and contamination.
 "The simple device, which has been worked out with the kind assistance and valuable suggestions of Miss Feltz, head of the operating department of the Royal Victoria Hospital, is as follows:—It is a continuous flow arrangement, which, when suspended from a stand, avoids the need of an assistant. The flask is an ordinary one (Erlenmeyer), such as is generally used in a hospital, and the cork is made of soft rubber with an adjustable screw running through it, attached to a small plate on its inner surface. This, by the use of the

thumbscrew on the outside, will enable the cork to fit any ordinary-sized bottle, having the same action as the plunger of a syringe.

"The long tube is placed through the cork and into the flask, allowing air to enter whenever the flask is turned bottom up, thereby regulating the flow of liquid. The short bent tube on the opposite side is for the flow of fluid, and to it is attached the rubber tube, with its cannula, or needle, at the end. The advantages are as follows:—

"1. Doing away with the funnel and open-flask arrangement.

"2. No overflowing of liquid.

"3. Regular pressure and uniform flow of fluid.

"4. Simplicity of apparatus.

"5. No possibility of air getting into tube after flow has started.

"6. No possibility of fluid becoming contaminated by exposure to air.

"7. Ease of sterilisation.

"8. (VERY IMPORTANT). No need of assistants after flow of fluid has started.

"9. No danger of cork coming out of flask when inverted."



HOSPITAL EQUIPMENT IN LIVERPOOL.

Members of the medical and nursing professions, when visiting Liverpool, should make a point of calling at the spacious showrooms of Messrs. White & Wright, 93, Renshaw Street, and inspecting their hospital equipment. The firm has one of the largest and most varied assortment of aseptic hospital furniture in the provinces, including the latest patterns in operation tables, lockers, trolleys, &c. The goods are calculated to stand the hardest wear and tear of hospital wards and are of high-class workmanship and finish. The firm are the actual manufacturers of these goods and therefore in a position to put them on the market at very moderate prices.

Their stock includes invalid furniture, wheel chairs, bed tables, back rests, water beds, indeed every kind of nursing requisite.



WORD FOR THE WEEK.

It takes great strength to live where you belong. When other people think that you are wrong; People you love, and who love you, and whose Approval is a pleasure you would choose. To bear this pressure and succeed at length In living your belief—well, it takes strength."



COMING EVENTS.

July 20th.—Meeting Matrons' Council, City of Westminster Infirmary. Colindale Avenue, Hendon, N.W. Business meeting, 4 p.m. Tea and croquet.

July 27th.—Meeting Executive Committee Society for State Registration of Trained Nurses, 431, Oxford Street. 4 p.m.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

WHAT IS RECREATION?

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—What a sympathetic letter in last week's issue from "H. H." As I live and work in the East End of London and would not leave it for work elsewhere, I know exactly the atmosphere which appeals to "H. H." But sometimes I long to get away from the smell of fried fish and the sight and smell of poverty, and it is my pleasure to take my recreation where everything smells sweet. I never miss one day every season in a hayfield, where I am welcome. Another day I spend in Hampton Court Gardens, and another on the river at Sonning. These three lovely treats last me for months.

Yours truly,

EAST ENDER.

THE STIGMA OF "LIMITED."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—On your advice I have obtained a copy of the Memorandum and Articles of Association of the College of Nursing. I cannot see how we can submit to work under them. It is not enough to ignore them as their dangerous provisions still stand. Surely the Bill will override them, and we shall not only get rid of the "stigma" of being controlled by a limited company, but shall be safe from its autocratic provisions. It is amazing that any matron can associate herself with such a constitution.

Yours truly,

JANE C. WATSON.

Manchester.



OUR PRIZE COMPETITIONS.

July 22nd.—If it is decided under medical advice that an infant shall be weaned, what special points would you observe in the care of the mother and child?

July 20th.—What methods have you seen employed for the treatment of infected wounds, and with what results?



FRENCH FLAG NURSING CORPS.

Candidates for the F.F.N.C. can be interviewed on Friday, July 14th and 21st, 2.30 to 4.30 p.m., at 431, Oxford Street, London, W. Candidates must be well educated and hold a certificate of three years' training, which they must bring for inspection. A knowledge of French is an advantage.

The Midwife.

CENTRAL MIDWIVES BOARD.

JUNE EXAMINATION.

At the examination of the Central Midwives Board, held on June 10th in London and the Provinces, 612 candidates were examined; 492 passed. The percentage of failures was 19.0.

LIST OF SUCCESSFUL CANDIDATES

LONDON.

City of London Lying-in Hospital.—H. I. Burton, M. Cross, E. Gates, A. B. Hepburn, M. E. Lucas, R. Morgan, E. M. Pearce, F. M. POUND, M. Powell, C. Rodwell, M. M. Silvey, J. Smith, M. Smith, M. I. Terry, L. M. Wales.

Clapham Maternity Hospital.—C. U. Barnett, F. Bateman, K. Blake, F. G. Brayne, M. E. Brown, E. Comins, G. E. Irwin, G. Jensen, H. M. Meredith, J. D. Mills, J. Muckleston, A. I. Saunders, M. B. Stone, M. Threlfall, M. E. Wolff.

East End Mothers' Home.—C. Bradley, M. E. Clark, E. M. King, H. J. Leese, H. Middleton, B. E. Munchen, G. M. Nicoll, K. E. Shaw, E. F. Singleton, E. T. Wiute.

General Lying-in Hospital.—M. Adams, M. Barnes, J. D. Bevan, E. M. Borman, M. L. Claridge, J. Dow, L. E. Dumett, S. Ellis, E. M. Fairweather, B. M. Gilbert, C. Hornby, E. E. Macnallan, G. M. Marcon, M. Murray, F. E. Parker, E. G. Williams, W. Woodmansey.

Greenwich Union Infirmary.—C. Guinee.

Guy's Institution.—J. Dingle, A. D. Farr, C. E. Love, A. M. McKittrick, G. E. Sherrard, C. A. Taylor.

Kensington Union Infirmary.—K. I. Handlyn, M. F. Orpin, G. E. Page.

London Hospital.—M. Francis, G. M. Francois, S. J. Humphreys, I. E. V. McGregor, J. Portmann, L. S. Radcliffe, M. E. Reid, E. M. Skeil.

Maternity Nursing Association.—A. M. Braithwaite, H. M. Bushell, E. R. Gook, E. Marriott, G. W. Rawlings, L. Sloper, I. R. Tuff, K. Wellford.

Middlesex Hospital.—E. C. Ogle.

New Hospital for Women.—H. Anderson, H. Phillips.

Pemberton Nursing Institute and New Hospital for Women.—E. Downs, J. M. Hamlett, A. Metcalfe, E. M. Miller.

Pharos Maternity Charity.—E. M. Allen, L. A. M. Brown, W. A. K. Cole, E. Cramp, H. G. Day, S. J. Earwood, L. Evans, G. J. C. Field, C. M. Griffiths, C. A. Groom, K. Hale, M. E. Hale, M. L. Hardwick, S. A. Hartley, E. M. Hearn, E. James, E. J. Jeans, E. Jones, M. Jones, A. E. King, F. E. Little, E. Mason, D. Menghetti, K. L. Mock, M. Owen, A. P. Padfield, M. J. Palmer, E. M. Parcell, A. Parsons, E. E. Phillips, K. Pocock, F. S. Potter, W. Price, E. M. E.

Roberts, H. P. Roberts, N. D. Smith, A. M. Southden, C. Street, H. Taylor, M. Taylor, A. M. Turner, V. Tyrrell, A. M. Waller, A. Walters, B. M. Welch.

Queen Charlotte's Hospital.—E. Bond, A. H. Brand, M. D. Badel, E. A. Chunn, M. Constable, D. J. Davies, E. A. Farns, H. Flint, B. G. G. G. Goss, E. G. Hartley, K. S. Lane, F. Lee, M. E. Lewis, R. E. Maggs, A. A. Miller, H. S. Munn, D. Norrish, K. T. O'Connor, J. E. Pape, J. E. Pennington, D. Richardson, M. D. Robertson, L. M. Townsend, E. V. Young.

Salvation Army Mothers' Hospital.—B. C. Bendall, A. Bintlcliffe, J. Cladwick, E. K. Cromarty, A. B. Goodacre, A. M. Jones, M. M. Munk.

University College Hospital.—H. E. Strange.

West Ham Workhouse.—H. Aird, E. Harding.
Whitechapel Union Infirmary.—H. S. Soppi-t.
Woolwich, British Hospital for Mothers and Babies.—R. Card.

PROVINCIAL.

Aldershot, Louise Margaret.—M. O. J. Davies, L. Harrison.

Birkenhead Maternity Hospital.—B. Boden, E. M. Gater, M. A. Hempsted, C. McClarence, M. Walker, E. Whitehead.

Birmingham Maternity Hospital.—M. A. Asberry, B. Dawson, S. Harris, J. A. Murray, E. Priestnall, E. G. Tamer, E. B. Wallford, M. C. Graham, E. Keeton.

Birmingham Workhouse Infirmary.—S. A. Allen, L. Howells, and *Aston Union Infirmary.*—A. M. Dace, E. Griffiths, H. C. Hassall, E. M. Ragg.

Brighton Hospital for Women.—M. F. R. Allerton, V. E. Balls, K. Carr, M. J. Dean, D. M. Egerton, D. H. Fabian, H. B. Frapwell, V. K. L. Gully, J. Hodgskin, J. E. Marshall, M. F. Squires, D. V. Tassell, A. Tetley, H. Warrack, I. Webster.

Bristol General Hospital.—O. E. Dicks, E. E. Gibbons, H. Price, S. W. Warren.

Bristol Royal Infirmary.—E. L. Beazeley, B. F. Bond, N. Courteen, M. Owen, I. M. Phipps, W. L. Woodall.

Chiltenham District Nursing Association.—A. R. Hurle, E. A. Jolley.

Chester Benevolent Institution.—A. Jones, M. E. Welch.

Croydon Union Infirmary.—M. E. Brown.

Devon and Cornwall Training School.—W. J. Bignell, A. Coombs, J. M. Friggens, E. Legg, B. Nicholas, E. A. A. White.

Derby, Royal Derby and Derbyshire Nursing Association.—E. A. Burton, M. A. Gean, E. Heap, T. Lockyer, C. Rollinson, J. B. McB. Scott, M. J. Shearlaw, K. W. Wildsmith, J. Woodcock.

Deesbury Union Workhouse.—E. Douglas, C. Ingham, E. H. Wilson.

Ecclesall Bierlow Union Infirmary.—H. A. Antonies, E. Fairclough, G. A. Gosney, M. E. Iddenden, L. Stokoe, J. Wilson.

Essex County Cottage Nursing Society.—F. E. K. Bruce, E. M. East, V. A. Everett, M. Gaskell, J. Munro, M. O'Brien, A. Sweeney, E. Gracey.

Gloucester District Nursing Society.—K. Bell, A. M. Cobb.

Herts County Nursing Association.—A. M. M. Argent, M. Mason, N. M. Powell.

Hull Lying-in Charity.—A. Armstrong, A. C. Pizey, E. Shooter.

Hastings District Nursing Association.—R. B. Simpson.

Ipswich Nurses' House.—E. M. Peachey
Kingswood Nurses' Home.—D. C. Davis, A. Perrott.

Leeds Maternity Hospital.—C. Alexander, M. Bailey, N. Barr, E. Bennett, D. M. Butler, A. G. Chittock, O. E. E. Duttie, L. Eastwood, E. Elkes, L. Gray, M. G. Holden, M. Jack, C. E. Lowery, E. Oakes, H. Precious, K. Stocks, M. Strickland, P. B. Turner, G. A. Whitehead, L. Womersley.

Leicester Union Infirmary.—E. Edwardson.

Leicester Maternity Hospital.—M. H. Grindley.

Liverpool Workhouse Hospital.—E. E. Griffin, A. E. Jackson, M. Rochell.

Liverpool Maternity Hospital.—E. M. Adams, H. Arkwright, C. Bird, A. Breen, E. Campbell, G. M. E. Dromgoole, E. Hanson, E. Halsall, M. S. M. Hickling, M. S. Horner, A. H. Jones, G. M. Jones, E. Sellars, A. Shields, A. A. Smith, J. H. C. Ward, G. M. Wood, A. Wright.

Manchester St. Mary's Hospital.—M. L. Bardsley, B. Cook, F. M. Fox, S. Gray, A. Hipkins, E. Maxwell, G. Middleton, I. G. Peel, M. E. Pratt, S. Pulford, S. Richardson, L. E. Seybold, D. G. Wildman, H. Jacobs, A. B. Kernode, W. J. McIntyre.

Manchester Workhouse Infirmary and Withington Hospitals.—M. Beresford, S. A. Broome, J. Crank, A. Milne, J. M. Partridge.

Newcastle-on-Tyne Maternity Hospital.—M. E. Barton, M. S. Mason, E. South.

Newcastle-on-Tyne Union Infirmary.—L. H. Smith.

Nottingham Workhouse Infirmary.—E. A. Conway, F. Start, L. Treadwell, E. West.

Northampton O.F.J.N.I.—A. B. Brinkhurst, A. A. Meadows, E. Miller, I. B. J. Reuser.

North Biscley Union Infirmary.—L. Illingworth, A. Whittle.

Norwich Maternity Institution.—S. F. Abbs, M. E. Grimes.

Oldham Union Infirmary.—M. E. Hunter, M. J. Whitehead.

Rotherham Union Infirmary.—M. A. H. Foster.
Romford Union Infirmary.—F. M. Connolly.

Selly Oak Union Infirmary.—E. G. Radbone.
Sheffield Jessop Hospital.—R. Cook, E. K. Goodridge, E. Harrison, W. M. Strangeman.

Sheffield Union Hospital.—E. E. Barker, M. Murphy, G. L. Sudbury, I. West.

Staffordshire Training Home for Nurses.—E.

Boulton, E. M. Deakin, S. Jones, H. N. Lewis, M. Prichards.

Stoke-on-Trent Union Hospital.—H. V. Goodwin, M. Jones, A. M. W. Kavanagh.

Wakefield Union Infirmary.—M. Beech, F. Tennant.

Waltham West Derby Union Infirmary.—L. E. Gleave, K. Grace.

West Riding Nursing Association.—E. M. Balmforth, A. E. Parkinson.

Wills County Nursing Association.—W. M. Ansell, E. M. Gregory, M. Woolhington.

Windsor H.R.H. Princess Christian's Maternity Home.—B. M. Gray.

Worcehampton District Nurses' Home.—A. M. Bishop.

Worcester County Nursing Association.—G. K. Howitt, E. E. J. Rex, A. R. Smith.

York Maternity Hospital.—E. Bell, E. A. Dale, F. E. Green, E. Stead.

York Union Hospital.—M. K. Ward.

WALES.

Cardiff, O.F.J.N.I.—M. A. Carter, D. C. Hughes, A. J. Thomas, E. E. Harris.

Monmouthshire Training Centre.—D. C. Hopkins, E. Hughes, K. M. Jones, N. M. Thomas, E. Woodway.

SCOTLAND.

Dundee Maternity Hospital.—I. G. Braid, A. R. McKay, M. Marr, M. A. G. Sherratt.

Edinburgh Royal Maternity Hospital.—H. Bauld, J. B. Fleming, F. A. Hanxwell, M. H. Minshall, M. A. Rudd, J. M. Scott.

Glasgow Eastern District Hospital.—M. S. Thomson.

Glasgow Royal Maternity Hospital.—F. G. Gilbert, M. B. Lindsay, I. R. H. Macdonald.

IRELAND.

Belfast Incorporated Maternity Hospital.—S. R. P. McGimpsey.

Belfast Union Maternity Hospital.—H. Boyle, H. Conroy, A. McCaughan, H. O'Driscoll.

Dublin Rotunda Hospital.—M. M. Carter, A. J. S. Harman, E. Harper, C. J. Hevlin, A. A. H. McCormick.

INDIA.

Madras Government Maternity Hospital.—K. A. Chase.

PRIVATE TRAINING.

A. Allen, J. A. Anderson, S. H. B. es, B. D. Batra, M. J. Cole, M. M. Cowan, E. T. Crisp, H. Y. Ham, C. Hewson, S. Johnson, D. K. Rayment, M. I. Kane, A. Lea, E. M. S. Lloyd, F. H. Lyons, L. Lyons, J. Maclean, C. G. Mathias, E. Milligan, H. J. Mitchell, M. Moore, A. Porter, A. Ransden, V. E. Robinson, E. A. Robson, F. Shaw, G. C. Shephard, A. M. Smith, E. L. Smith, J. A. Swanson, W. Thaw, C. R. Thomas, E. A. Thomas, F. L. Thompson, S. J. E. Tinsley, A. M. Wood, C. Wood.

PRIVATE TRAINING AND INSTITUTIONS.

St. Mary's Hospital, Manchester.—A. Aldred, M. Farremond, E. Tootell, C. A. Muscley, I. B. Wootenden.

General Lying-in Hospital.—M. A. Beaven, E. A. Hollard, E. K. Pimney, B. N. Tetley.

York Maternity Hospital.—M. Boston.

Belfast Union Maternity Hospital.—J. Catherwood.

Kingsington Union Infirmary.—S. Coakley, J. Usher.

Notttingham Workhouse Infirmary.—H. Conneley, T. A. P. Thomas.

East End Mothers' Home.—F. N. Gostling, E. M. Jollif, H. Moss, I. R. Moss, J. Passey, E. E. M. Wright.

Salvation Army Mothers' Hospital.—A. R. F. Lawrence.

Royal Derby and Derbyshire Nursing Association.—M. J. Mackenzie.

Birmingham Maternity Hospital.—E. J. Price, G. D. Taylor.

Birkenhead Maternity Hospital.—M. U. Robinson.

Fulham Midwifery School.—J. C. Sampson, A. Sexton, E. M. Stiles.

Leeds Maternity Hospital.—A. O. Sharp.

Novarich Maternity Institute.—D. Grindale and D. Watson.

ASSOCIATION FOR PROMOTING THE TRAINING AND SUPPLY OF MIDWIVES.

The annual gathering of midwives of this Association took place at Cam House, Campden Hill, by kind permission of Lady Phillimore, on Wednesday, July 5th, at 3 p.m.

Mrs. Wilton Phipps occupied the chair and welcomed the assembled midwives, some of whom had come from a distance. She then called upon Miss Lucy Robinson to give an address. In urging the great importance of the care of the expectant mother—ante-natal—and that of the child—post-natal—she said: "Never in the history of our land has your work mattered as much as at present." The waste of male life through this devastating war has been so great that it is more than ever necessary to give the very best attention and care to the rearing of the new generation. The speaker did not consider that we had yet solved the problem of infant mortality, and emphasised the importance of acquiring more knowledge of the subject. She pointed out that the death rate during the first year of life, was about the same in all classes. This was the critical age of the tender little life, for whose preservation so much knowledge and understanding were necessary.

The badge of the Association, bearing the words "Mercy, Pity, Truth and Love," was presented to the following midwives by Lady Phillimore:—

Midwife Evelyn Bould, working under the Derbyshire Nursing Association; Midwives Mary Anne Brown and Effie Clifton, working under the Oxfordshire Nursing Federation; Midwife Charlotte Reeves, working under the Sussex Nursing Association, and the following who are working independently:—Midwives Florence Croft (Chase Terrace), Esther Emery (Savenoaks); Charlotte

Hall (Walsall), Mary Anne Keay (Bloxwich), Eva Lee (Stockton-on-Tees), Alice Porter (Hanley), Sarah Anne Ridgway (Goole), Lily Rowe (Exeter).

After the presentation Lady Phillimore said a few words about the missionary aspect of the work. The coming of the trained midwives had had, she remarked, a great civilising effect upon rough districts.

LECTURES TO MIDWIVES.

Dr. H. J. F. Simson, in the second of his lectures to midwives in the course arranged by the L.C.C. at West London Hospital, Hammer-smith, said that it was his intention to confine his lectures to obstetrical subjects, and therefore the lecture announced "Venereal Diseases" would be substituted by one on "Modern Developments in the Management of Labour."

In obstetrical practice, he said, it was the unknown that was feared. Every precaution must be taken against infection, and slight abnormalities recognised in time and put right—"A stitch in time saves nine." With this in view every primipara should be seen at the seventh and again at the eighth month. Multiparæ should also be seen at these periods if they have had any previous abnormal pregnancies. This should be an absolute rule.

Speaking of twilight sleep, he said it was absolutely useless to give the injection unless early in the first stage. It was a perfectly safe treatment, though there might be a little difficulty in resuscitating the child. It had a curious effect on the patient, whose memory became a blank while she appeared perfectly conscious, and she had afterwards no recollection of pain. Where the perineum required to be stitched he advocated this being done before the expulsion of the placenta.

HOME FOR BELGIAN BABIES.

The Home for Belgian Babies which was recently opened at 150, Cromwell Road, S.W., is now in full working order. At present there are nineteen infants, and another ward furnished with cots is ready to receive more.

They are all under two years old, "with no language (at present) but a cry." On the occasion of our visit one small person was making its protest at the injustice of its banishment at the top of its voice. The rooms are lofty and airy, and are furnished in a business-like manner. Charts with prescriptions above the cots testified to the regular visits of a doctor who we learned, is a lady. The nursing staff consists of five. They are provided with a cheerful sitting room, though we can well believe that there is very little time to enjoy it.

Such young infants as were some of them need great vigilance and unremitting care, and it is always something of a triumph to pilot any of them through the first critical months of their lives where any number are nursed together.

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Vol. LVIII

EDITORIAL.

ORGANISATION OF MEDICAL MEASURES AGAINST VENEREAL DISEASES.

"If preventible why not prevented?"

Only those who know something of the prevalence of venereal diseases, their serious nature, and disastrous consequences, can estimate the urgency for a comprehensive scheme for their treatment, yet the present provision is so inadequate as to be practically non-existent. Thus the Royal Commission on Venereal Diseases which issued its final report last March found that the effects of venereal disease upon the individual, and the race, are grave and far reaching, involving a heavy loss to the community in actual and potential population, as well as in money, and that the medical evidence they had received established the fact that, by early and efficient treatment, venereal disease could be brought within narrow limits, but at present this is in most cases unduly deferred, that adequate facilities for the best modern treatment do not exist, and that to bring it to bear on every infected person Government action is essential.

The Local Government Board, whose President, Mr. Walter Long, is deeply interested in the question, has now issued regulations under the Public Health Acts requiring County Councils and County Borough Councils to organize, and carry into effect, schemes for the provision of facilities for the diagnosis and treatment of venereal diseases.

Under the regulations of the Local Government Board the duty is imposed on the county and county borough councils of providing, or arranging for the provision of free facilities for diagnosis and treatment, and the Board state that in view of the findings of the Royal Commission they are of opinion that the conditions of the present war constitute a "case of emergency" which

justifies them in calling upon these councils to carry out a work which is specially important when the services of every man are required.

These Councils are required to make arrangements enabling any medical practitioner practising in their respective areas to obtain, free of cost to himself and his patients, examinations of pathological material; and Wassermann tests on the blood serum of patients, both for the diagnosis of syphilis, and as a control of the effect of treatment. Seventy-five per cent. of the cost incurred will be repaid by the Local Government Board.

It is anticipated that the scheme will comprise the establishment of special clinics for the treatment of venereal diseases at one or more hospitals within the area of the Council concerned, which will be available for all applicants, irrespective of their means, or place of residence. These clinics are not to be specially designated as for venereal diseases, and nothing is to be done to distinguish those who attend.

Every effort is to be made to secure the co-operation of private practitioners and Salvarsan, or its substitutes, is to be supplied gratuitously to those qualified to administer it.

In addressing the general hospitals the Local Government Board say that the measures recommended by the Royal Commission cannot be successful without the active co-operation of the general hospitals of the country.

Lastly the Councils are recommended to form Committees, comprising social workers—including a sufficient number of suitable women—and representatives of the local medical committees, for the purpose of disseminating information as to the scheme, and for making suggestions to the Council concerned. It seems therefore that a well organized effort is at last to be made to combat these diseases.

OUR PRIZE COMPETITION.

IF IT IS DECIDED UNDER MEDICAL ADVICE THAT AN INFANT SHALL BE WEANED, WHAT SPECIAL POINTS WOULD YOU OBSERVE IN THE CARE OF THE MOTHER AND CHILD?

We have pleasure in awarding the prize this week to Miss M. M. G. Bielby, Cranford, Middlesex.

PRIZE PAPER.

When it has been decided that an infant shall be weaned, the first consideration is the substitute for the mother's milk. Frequently, especially in country practice, the medical attendant leaves this point to be decided by the mother and trained nurse, and the latter is expected to be competent to advise as to the best method. In the case of a wealthy patient, a wet nurse is usually chosen by the doctor. She should have perfect health, be from twenty to thirty years of age, possess an equable temperament and a good character; the breasts should be well adapted for suckling, the milk plentiful and good, and her own child should be of the same age as the foster child.

The supervision of the wet nurse is usually left to the trained nurse, who should see that the former has suitable food, exercise, abundant fresh air and sleep, and no alcohol. Also that she is kept happy and quite free from worry.

If bottle-feeding is decided upon, there are several equally good foods. These include humanised milk, sterilized milk and barley water, half-cream dried milk, cows' milk and Benger's Food, and Allen & Hanburys' infant foods. Much depends upon the age of the infant, its constitution, and the parents' circumstances. If the burden of preparing the food is to fall on the overworked mother of a tiny household, the simplest method is the best and cheapest. I have seen excellent results in such cases when Glaxo is used. For cottage homes dried milk is the most suitable.

If sterilized milk be decided upon, the number of feeds required for a twenty-four hours' supply should be mixed and sterilized at one time in separate bottles, and each bottle opened as required.

Punctuality and cleanliness are the first essentials. Modern authorities are agreed as to the advantages of a three-hourly feed. A boat-shaped bottle should be used, with Ingram's "Agrippa" band teat and valve, as these can be sterilized by boiling, and cannot be pulled off the bottle by the child.

Milk for infants should not be boiled, as this destroys the spores, rendering the milk less

digestible and nutritious. Some authorities recommend a daily teaspoonful of the juice of a sweet orange for bottle-fed infants. It should be remembered that a baby is often thirsty, and requires a teaspoonful of cold boiled water between meals.

A baby's mouth must be cleaned with boracic lotion before and after each feed, otherwise stomatitis, thrush, or diarrhoea may occur. Bottles must be kept scrupulously clean. They should not be cleaned with soda, as this corrodes the glass. Used tea leaves are the best cleaning agent. All articles required in preparing the baby's food should be kept on a tray, and covered.

In bottle-feeding, the food must be given slowly, not less than fifteen minutes being spent over each feed, the baby afterwards being laid in its cot.

Humanised milk can be obtained from the large dairy companies in sealed bottles. It can, however, be prepared at home, remembering that the proportion of its constituents must vary as human milk does according to the age of the child. A good formula for this is: One quart of new milk. Let it stand for seven hours. Ten ounces of the top milk are then to be taken off. Take 18 oz. of the remainder, and make whey by heating it to 105° F. in a double saucepan. Stir in one teaspoonful of good rennet. Then break up the curd, and heat the whey to 155° F. Remove the saucepan; let it stand for five minutes, then strain off the whey. Dissolve 1 oz. of sugar of milk in boiling water, add 1½ oz. of lime water, and put into the 10 oz. of top milk. Then add 12 oz. of whey.

If there is any tendency to constipation, pure cane Demerara sugar may be substituted for sugar of milk, or an occasional teaspoonful of barley water may be given.

The mother's breasts may become engorged and painful. Authorities differ as to the best mode of relieving the condition, some advising massage with oil, hot fomentations, and the use of the breast pump. Others insist that the line of masterly inactivity should be followed, and that a dry bandage to relieve the weight of the breasts is the only thing needful, the secretion of milk ceasing when stimulation is stopped.

In either case, all liquids should be reduced to a minimum, and a saline purgative be given daily. If the breasts are to be compressed a figure of 8 bandage over cotton-wool is the most comfortable, powdering the under side to prevent soreness. When there is much pain, the doctor may prescribe codeine. The breasts should be watched regarding the possibility of an abscess forming.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss L. C. Cooper, Miss F. Friend, Miss J. Macintyre, Miss E. James, Miss M. Frost.

QUESTION FOR NEXT WEEK.

What methods have you seen employed for the treatment of infected wounds, and with what results?

NURSING AND THE WAR.**THE ROYAL RED CROSS.**

At the Investiture held by the King at Buckingham Palace on July 11th, the Royal Red Cross (second class) was conferred by His Majesty on Miss Florence Price, Miss Jessie Burns, and Miss Caroline Robinette.

The great "push" has necessitated tremendous efforts being made in our war hospitals during the past fortnight, and trained nurses are in very great demand—indeed, they are at a premium, and unfortunately many of those engaged in private work do not appear able to stand the strain of busy hospital work. We hope, however, that every nurse in the land will realise what she and her country owe to the shattered men home broken in battle from France, and that she will work till she drops as they have done, in relieving the sufferings of sick and wounded men. Nothing but physical inability should prevent trained nurses from taking their part in military hospital work during these days of national stress. The majority will, we feel sure, "wire in" and do their utmost.

The unit of Japanese Red Cross nurses which has been working at the Astoria Hospital in Paris for fifteen months, passed through London on their homeward journey to Japan last week. They have greatly enjoyed their work, but long for a sight of the Flowery Land. Safe journey to these deft and gentle little Sisters.

Sister Mary Angela, Senior Nursing Sister of the Hospital of SS. John and Elizabeth, St. John's Wood, has been decorated by the King with the Royal Red Cross (second class), in recognition of her services to the wounded. "We agree," says *The Tablet*, "with a correspondent who writes, 'I should have liked to be there to see that nun go up before the King.'"

Verily, from the Premier downwards, the male sex are making some marvellous discoveries about women during this war. *The Red Cross* says: "One of the surprises of the war has been the aptitude women have shown as masseuses at the war hospitals. 'The results have surpassed our expectations,' said an R.A.M.C. Captain, 'the women showing that they have plenty of strength and a decided aptitude for the work.

Thanks to their efforts, thousands of soldiers have recovered the use of injured arms and legs, weeks or even months earlier than otherwise would have been possible.' What has the I.S.T.M. to say to this?

Under "V.A.D. Notes and News," *The Red Cross* notifies V.A.D. workers that for nursing members there is an alteration in age limit. That for foreign service is now from 23 to 42, while special service members are accepted for home service between the ages of 21 and 42.

Members are again emphatically reminded of the necessity of conforming to the details of uniform laid down in Regulations, and that they should take pride in keeping their uniforms clean and tidy. The V.A.D. uniform is registered under the Defence of the Realm Act, and must not be worn except for work on behalf of the sick and wounded. It is hoped that the issue of a Joint Certificate of uniform will prevent the illegal use of the registered uniform, and also the wearing of uniform by members who have resigned or left their Detachments. This certificate must always be carried by a member in uniform, and must be produced on demand by any competent authority. It must be returned to the Commandant upon leaving the Detachment.

To judge from some extraordinary "get ups" we have seen, this reminder is timely, especially as persons wearing a colourable imitation of a V.A.D. uniform may be cast into gaol and sentenced to hard labour by any uncontrolled police magistrate.

We did invite a Court official to bring the arbitrary Woolwich sentence to the notice of the King, but were, alas! referred to the Home Office. Needless to say we did not waste a penny stamp on seeking mercy for a poor, maybe, vain and misguided woman masquerading in nursing uniform from such a prosaic source. But we think all the untrained "persons of quality" who wear the trained nurses uniform should be subject to like punishment. Perhaps if professional nurses ever obtain the protection of State Registration, for which they have been pleading for a quarter of a century, a protected state uniform may be one of the privileges an Act will confer upon them. But to be compelled to carry a Certificate of Uniform would certainly be somewhat irksome. A Registration Badge named and numbered, as issued to "registered nurses" in New Zealand and in Australia, meets the case, and is greatly appreciated by the recipients.

The new quarters of Queen Mary's Hostel for War Nurses, 40, Bedford Place, W.C., leave little to be desired, either in comfort or brightness. Mrs. Kerr Lawson—before all things—is a home-maker, and makes it her boast that at the hostel there is never a rule broken, for the simple reason that there is not one to break. Blessed freedom!

The hostel, she says, is not a home, but *home*. And this atmosphere pervades each simply furnished comfortable room. The drawing-room, upholstered in rich dark-blue, with brown carpet and paper and lovely restful old prints on the walls, strike an altogether different note from the usual chintz and china style. In the dining-room there are many small square tables to seat from four to six persons, which at once suggest the grouping together of friends.

Mrs. Kerr Lawson's only regret is that she is unable to offer each nurse a separate room, but as there are as many as thirty-two guests, such a luxury is not possible.

The beautiful and extensive garden in the rear of the house is an inestimable boon to the tired nerve-work workers. Quite an international assembly is daily gathered together under this roof—nurses from Canada, Australia, India, New Zealand; nurses from Italy, Serbia, France and Russia. We had the honour of speaking to one of the heroines of the *Marquette*—one of that splendid band of women who said, "Fighting men first." This particular nurse was in the water seven hours before she was saved, her predominant sensation being that she "felt very lonely." She had been many days in the hostel before it was even known that she was a survivor of the *Marquette*. In daily and hourly contact with such splendid specimens of our profession, it is not to be wondered that their hostess waxes enthusiastic over them. It is evident that Mrs. Kerr Lawson is the right woman in the right place—for she is not only sympathetic, but she is keenly appreciative of the finer subtleties of mind and soul.

We observed, in one room, the beautiful picture "What I had I gave," and felt that it should find a place in every nurses' home and hospital.

Sapper Prowse writes in a letter to a friend, which is printed in the *Brisbane Courier* :—

"I am at present in the 4th London General Hospital with a relapse of enteric fever. I have had three operations since leaving Gallipoli last August, and have been in three separate hospitals. I was in the landing party at the Peninsula on April 25th last, and managed to hang out for four months before going down with enteric fever. Those four months were the most exciting in my life. The Turks fought well and fairly, but the shell, rifle and machine-gun fire were murderous. The Turks certainly lost more men than we, but our casualties were very heavy. I was indeed very fortunate in going so long without stopping something. On August 13th I was sent to the Third Australian General Hospital at Lemnos with enteric. I was very nearly passed out at Lemnos, but was lucky enough to get through. The nurses there were fine; each one of them deserves a V.C. When they arrived at Lemnos they were given a mattress and two blankets, and had to sleep on the hard stones. Very often their tents were blown over by the heavy gales that prevail out there, and the rain would beat

on them and wet them through. Still they stuck it. They often came on duty in top boots and 'sou'-westers,' but they were always cheerful, and took things as a joke. Several of them took seriously ill, and one or two deaths were recorded in their ranks. Still the survivors did not complain. Our troops on the Peninsula proved themselves to be the best fighters in the world, and our nurses at Lemnos proved themselves to be the gamest on earth."

FRENCH FLAG NURSING CORPS.

JULY 14TH, AT BORDEAUX.

Yesterday we received the visit of a general who, on being told that several of the Sisters would like to be present at the Review, to see their patients decorated, gave the order that we were to be allowed to go, and that a military omnibus should fetch us and bring us back. We started off at 8 a.m., were given a good place, and spent a most interesting morning. Although the review was much more simple than it would have been in time of peace, there being no cavalry present, it was very inspiring. Many of the detachments of infantry consisted of very young men and we were impressed by their look of quiet determination.

Our chauffeur brought us back to Talence by the main thoroughfare, which were crowded with people who made way for us to pass and cheered us heartily. I believe they thought we were part of the Review. We returned to hospital feeling very encouraged, and found a superb *dejeuner* waiting for us.

E. G.

A LOSS TO THE CORPS.

We have to record with the deepest regret the death of Miss Clementina Addison, a Sister, who, as a member of the Corps, worked with the utmost devotion at a French military hospital at Besançon for nearly a year. Early in the year she developed very rapidly malignant disease and was at once brought home by the Matron-in-Chief. For the last few months Sister Addison has grown gradually weaker and she passed away on the 10th inst., very peacefully and conscious to the last. She was buried in the village of Caton in Lancashire, her home, on the 13th inst., and a beautiful wreath tied with the tricolour ribbon of France was sent from the Corps of which she was so honoured a member. For her untiring work in caring for French soldiers suffering with contagious diseases, Sister Addison has been awarded the *Médaille des Epidémies* by the French authorities, which will, we feel sure, be greatly valued by her sorrowing family. The death of this gentle Sister is the first to be recorded in the ranks of the French Flag Nursing Corps, though we regret that the health of several of the Sisters has suffered severely in consequence of their arduous duties.

CARE OF THE WOUNDED.

The King and Queen visited the Hampstead General Hospital, Haverstock Hill, on Saturday afternoon, and had a chat with many wounded soldiers just home from France. The King greatly enjoys hearing of the valiant deeds of his Army.

It was a foregone conclusion that "France's Day" in London, on July 14th, would be a great success, for all were eager to do what they could to show their admiration for the French *poilu*, so courteous, gallant and brave. "We used to say," said a British nurse in France, "as brave as a lion, now we say as brave as a *poilu*."

The Joint War Committee of the British Red Cross and Order of St. John led off with a contri-

but the work accomplished. The camp was located at San Stefano, the only place where there is a supply of water all through the summer. The staff is located in a beautiful old Greek cottage with a chapel attached, 400 ft. above the sea, with an orange grove stretching down to the shore. Near by is a flat place suitable for the building of the camp. Some old stables were repaired, disinfected several times, whitewashed, and turned into storerooms, and over them were six small rooms which were used as the first wards. The small beginning of a hospital quickly increased to 200 beds, which is now doing excellent work. Major Maude says that he has had to do with the peasantry of many lands, but has never known any so "facile" or "douce" as the Serbians. They are like large, strong children.

Major Maude describes the sufferings of many of the convalescents

who, on leaving Vido, went straight from their beds to tramp nine miles through the burning sun with their packs on their backs to the French Camp for Serbian Convalescents. He

picked up several in a more or less dying condition and took them home. When the supply of wood for coffins quite gave out he was obliged to invent coffins of bamboo and basket-work made on the premises. They were very pretty, and the Serbians, at first horrified at the idea, became quite reconciled. The end of some of the patients came very rapidly, especially the cases of

extreme emaciation. They had no reserve power, and used to fall back dead in the middle of their meals.

The Scottish Women's Hospital Committee are now equipping another hospital for the Serbian Army in the East, whenever it may be required. The personnel will be entirely composed of women, the chief medical officer in charge being Dr. Agnes Bennett, from New Zealand. Dr. Bennett is a graduate of Edinburgh University. As the hospital will in all probability be a mobile one it will be housed in tents. It will have an up-to-date X-ray apparatus, a laboratory, and a fleet of motor ambulances attached to it. The personnel will number some 70 persons, and the hospital will accommodate 200 patients. Owing to the great need of hospitals, this offer has been warmly welcomed.



DECORATING A GALLANT ZOUAVE ON FRANCE'S DAY.

bution of £25,000, and a large sum has already been received, and collections are still being sent in.

The Vicomtesse de la Panouse, the charming President of the British Branch of the French Croix Rouge desires to convey her thanks to the English people for their "wonderful generosity." She is deeply grateful, and hopes to be able to send to each French hospital a token of English sympathy.

Our illustration shows a sympathetic French nurse in London pinning an emblem on a gallant Zouave, who has been rewarded for bravery.

Major Alwyne Maude, who a few months ago went out to Corfu as Administrator to the Nursing Unit despatched to the aid of the Serbian sick and wounded soldiers by the Wounded Allies Relief Committee, gives an interesting account of

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals:—

- Red Cross Aux. Hosp., East Liss, Hants.*—Mrs. M. Watson.
Aux. Home Hosp., Mold.—Miss M. L. Cowley.
V.A.D. Hosp., Ongar.—Miss M. Langley.
V.A.D. Hosp., Barnstaple.—Miss E. Crowhurst, Miss R. Busser, Miss M. McGaharan.
Aux. Mil. Hosp., Timberhurst, Bury.—Miss E. Lethbridge.
V.A.D. Hosp., Mere, Wilts.—Miss A. D'Arcy.
Roslyn Lodge V.A.D. Hosp., Hampstead.—Miss A. Jenkins.
Mil. Hosp., Merstham, Surrey.—Miss C. Geoghegan.
Felsham Park Hosp., St. Leonards-on-Sea.—Miss T. D. Daley.
Rhydd Court V.A.D. Hosp., Worcester.—Mrs. W. C. Macan.
Wilderness Hosp., Seal, Sevenoaks.—Miss K. Farrington.
Aux. Mil. Hosp., Buxton.—Miss M. C. Parmenter.
Etal Manor, Cornhill-on-Tweed.—Miss E. Charters.
Temporary Hosp., Sunderland.—Miss A. Kane.
Middlewood Aux. Hosp., Darfield.—Miss M. Wright.
No. 5 Mil. Hosp., Exeter.—Mrs. L. Hawken.
Aux. Mil. Hosp., Homleigh, Harrow-on-Hill.—Miss N. W. Wheeler.
Hazlewood Red Cross Hosp., Ryde.—Mrs. C. B. Bell.
The Yarrow Mil. Hosp., Broadstairs.—Miss S. L. Newton.
Red Cross Hosp., Netley.—Miss P. M. Desoignes.
V.A.D. Hosp., Chudleigh, Devon.—Miss J. L. Woodworth.
Red Cross Hosp., Brooklands, Weybridge.—Mrs. K. Cole.
Milton Hill Section Hosp., Stevenon, Berks.—Miss M. E. James.
Doansey Aux. Mil. Hosp., Crouch Hill.—Miss K. M. Manning.
V.A.D. Hosp., Bricket House, St. Albans.—Miss K. L. Morrall.
Aux. Mil. Hosp., Armathwaite R.S.O., Cumberland.—Miss M. de L. Duffy.
Mil. Hosp., Ely, Cambs.—Miss L. F. Anson.
The College, Wellington, Salop.—Miss M. H. Green.
Grange Mil. Hosp., Grange-over-Sands.—Miss E. Bouskill.
Netheycourt V.A.D. Hosp., Ramsgate.—Miss H. Ward.
Red Cross Hosp., Spitsby.—Miss E. A. Hope.
Hingham Red Cross Hosp., Attleborough.—Miss M. McMillan.
V.A.D. Hosp., Jeffrey Hall, Sunderland.—Miss E. Spillane.
V.A.D. Hosp., Rusthall, Tunbridge Wells.—Miss S. Nourse.

- V.A.D. Hosp., Stourbridge.*—Mrs. O. Williams.
Red Cross Hosp., Witham, Essex.—Miss A. E. Head.
The Vicar Hosp., Balham.—Mrs. G. M. Worsley.
Broome House Aux. Hosp., W. Horsley.—Miss R. Northcote.
Highbury V.A.D. Hosp., Birmingham.—Miss L. Hicks.
St. Dunstan's, Regent's Park.—Mrs. E. A. Godby.
V.A.D. Hosp., Cirencester.—Miss E. Dawson.
V.A.D. Hosp., Mere, Wilts.—Miss E. F. Burke.
St. John Hosp., Hastings.—Miss M. M. Murphy.
Milton Hill Section Hosp., Stevenon.—Miss E. Nelson.
V.A.D. Hosp., Erdington.—Miss M. Diamond.
V.A.D. Hosp., Etherley, Bishop Auckland.—Mrs. C. Parsons.
North Staffs. Inf., Stoke-on-Trent.—Miss M. S. Mackay, Miss B. M. Aldridge.
V.A.D. Hosp., Houton.—Miss E. Garland.
Gifford House, Rochampton.—Miss C. Addison.
Red Cross Hosp., Basingstoke.—Mrs. F. M. H. Price.
Red Cross Hosp., Middlewick.—Miss F. H. Hamer.
Hosp. for Officers, 24, Park Street.—Miss S. M. Hide.

ABROAD.

- Brigade Hosp., Etaples.*—Miss M. J. Stafford, Miss M. A. O'Donnell, Miss Maude E. C. Swann, Miss A. Child, Miss A. M. Webster, Miss V. L. H. Reakes, Miss E. L. Purkiss, Miss M. G. Hunter, Miss N. Fowler, Miss A. Ward, Miss C. J. Walshe, Miss D. E. Vatchell.
Urgency Case Hosp.—Miss E. Howe.
Boulogne Headquarters.—Miss E. E. Heath, Miss A. I. Willings, Miss A. W. Bain, Miss B. E. Bayham, Mrs. S. I. Nye, Miss W. M. Martin, Miss E. Gowars, Miss A. Cox.

The War Office expect to be able to issue details this week of the new badge which it has been decided to award to wounded and incapacitated soldiers who have resumed their civil occupations.

Compulsory registration of all war charities is urged upon Parliament by the Home Secretary's Committee, which has inquired into the scandal of funds collected and unaccounted for. It has been proved that thousands of pounds have been collected and are unaccounted for. As the Committee held a public inquiry it should have the courage to expose the names of persons who have taken money for which they cannot account. But the law of libel in this country appears specially calculated to protect rogues.

Mr. Kenneth Bilbrough, a member of Lloyds and an old schoolfellow of Sir Arthur Pearson, has collected upwards of £14,000 for St. Dunstan's. No work is more deserving than caring for those who have lost the light in war.

CONCERTS AT THE FRONT.

"The cheer you bring is worth much physic and not a few sermons." So wrote a chaplain at the front of the Concert Parties, organized by Miss Lena Ashwell for His Majesty's Forces in the Great War, and all nurses who know well the pleasure and relief from strain which these entertainments give will endorse his words, and those of a Colonel who wrote of his men: "They have been through hell, and poor chaps, are soon to undergo it again, and these glimpses of civilization have had the most ennobling effect on them,

and seem to take them out of their drab surroundings here." Such testimony must be a full reward to Miss Lena Ashwell and those who with her organized the first concert party in February, 1915, at the request of the Ladies' Auxiliary Committee of the Y.M.C.A. "as anything would have been organized at the suspicion of a wish for it from the gallant armies in the battlefield."

"We are not," says Miss Ashwell, in an account of a year's music at the Front, "supposed to be a musical nation, but the war has changed everything for those who realize what the war means, and one of the needs of our armies has been discovered to be music—the best music, and still more music."

As is well known the Y.M.C.A. had followed the Army to the front and been busy erecting the now famous "huts" some of which hold 1,000 men. "The men were writing home for children's mouth organs with which to make a cheerful noise in the trenches, and gramophones were the most popular items (from the patient's point of view) in the equipment of military hospitals.

"It is very difficult for people at home to realize the monotony of life, when life consists of hard work, rigid military discipline, and nothing else, and when one's world is suddenly a town of bare huts in a sea of mud; or a casino, race-course, or a railway station transformed into a

hospital—a veritable city of pain. Such worlds would be nightmare worlds if it were not for the patience and cheerfulness which are the victorious spirits of any army.

"In these worlds the visit of a concert party is an event looked forward to for weeks beforehand and talked of for weeks afterwards. The men welcome the music as if they were hungry and thirsty for the beauty and comfort of it; and if it was a touching surprise to find out how much the concerts were needed, it was even a greater surprise to find that it was the good music, true music, that they loved most. . . .

But it isn't only the sick and wounded and combatant branches of the Army that need and enjoy the concerts. There are hundreds of thousands of A.S.C. and Army Ordnance men who have been out since the early days of the war working sixteen hours or more a day, officers and men, week-days and Sundays alike, without leave or recreation. And then there is the medical service and the nursing sisters. It is one of the mysteries of the war where so many splendid trained nurses have come from. The nurses live under as strict a military discipline as the troops—rather stricter, in fact, for they are never allowed out in the evenings at all except to come to the concert we



MISS LENA ASHWELL (MRS. SIMSON).

give them once a month. Our 'Officers' and Nurses' concert is the only occasion when the nurses from the different hospitals meet each other, and we have pauses between the music so that they can talk. It is their one opportunity. They are all fetched in from the different hospitals in motor cars by the Y.M.C.A., and driven back again when it is over. It is a very pretty sight—the vast audience of nurses in their white coats and uniforms, the blues and greys, with touches of military scarlet, and their happiness over the very simple pleasure is delightful."

Again Miss Ashwell, in an article originally

contributed to the *Ninth Century*, writes:—

"A human being is not only a body but a soul and spirit. Those rare souls who have achieved great spiritual development have passed through great adventures without paying much heed to the lesser component parts of the mysterious human entity, but never in the history of human endeavour has concentration upon the physical needs of man led him far or high.

"Joan of Arc's inspiration, her ideals, came from celestial voices, but her knowledge of her country's need, its passionate longing for freedom from the invader, came to her through the songs of the troubadours; it is the artists who preserve and express the genius of the race or the cry of a nation's soul.

"But we English have acquired the habit of regarding food for the soul as rather unnecessary and a waste of money, so we devote all our national attentions to the material welfare of our army, not even forgetting chocolates and cigarettes. Yet the soul can starve too. Feed a man's body on a persistent diet of strong meat and it sickens; feed a soul on nothing but war, bloodshed and discipline, and after a time it will droop. The soul does not suffer so quickly as the body, it is tougher, it can endure longer, but after a time without food, without inspiration, its vitality ebbs and fades.

"That is why some of us feel that no effort is too great to ensure the continuance of our touring parties to bring change and happiness to thousands and thousands of those who have given up their all for us, who are supplied by the nation with food, clothes, arms—the bare necessities of life and death."

Those who wish for the privilege of sharing in this good work should send their contributions to Miss Lena Ashwell, 36, Grosvenor Street, London, W.

THE CENTRAL COMMITTEE FOR THE STATE REGISTRATION OF NURSES.

The above Committee met on Thursday, July 13th, to further consider a Nurses' Registration Bill, in the Council Chamber of the British Medical Association, 420, Strand. Mr. Donville was in the Chair. The Hon. Secretaries, Mrs. Bedford Fenwick and Dr. Goodall presented a Report on conferences with the representatives of the College of Nursing, at which they had agreed on several important principles. The Committee considered the various clauses of the Bill and approved the agreed clauses and amendments. Amendments and clauses for further consideration were considered and passed, and have since been sent to Mr. Stanley, Chairman of the College of Nursing, Limited. The all important question of the method of constituting the General Nursing Council has not yet been agreed upon, although direct representation of all registered nurses has been accepted as a fundamental principle of its constitution. The demand of organizations of lay people for representation on the governing body

of the nursing profession, which will be primarily responsible for the professional education and discipline of nurses as a whole cannot be entertained. Such lay organizations are not qualified, neither do they attempt, to dominate the General Medical Council. Why, therefore, should they assume control on the General Nursing Council?

The earnest women who act as the delegates of the Nurses' Organizations on the Central Committee for the State Registration of Nurses, have proved quite capable of conducting their own affairs, and the more power entrusted to the elected direct representatives of the nursing profession on the General Nursing Council the better. Trained nurses can no longer be treated as children, a silly hospital pose in the last century which has long become obsolete.

THE BRITISH MEDICAL ASSOCIATION AND REGISTRATION.

In a supplementary report to the Council the Medico-Political Committee of the British Medical Association states:—"In view of the recent establishment of a College of Nursing, conferences have taken place between representatives of that Body and of the Central Committee for the State Registration of Nurses in order to ascertain whether a Bill can be agreed upon which will secure the efficient and proper registration of nurses. It is hoped that by the time of the Representative Meeting it will be possible to report more fully on the progress that has been made."

The Annual Representative Meeting of the British Medical Association will be held in London on July 28th and following days as may be required. The Council recommends "That the Representative Body take into consideration the possibility of establishing by means of the proposed (Nurses' Registration) Bill now under consideration by the College of Nursing and the Central Committee for the State Registration of Nurses, the general principles desired by the Association in respect of the State Registration of Nurses, and whether the Association would be justified in supporting the Bill."

HORLICK'S MALTED MILK ON TREK.

A nurse who took part in the historic trek over the Montenegrin mountains, writes that she does not think without Horlick's Malted Milk some of the party could have returned alive. She says, "I carried a bottle over the Montenegrin mountains with me, and used it very sparingly, as we were afraid some one would be ill, and require it before the end of our journey . . . with others I have reason to be very grateful for Malted Milk." A soldier writes of the tablets that "they are a real good stimulant when we do any marching, they give power to the body and take away all fatigue," and another, who was in heavy fighting in Gallipoli, writes that they kept up his strength at a time when both food and water were pretty scarce.

ROYAL COLLEGE OF ST. KATHARINE.

TRAINING FOR HEALTH VISITORS AND SUPERINTENDENTS OF INFANT WELFARE CENTRES.

Her Majesty Queen Alexandra, the Patron of the Royal College of St. Katharine, "Having thought fit of her goodness to declare that the benefits of the foundation of St. Katharine should be restored to the poor of East London," ordered that a Scheme should be drafted for the providing and training of Health Visitors for Infant Welfare.

The Medical Officer of Health arranged that the visiting of infants and children under school age in the Parish of Bromley, within the Metropolitan Borough of Poplar, should be entrusted to the members of the College. At the present time there are about 4,000 infants under the supervision of eleven trained and qualified Health Visitors. Dr. Waller, with the assistance of Dr. Stuart Robertson, is responsible for the Infant Consultations.

The importance of Infant Welfare work, in view of the diminishing birth rate and the heavy losses incurred in the war, is being recognised by the public, and an increasing number of Health Visitors will be appointed by Health Authorities throughout the country in the near future.

THREE YEARS' COURSE.

During the first and second year the course of training will include theoretic and practical work.

TRAINING IN THEORY.

The time devoted to training in theory (equivalent to three University terms' full work) will be taken at the Household and Social Science Department, King's College for Women (University of London).

SUBJECTS.

Physiology, Physics, Chemistry, Biology, Economics, Hygiene, Public Health, Domestic Economy.

Courses of Lectures will be given by the Chaplain and others on the religious basis of Social Work.

TRAINING IN PRACTICE.

The practical training will include—

(1) Three months' full training in practical work at a Maternity Centre, attendance at Infant Consultations, and visiting in the homes of children under the supervision of a qualified Health Visitor.

(2) Three months' experience in the office of a Hospital Almoner, of a District Committee of the Charity Organisation Society, or in the work of School Care Committees.

(3) Instruction in giving lectures.

At the end of the second year Students will take the examination for the Sanitary Inspector's Certificate.

The third year will be devoted to the acquisition of practical experience in nursing children in hospital, and to the training necessary to obtain the Certificate of the Central Midwives' Board.

FEES.

Inclusive fees for board, washing and tuition, £100 per annum.

The Chapter are considering the advisability of granting a limited number of bursaries.

VACATION.

Six weeks will be given during the year.

KATHARINE S. MACQUINN,
Principal.

APPOINTMENTS.

MATRON.

Skipton - in - Craven Joint Infectious Diseases Hospital.—Miss Edith Cutter has been appointed Matron. She was trained at the Bethnal Green Infirmary, and the Huddersfield Sanatorium, and has been Ward Sister at the Huddersfield Sanatorium and the City Hospital, East Liverpool; Night Superintendent at the City Hospital, North Liverpool, Sister-in-Charge at the Hove Sanatorium, and Assistant Matron at the Ladywell Sanatorium, Saltord.

Wolverhampton General Hospital Convalescent Home, Penn.—Miss Margaret Farrar has been appointed Matron. She was trained at the County Hospital, York, and has been Sister and Night Superintendent in the same institution.

Winchcombe Cottage Hospital, Gloucestershire.—Miss H. Bacon has been appointed Matron. She was trained at St. Bartholomew's Hospital, and has since held an appointment at Bourton-on-the-Water.

ASSISTANT MATRON.

Birkenhead Union Infirmary.—Miss Alice Guest has been appointed Assistant Matron. She was trained at the Bagthorpe Infirmary, Nottingham, and has held appointments at the Jessop Hospital, Sheffield, and the Infirmary, Spalding.

SISTER.

Maidstone Union Infirmary. Miss Whitred Alice Arter has been appointed Ward Sister. She was trained at the Paddington Infirmary, Harrow Road, W.

NIGHT SISTER.

Manchester Children's Hospital, Pendlebury.—Miss E. Wain has been appointed Night Sister. She was trained at the York County Hospital, where she has been Holiday Sister.

County Hospital, York. Miss Helen M. Lapham has been appointed Night Superintendent. She was trained at the Royal Infirmary, Bradford, and has been Sister at the Royal Eye and Ear Hospital, Bradford, and Ward Sister at the County Hospital, York.

QUEEN VICTORIA JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Elizabeth McClymont has been appointed to Kingston as Superintendent. Miss McClymont received general training at Broadlow Hill Infirmary, district training at Liverpool (North), and holds the C.M.B. certificate. She has held various appointments under the Institute, includ-

ing that of Superintendent of Manchester, Harpurhey Home.

Miss Elizabeth V. Davies is appointed to Leeds (Holbeck), Armlcy Home; Miss Lilian Ponsford, to Chesterfield; Miss Jessie L. Prestidge, to Melbourne; Miss Sarah E. Shaw, to Leeds (Holbeck), Armlcy Home.

WELL DESERVED RECOGNITION.

Long service badges for twenty-one years' work as Queen's Nurses have been awarded to Miss E. F. Ross, Miss G. M. Shalders, Miss A. C. Crowther, Miss E. M. R. Boge, Miss M. Perkins, Miss R. Deacon, Miss M. Goodwin, Miss E. E. Hasted, Miss E. Forsyth, Miss A. Jackson, and Miss J. L. Wilson.

NATIONAL UNION OF TRAINED NURSES— NEW APPOINTMENTS.

Flying Ambulance Column to Serbian Army.—Miss D. Stephen.

Friends' War Victims Relief Committee, Russia.—Miss H. Graveson.

Astoria Hospital, Paris.—Miss Kelliher, Miss H. T. McPherson.

Queen Mary's Hospital, Richmond (Night Superintendent).—Miss E. Vincent.

Military Hospital, Edmonton.—Miss Wixey.

THE L.C.C. SCHOOL NURSES.

The Establishment Committee of the London County Council recommended to the Council on Tuesday that the retention of Miss M. Parsons and Miss E. P. Russell, temporary nurses in the public health department, after marriage, should be approved; and that they be retained until the conclusion of the war service of their respective husbands, or of the war.

THE IMPERIAL NURSES' CLUB.

To aid the funds of the above Club a Café Chantant, organized by Miss Dorothy Foster, is being held at the Savoy Hotel, on Thursday, July 20th.

RESIGNATION.

The resignation of Miss Gethen, Secretary of the Nurses' Co-operation, who has been connected with it since its foundation—first at 8, New Cavendish Street, and recently at 22, Langham Street, W.—is widely regretted by members of the staff. She is succeeded by Mrs. Crowe, who is conversant with the work, and whose appointment gives general satisfaction.

THE PASSING BELL.

We regret to report a sad fatality. Three hospital nurses—two of them French—were bathing at Rhosneigr, near Holyhead, on Thursday evening, July 13th, when two of them were drowned. The names of the victims are Miss Margaret Harrison and Miss Laure Rosslet, a French-woman.

In our notice of St. Bartholomew's Hospital nurses mentioned in dispatches, Miss A. Stubble should have been printed Stuttle.

NURSING ECHOES.

The Women's War Procession to demand energetic prosecution of the war, to take place on Saturday, July 22nd, promises to be an inspiring occasion and a beautiful pageant. Flowers are to be lavishly used in the colour scheme of red, white, and blue; and roses, red geraniums, marguerites, larkspurs, delphiniums, and iris will be in great demand, as every woman in the procession is asked to carry a bouquet of such a combination—the flowers to be sent to the military hospitals. Of course, as usual, the Trained Nurses' Section will be the most popular, so let us hope it will be thoroughly representative, though we fear the "regulars" will not be permitted to take part in what is in reality a political demonstration. The Trained Nurses' Section should be quite distinct from the Volunteer Nurses' Section. No doubt this will be arranged, as trained nurses will be led by a woman representing Florence Nightingale.

The idea of the organizers is that women who wish to show their support and appreciation of the glorious heroes at the Front and in prison camps, and those keeping watchful guard at home on land and sea, should join the demonstration, and prove that the women will not tolerate any policy which does not prosecute the war with the utmost energy, so that it may be brought as soon as possible to a glorious and victorious conclusion. With hesitation, political expediency, temporizing, and consequent muddle women have no patience; they want peace, but it must be peace with honour, which means the preservation of human liberty throughout the world.

The procession, which will be composed of various sections, will be headed by the Union Jack, and the first section will be devoted to the memory of the soldiers and sailors killed during the war. Surrounding a striking tableau will be girls dressed in white bearing laurel wreaths, and the inscription on the banner will be "To the Heroic Dead."

There is to be a Special Hospital Supply Depot Tableau, a Canteen with V.A.D. Workers.

The promoters want marshals, banner bearers, programme sellers, motor-cars, and personal help in advertising the procession. Those willing to take part in the different sections and to assist in other ways should communicate with the procession secretary, 114, Great Portland Street, W.

The procession will form up on the Victoria Embankment at 2.30, and start at 3.30 prompt.

PER ARDUA AD ASTRA.

The first *N.U.T.N. Quarterly* has made its appearance in a dim blue and green cover, with its motto, "Per Ardua ad Astra," on a silver scroll above a silver star. Miss E. L. C. Eden writes a delightful foreword to "Dear Members," in which she says:—"The war has brought into the world bitter enmity and discord. It has undermined the foundations of valuable work, and had a disintegrating influence on co-operative effort. But yet has it not made us realise the bonds of brotherhood and sisterhood as we never have before? We know that we are striving, not only as a nation, but together with our Allies, to preserve the ideals of freedom and humanity. . . . This little magazine is started now in the midst of war as an attempt to strengthen the bonds of comradeship . . . and we hope it may be warmly supported, and that it may become a strong link between the members."

Quotations are made from Branch Reports, and interesting letters from members of the Union appear. We wish all success to this new effort to stimulate solidarity in the N.U.T.N.

The first ambulance station in this country staffed entirely by women has been inaugurated in connection with the London ambulance service at Bloomsbury. All the staff are trained nurses.

A meeting of the Executive Committee of the Middlesbrough District Nursing Association was recently held at the Nurses' Home, when the Lady Superintendent (Miss Purvis) reported that the district nurses had had 171 new cases, and paid 4,003 visits during the months of May and June. Many of the cases had been very serious ones, and there had been several naval and military patients.

Our district nurses are doing fine work for the nation, "keeping the home fires burning," as it were, in helping sick people to recover health, and cheering and comforting generally.

A sitting of the Consistory Court for the diocese of Norwich was held in the Cathedral on Saturday before Mr. Chancellor North.

Faculties were decreed for the erection of two memorials to Nurse Cavell—a carved oak reredos in Holy Trinity Church, South Heigham, and a stained glass window and alabaster tablet in the parish church of Swardston.

Looking at the design of the reredos, the Chancellor remarked that it promised a very beautiful piece of work. It would be of carved

oak, and would represent, in "glorious relief," "The Last Supper." The estimated cost was £100, which would be provided by voluntary contributions.

With respect to the memorial window, it was stated that the inscription on the tablet would be:—"This window was given by many friends and admirers to commemorate the devoted life and tragic death of Edith Louisa Cavell, head of the first training school for nurses in Belgium, who was born and brought up in this parish, of which her father was vicar from 1863 to 1900, and who died for her country on October 12th, 1915, aged 40 years, being shot by order of a German court-martial in Brussels for having rendered help to fugitive British, French, and Belgian soldiers. The artist who designed the window and the craftsmen who made it gave their services as their contribution to this memorial. A.D. 1916."

At a recent meeting of the Board of the Royal City of Dublin Hospital, a letter was read from the Hon. Sec., Edith Cavell Irish Memorial, enclosing cheque for £200, being amount of account towards endowment of a bed in the above hospital in memory of Edith Cavell, who heroically gave her life for her country. The Board directed that the bed be open and named without delay, further consideration to be deferred until fund be closed. Subscriptions to this memorial should be sent to the Hon. Secretaries, "Edith Cavell Irish Memorial Fund," 30, Molesworth Street, Dublin, or to Miss E. A. Eddison, at the hospital.

The Isabel Hampton Kobb Memorial Fund has during the year been enriched by 10,202 dollars, so that now six scholarships can be given annually to nurses eager for knowledge. In the States, trained nurses usually devote memorial funds to providing extended educational advantages for graduate nurses, whilst in England some form of charity is usually provided, such as rest homes, annuities, pensions, &c. This points to the fact that as a profession we are being poorly paid—in comparison with our colleagues on the American Continent. Anyway, the Isla Stewart Memorial Fund will be spent in acquiring learning in some form; and let us hope once we have State Registration an immense impetus will be given to better and systematic education for nurses. It is now sorely neglected. The splendid use that trained nurses make of the professional instruction they receive indicates their capacity for further development, in the acquisition of special branches of knowledge, if opportunity offers.

THE HOSPITAL WORLD.

THE FRIMLEY SANATORIUM AND CONVALESCENT HOME.

It is within the memory of the present generation when consumptive patients were treated as hot-house plants, in super-heated wards, with not only closed windows, but double windows and carefully sheltered from every breath of air. Then came the stage when fresh air was recognized as an invaluable remedial agent in these cases, and the patients were subjected to super-feeding, sometimes until emesis resulted, when the unfortunate person was expected to take more food. Now it is realized that it is possible to push food too much, and at the Brompton Hospital Sanatorium at Frimley, Surrey, the standard aimed at, as

can be wheeled out on to the terrace, in addition at the end of each pavilion there are balconies.

The patients, the majority of whom have been under treatment at the Brompton Hospital, are all expected to work unless their condition demands absolute rest, and they are carefully selected with a view to benefiting by the treatment under which they are put to such work as they are capable of performing with benefit to their health, so that before they leave they are restored by a system of gradual labour, carefully regulated to their full working capacity.

The consequence is that when one visits Frimley, with its 150 beds, one is tempted to ask "where are the patients"? Just here and there, there is a patient in bed, but the majority are out in the grounds, and even here, so extensive are the grounds that they are almost lost, but



TRENCHING GROUND FOR CULTIVATION.

regards nutrition, is to raise the patient's weight to a few pounds above his highest known weight, or to a few pounds above the normal weight for his height, and patients who tend to become excessively fat have their diet reduced in quantity.

To visit the Frimley Sanatorium is to realize how much can be done for patients under a sane and healthy system of treatment. The institution stands on the Chobham Ridges, nearly 400 feet above the sea level and except on the South side where it faces Frimley Common, the grounds are surrounded by pine woods. The building is so arranged that no portion of it is sheltered by another, and it is designed to have the windows open night and day with protection from weather and glare, and on the lower story patients in bed

from time to time one meets groups of patients, or sees them at work, alert, energetic, purposeful. Anything more unlike the typical consumptive it would be difficult to imagine; their appearance speaks volumes for the system of work and exercise regulated by the medical superintendent, Dr. Meek, and carefully supervised by the Sister-in-charge, Miss Emily Pease, and the nursing staff.

The grades of work and exercise are (1) Patients unfitted for active exercise make mops, mats, sew, &c.; (2) walking from 1 to 6 miles a day. (To judge from the patients one met exercise of this kind is thoroughly enjoyed); (3) picking up wood, carrying baskets of mould, watering plants, &c.; (4) using a small shovel, cutting grass edges, hoeing, &c.; (5) digging broken ground, mowing

grass; 6) trenching, mixing concrete, felling trees, &c.; 7) as soon as a patient is considered fit to be discharged he is put to work at his trade, if he has one, for six hours a day, for three weeks, so that the necessary muscles may get used again to the work.

We came upon a party of women trenching ground for cultivation, and thoroughly they seemed to be enjoying their work. In much of the unbroken ground in this neighbourhood there is an "iron crust" which has to be broken through before the ground can be planted and cultivated, and its preparation is therefore no mean test of ability. Three and a-half acres of land have been trenched, cleared, and brought into cultivation, and the work is still going on, the whole of the Dutch Garden, which is so prominent a feature of the front of the Sanatorium, has all been excavated, planted, and cultivated by the patients.

Those patients who are well enough to do so made their own beds, clean their wards and windows, polish the floors of the corridors, keep the dining halls clean and the brass work bright. They also wash up their own plates, knives, forks, and spoons after each meal.

The dining-rooms are pleasant places, and, with the recreation room, are located in a separate hall, with windows wide set, and running under the tables are water pipes which in cold weather are heated, so that the patients can keep their feet on them while at their meals. The entrance to the dining rooms is under cover, and here are the racks for the sets of plates belonging to each patient, and the tea-cloths on which they dry them after washing. Each patient uses the same during his stay, and is keenly alive to the possibility of infection from other cases. To the ordinary observer it may seem unnecessary to make distinctions when all are suffering from the same disease, but it must be remembered that it has many manifestations, and a patient, for instance, whose throat is sound, has no desire to use the spoon and fork of one with a tubercular throat.

It would take long to adequately study the whole working of this Sanatorium, but enough has been said to indicate the good which is being achieved amongst a happy, contented set of patients.

The rush of sailors and soldiers invalided from gas and exposure with chest troubles have doubled the demand for admission to Brompton and Fimley, and financial help is much needed.

M. B.

Many nurses at home and abroad just now are giving barley water to their patients, and may be glad of the following recipe, from which a former *chef de cuisine* at the Bachelor's Club, London, compounded this drink. "Put the outside peel of two lemons into two quarts of water, add eight lumps of sugar and boil for ten minutes. To this add two dessertspoonfuls of Robinson's 'Patent' Barley, previously mixed to a smooth paste with a little cold water. Continue to boil for five minutes and allow to cool. Strain through fine muslin and add ice and lemon juice to taste."

THE SOUTH LONDON HOSPITAL FOR WOMEN.

The South London Hospital for Women, 1-3, South Side, Clapham Common, S.W., which was opened by Her Majesty the Queen on July 4th, 18 indeed a most desirable building. Everything is of the latest approved scientific pattern, and from the basement to the flat roof, from which there is a magnificent view of London, there seems nothing that could be improved upon or that is lacking. It is a general hospital for women and children, boys being admitted up to the age of six.

The hospital is staffed by medical women, Miss Chadburn, M.D., B.S., being the chief surgeon and Miss Fraser, M.B., B.S., chief physician. It contains 80 beds, of which 25 are allotted to medical cases, 25 to surgical, and 3 to ophthalmic, 8 to children, 3 to isolation, and the remaining 10 to private patients. To each ward is attached a balcony on to which beds can be run from the ward. Further, there is a large flat roof. The electric lift opens out upon this roof, which is extensive, the patients can therefore be taken up on their beds and receive open-air treatment if desired. The infectious wards, with complete isolation for the nurse in attendance, are entered from the flat roofs. The bathroom is so arranged that the nurse need not again pass through the wards after her disinfection. The long wards on the first and ground floors are built for eighteen beds, the walls are without corners and are enamel painted. The large, low windows are so constructed that no draught can be felt, also they are regulated by a key which is kept by the nurse in charge. Another excellent point about them is that the frames can be let down in a manner that makes them easy to clean from the inside. The bathroom and lavatories are convenient to a point of luxury. To each long ward is attached an unusually large bathroom with wide doors, enabling a patient supported by two nurses to be brought in. The walls of the lavatories are of white marble, the idea being that they are non-absorbent. The lighting of these is controlled from the ward, and there are tell-tale switches enabling the nurses to see from the ward if a light has been left burning. The floors are of red composition material, which is quite agreeable to walk upon. The prevailing colours of quilts, screens, &c., is to be blue and white. There are single private wards, the charge for which is £3 3s., wards with two beds, £2 2s., and cubicles, the fee for the latter being only £1 1s. These cubicles are quite charming and on one side overlook the Common. There is an abundant supply of convenient bed tables, and the pretty blue screens are moved with the least effort, on revolving rubber wheels.

There are two theatres adjoining each other. The ingeniously contrived instrument cupboard serves for both as it has a door opening into each.

The office of the Matron, Miss Jones Pearce, is on the ground floor adjacent to the Board Room

and Secretary's room, while her private rooms are on the second floor.

The nurses are by no means forgotten; their quarters comprise a dining-room, sitting-room, and silence room, a visitors' room, and a bedroom for each nurse, prettily furnished; those for the night nurses are placed apart in the administrative block, for the sake of quietness. In their bathroom there is provision for shampooing the hair, and hot rails over which it can subsequently be dried. Each Sister has a bedroom and shares a common sitting-room.

Below, in the spacious basement, are the kitchens, fitted with the latest devices for cooking. These are to be in charge of a lady cook, who will control this department. In the basement also are comfortably-fitted cubicles for the wardmaids and servants.

An adjoining block contains the pathological department, post mortem room and the mortuary chapel.

Lady Cowdray has been a generous donor to the hospital, and amongst her many gifts is a really lovely Wedgwood tea service, with a peacock pattern. It will indeed be sad if it should follow the fate of most hospital crockery.

The hospital is to be an Adamless Eden, and with the exception of the engineer and gardener there will be no man upon the premises. Women are to do porters' work. As yet there are no patients in the hospital—indeed, the workmen are still busy. It would be almost a luxury to be ill there, and if anything could take away the dread that so many people feel of hospitals and their surroundings it would be this magnificently-equipped building in South London. "Behold, the half is not told" you of all that is to be seen there in the shape of modern developments, but we have not space to set them out in detail.

H. H.

NATIONAL COUNCIL FOR COMBATING VENEREAL DISEASES.

Under the auspices of this Council a meeting of Head Mistresses was held on Friday, July 7th, at 5.0 p.m., at 1, Wimpole Street (by kind permission of the Royal Society of Medicine), to consider the educational recommendations of the Royal Commission on Venereal Diseases. The good attendance showed the interest that the subject is arousing in the minds of a class of women, who, a decade ago, would—we feel sure—have prudishly rejected it as outside their profession and morally improper! All honour to them for their common sense and open-mindedness. It is just because venereal disease is morally very improper that the meeting was held.

Mrs. Creighton, in her opening remarks from the chair, made helpful suggestions, in order to encourage the members of the audience to ask questions and express opinions after the address.

Mrs. Scharlieb, M.D., M.S., then addressed the meeting. She reminded her hearers that the

nature of the meeting was a *conference*, in which it was hoped all would take part. After explaining that the Royal Commission—upon which, it will be remembered, both she and Mrs. Creighton sat—was convened, because it was felt that the time had come to stem the awful tide of venereal disease, she gave some figures concerning infant mortality, due to these diseases, which are startling in their number and seriously alarming in their warning and menace. Of the 800,000 babies born in England and Wales every year, about 100,000 die in their first year; of these, 20,000 die in the first week and 30,000 during the first month of life. It is clear, therefore, that these infants die from some cause operating in their bodies before birth. In emphasising the gravity of it, the speaker said it was a *woman's question*, and, therefore, it is our duty as women to help to stem this tide of preventable disease. In her opinion, the Royal Commission had been appointed at a fortunate time, because historical evidence has shown that there is always an aggravation of these diseases at the expiration of every war; we may, therefore, expect it at the close of this war. The result of the investigations of Flexner—the great American authority—on this matter, has been that to per cent. of all men in large towns suffer from syphilis, and that 80 per cent. suffer from gonorrhoea. Men infecting their wives thus, cause the disease and death of infants. "It lies with you," said the speaker, with compelling insistence, "largely to prevent these things; you, who have charge of the young, must present the highest possible standard of morals to them." The question of the age at which children should receive moral instruction and enlightenment upon the facts of life was dealt with tentatively by the speaker. No hard and fast rules, she maintained, could be laid down; the child's character must be the guide; she strongly objected to falsehoods being told to children—such as the ridiculous old fables of the doctor's bag and the gooseberry bush! Mrs. Scharlieb made a great and necessary point of the children receiving their instruction on these matters from the *right* people, *viz.*, the father, the mother and the teacher.

The teachers showed their interest and appreciation of the address by entering heartily into the discussion which followed.

B. K.

THE CARE OF THE SCHOOL CHILD.

Dr. W. J. Howarth, Medical Officer of Health for the City of London, was the lecturer on July 12th at the London Day Training College, Southampton Row, W.C. His subject was "Infection In and Out of School." He said it was impossible to appreciate all the points of his subject, unless the natural history of infection was to some extent understood. The subject of immunity was a highly technical one, and explained why in certain specific diseases a second attack was improbable, and why in a number of children exposed to infection only a certain number

were affected. When a disease was termed specific it meant that it bred true. He pointed out the difference in shape and kind of the *Coccus Bacillus* and the *Protozoon*. Besides these were the filter-passers, or the ultra-microscopic bacteria, which gave rise to scarlet fever, whooping cough, mumps and probably measles, the actual agents of which have not yet been discovered.

Speaking of the anthrax bacillus and its exceedingly resistant character, he gave an instance of how a man contracted anthrax from his shaving brush, through an abrasion on his chin. The bacillus had resisted the whole of the processes through which the bristles had passed through after having been taken from the pig or horse.

Of infections that were conveyed by the breath, he said that the moist globules, which, while he was then speaking were exuded by his breath, would—if he were an infected person—be capable of contaminating food at the other end of the lecture hall.

He appealed to the teachers to do away with all disused books and papers, and said the same advice should apply to private houses where people stored up so many useless odds and ends from sentimental reasons.

Smallpox in England had been proved to have been conveyed by cotton wool from the southern states of North America and from Egypt; and he had reason to believe that a case of scarlet fever was due to an infected book sent from the Midlands to San Francisco.

He described immunity from a second attack in certain diseases as due to the resistance of white corpuscles, who, as it were, were on their guard and had elaborated sufficient chemical substances to resist the invader a second time. Supposed second attacks of measles should be regarded with scepticism.

He explained race immunity by illustrating the fatal effects of yellow fever on the white man, whereas the natives who had been susceptible had died off and left behind those who had a strong resistance. In the same way tuberculosis,

when introduced into a new country, practically wipes out the population. Dr. Howarth dealt with the varying periods of incubation and the danger of "carriers of disease."

He caused much amusement by telling his audience that the public school boy name for German measles was "Hun pox."

WOMEN'S WAR WORK ON THE FARM.

The need of women's work in agriculture and horticulture is greatly felt at present, and the Horticultural College at Swanley, Kent, is doing good service in establishing short courses of five or ten weeks' Practical Instruction and Lectures in Gardening, Dairy Work, Poultry Work, Bee

Keeping, Fruit and Vegetable Preserving and Domestic Training. The courses are specially arranged to give some knowledge of the cultivation of garden crops, fruit growing, and the best methods of practical dairying and poultry work, and disposal of produce. The course in dairy work lasts for five weeks, and our illustration shows a worker in this department in an extremely practical and workmanlike costume, walking away from the dairy. The course in Poultry-keeping and Dairying (five weeks each subject) with



A WAR WORKER IN THE DAIRY.
HORTICULTURAL COLLEGE, SWANLEY.

tuition and residence cost £20 if a cubicle is used, or £5 5s. extra for a single room. Applicants must be strong and healthy to enable them to stand hard physical work and long hours. The course begins on the first and third Thursdays in each month, provided there are vacancies.

To meet the growing needs of the department, the executive committee of the Household and Social Science Department of King's College for Women (University of London) have appointed Miss Lane-Clayton, M.D., D.Sc., to be the chief administrative officer of the department under the committee, with the title of dean. This office will be combined with that of Lecturer on Hygiene.

ONE NIGHT.

The day had been very hot, but towards evening a breeze sprang up and rustled in the palm trees, carrying with it the scent of roses.

Along the dusty road a drunken man staggered, then stopped beneath a palm. "Nisch evenin', too soon to go home," he murmured, and sat down to rest. In a few minutes he was fast asleep.

A clerk from the city passed by, looked at the sleeper and wondered how a man could sink so low when he might rise to such great heights, even to being a president, or at least a bank manager, and he passed on building castles in the air of the house he would buy and the horses he would ride when he should have risen to the exalted position of a bank manager.

Then two girls came down the road talking of games, picnics and parties; they also stop to look at the man. "Do you think he is ill, Elvira?" "No! Come away, Francesca, he has been drinking too much, disgusting brute!" "What a sad thing! he is well dressed too. I am glad he is asleep, because I am frightened of drunken men." The man moved in his sleep and the girls fled in terror.

A policeman passing that way looked at the man, then kicked him. The drunken man did not move. "Ugh! you pig," said the policeman, "you can lie there until you get sober; it is a hot night, much too hot for hauling such as you about," and the man was left alone again with the wind in the palm trees to soothe his slumbers.

In the early morning a weary woman with a sad face came down the road, carrying a little bundle in her arms. She looked at the man, then spoke to him, but he did not hear her.

"They say that men who drink are always kind to little children," she said. "You must be very drunk or you would not sleep on the roadside, for you are not a poor man; you are too well dressed," and kneeling beside him she placed her bundle carefully inside his coat.

When the sun arose there was no one on the dusty high way but the sleeping man and a newly born infant wrapped in a shawl lying inside his coat.

M. H.

"THE MEDICAL WHO'S WHO."

"The Medical Who's Who," published by the Fulton-Manders Publishing Co., 75, Chancery Lane, contains the biographies of thousands of members of the medical profession as well as an obituary list of the names of those who have passed away in 1915 and the early months of the present year, special notice being directed to those who have died for King and Country.

The pages are this year increased by 200, and under the heading "Nursing," which is a new feature, appears a notice of THE BRITISH JOURNAL OF NURSING, "the only weekly nursing journal owned, edited and controlled by trained nurses."

BOOK OF THE WEEK.

"THE VALLEY OF GOLD."

For the lovers of adventure and excitement in fiction, with plenty of romance, this book will be very welcome. From beginning to end the interest is well sustained, and there is not a dull page in the book. There is a breeziness and breadth in it that seems borrowed from the Rockies, where the doings recorded took place.

Joanne Gray had come out to discover the whereabouts of her husband, and she frankly admitted that she would prefer the proof of his death to that of his life. She was an extraordinarily beautiful woman, still in the twenties. She is introduced to the reader on the long railway journey out to Tête Jaune. At Miette she enquires of the girl in the same carriage where she can get food and a place to change and wash.

"Is there a hotel here?"

Her companion found the question very funny. "You're sure new," she explained. "We don't have hotels up here, we have bed houses, chuck tents, and bunk slacks. You ask for Bill's shack down there on the Flats."

The stranger girl thanked her.

It was more than malice that sent the innocent stranger woman to Bill's shack, and it was more than chivalry that caused John Aldous to follow her and deliver her from what was a den of iniquity. But he earned Bill Quade's undying hatred by so doing, and this was the beginning of both the adventure and the romance.

It was amidst a strange multitude of people that Joanne Gray found herself. This was the Horde, that crude monstrous thing of primitive strength and passions that was overturning mountains in its fight to link the new Grand Trunk Pacific with the seaport on the Pacific.

She sensed it without ever having seen it before. For her the Horde now had a heart and a soul. These were the builders of the Empire, the man-beasts who made it possible for civilisation to creep warily and without peril into new places and new worlds. With a curious shock she thought of the half-dozen little wooden crosses she had seen through the car window at odd places along the line of rail.

After her rescue from peril by John Aldous he took her to the tent house of his friends the Ottos, and placed her in Mrs. Jack's keeping. He explained to them that she was leaving on the Tête Jaune train. John Aldous, writer and woman hater, was a victim of love at first sight. He became more and more convinced that his work for the afternoon was spoiled. And by whom? By *what*? Who was she? What could be her mission at Tête Jaune? It was the same evening that Aldous rescued a colt from being swept down the river. Then a voice spoke behind

* By James Oliver Curwood. Cassell & Co., London.

him, a voice that he would have recognised among ten thousand, low, sweet, thrilling

"That was splendid, John Aldous," it said. "If I were a man I should want to be a man like you."

A few steps from him stood Joanne Gray. Her face was as white as the bit of lace at her throat, and the eyes that looked at him were glorious.

John had fairly succumbed by this time, and it was a blow to him to learn that she had come out to look for her husband. But when he discovered that she desired proof of his death, he determined to help her in her investigations, since by this time he was as much concerned in it as was she.

And when they discovered the lonely mound with the name of the man she hated engraved upon it, they were both profoundly grateful.

Much adventure is supplied by the determination of the ruffian Quade to kill John and get possession of Joanne. His boon companion turns out to be Joanne's husband, who is not dead as supposed. The knowledge of this comes to John on their wedding day, but he manages to keep the knowledge from her and yet to steer an honourable course.

They go through many adventures and hair-breadth escapes, but in the end Quade and his companions meet their deserts and Joanne and John have a second wedding, and we hope and believe are happy ever after.

H. H.

HIS KEEPER.

Thou art thy brother's keeper! Woe is
thee
If his bark's wrecked upon some stormy
sea,
Because thy anchor drags or rudder
veers.
And doubly woe to thee, if it appears
In God's great day, that thou with cruel
hand
Hast thrust without the gates that open
stand.
To His poor flock, one lamb however
weak,
That yearns to stay within and Heaven
seek.

—Emily Woodward Grand.

WORD FOR THE WEEK.

"We grow strong through assuming responsibilities—by bearing burdens and doing things we acquire power."

COMING EVENTS.

July 27th.—Meeting Executive Committee Society for State Registration of Trained Nurses, 431, Oxford Street. 4 p.m.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

BOOKS FOR THE WOUNDED.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM, The wounded are pouring into our hospitals, where the need of literature far exceeds all previous demands. We require an enormous and immediate supply of magazines and books easy to handle, to be sent to the Red Cross and St. John Ambulance War Library, Surrey House, Marble Arch, W.; or to the London Library, St. James' Square, S.W., whence they will be sent on to Surrey House.

Yours truly,

H. M. GASKILL.

C. HAGBERG WRIGHT,

Hon. Secs.

Look around and see what books you can give.
—ED.]

WHAT IS RE-CREATION?

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Your gifted correspondent, "H. H.," whose delicate perception of all things lovely and of good report is a constant delight, herself pointed the way to the real "Re-creation" both of body and spirit when she sought "change" and "refreshment" in prayer.

If only more of us tired workers would claim the promise, "They that wait upon the Lord shall renew their strength; they shall mount up with wings as eagles; they shall run and not be weary; and they shall walk and not faint"; and accept the even more enticing invitation: "Come unto Me all ye that labour and are heavy laden, and I will give you rest . . . and ye shall find rest unto your souls," what a continual re-creation of our powers we would enjoy and what a changed world our sick and wounded would come back to; the "newness of life" they would discover in us would bring to them healing of soul as well as of body.

"We kneel, how weak!

We rise, how full of power!

Why, therefore, do we do ourselves this wrong—
Or others—that we are not always strong?

That we should ever weak or helpless be,

Faithless or troubled,

When with us is Prayer,

And Joy and Grace and Courage are with Thee?"

Yours faithfully,

"ONE WHO KNOWS."

LAY CONTROL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM, What all nurses fear in the College scheme is lay control, and it a Nurses' Registration Bill makes such control possible we are better

without legislation at all. Abuses there may be, but at least at present we are free agents once we are certificated. No male professional or industrial workers would submit to having their work and lives controlled by their past employers, and we nurses must scan very carefully any suggestion likely to place us by legislation in such a dangerous position. No one could have attended the recent meeting at St. Thomas' Hospital without realising this danger. Matrons of big hospitals were on the platform, but the Hall was almost entirely filled with people other than members of our profession, and it was these people who discussed our affairs, and had a right as members of the Consultative Board to do so. I am not enamoured with the College Constitution, and think with you, as it at present stands, it is highly dangerous to personal liberty. If when a Bill emanating from the same source becomes law we nurses disapprove of its provisions, all we can do is to refuse to register, and I suppose be ranked as quacks—better than that coercion.

Yours faithfully,

AN IRISH SISTER.

[We learn that the Constitution of the College of Nursing, Limited, is being reconstructed.—ED.]

ONE PORTAL TO THE GENERAL REGISTER.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I greatly rejoice to note in your last issue that you have spoken out on the attempt now being made by the National Poor Law Officers' Association to enrol trained Matrons and nurses, and in consequence to claim to represent Poor Law Nursing opinion on the Council of the College of Nursing. What can the members of this Association know about the training of nurses, and their educational system, excepting what they learn from their Matrons? If the Governing Body of our profession is to be composed of lay Poor Law Guardians, then it is high time to make a protest. The Association, as you say, has its uses, but what can Workhouse Masters and subordinate Workhouse officers, including the porters, know of our highly skilled professional work? This stirring up of hospital and infirmary managers to interfere with our professional organization and legislation will have fatal results if it is encouraged. To talk of self-government for nurses is nonsense if lay persons are to take part in our General Nursing Council. It is an educational body, and should be composed only of persons who understand professional matters. I agree with you that Poor Law Nurses should form their own Association, and take their stand as general nurses—not as specialists in any way. We Matrons who inspire high professional ideals in nurses trained in Poor Law Infirmarys are not "enemies within the gates" because we object to emphasising a difference between hospital and infirmary nurses. Both are general nurses, and I hope the effect of legislation will be to define an efficient standard of training for all nurses to which they can by tuition and practice

attain, and that by such a system, much inequality in professional status and in chance of promotion will be minimised. But this is not to be done by further interference upon the part of persons who are not qualified to express an opinion on professional nursing.

Yours truly,

A POOR LAW INFIRMARY MATRON.

[We are quite alive to this danger.—ED.]

MEDICAL WOMEN AND STATE REGISTRATION OF NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—Can you tell me why medical women have shown such a lack of sympathy with the question of State Registration of trained nurses? I never met one who has helped us in our long struggle for systematised training and better professional education—indeed, they appear to think we are a sort of glorified domestic servant. I have worked with quite a number since the beginning of the War, and have been unpleasantly surprised to notice this attitude—and several assume to be trained nurses, plus medical practitioners, which they are not. I do not like to own it, but medical men treat nurses with far greater comtesy than medical women.

I am, dear Madam,

Yours truly,

SISTER IN WAR HOSPITAL.

[We fear this criticism is founded on fact; we have been working for nearly thirty years for the organization of trained nursing by the State and have received no encouragement from medical women, and in many instances have found them opposed to just conditions for trained nurses—such as would be secured by legislation. Recent events in connection with the College of Nursing have emphasised this regrettable attitude.—ED.]

OUR PRIZE COMPETITIONS.

July 29th.—What methods have you seen employed for the treatment of infected wounds, and with what results?

August 5th.—How would you prevent the spread of epidemics by flies, fleas, lice and bugs in war time?

August 12th.—How would you organise the nursing in a military hospital of 100 beds and upwards?

FRENCH FLAG NURSING CORPS.

Candidates for the F.F.N.C. can be interviewed on Friday, July 21st, 2.30 to 4.30 p.m., at 431, Oxford Street, London, W. Candidates must be well educated and hold a certificate of three years' training, which they must bring for inspection. A knowledge of French is an advantage.

The Midwife.

CENTRAL MIDWIVES' BOARD FOR SCOTLAND.

The portrait of Miss Alice H. Turnbull, Superintendent of the Deaconess Hospital, Edinburgh, who has been appointed on to the Central Midwives' Board for Scotland by the Lord President of the Council, will be of great interest to midwives.

Miss Turnbull, who is keenly interested in midwifery and all that concerns midwives, has had a varied nursing experience extending over twenty years. She was trained at the Royal Infirmary, Edinburgh, where she subsequently held the

position of Sister for four years. She also had six months' training at the Royal Hospital for Sick Children, Edinburgh, and midwifery training at Queen Charlotte's Hospital, London, from which institution she entered for the examination of the Central Midwives' Board, and was placed on its Roll as a certified midwife. Subsequently she did district midwifery work in connection with the Deaconess' Hospital, Edinburgh, and was then appointed Sister Midwife of Labour Wards at Queen Charlotte Hospital, London. She was later appointed Sister-in-Charge of the Cottage Hospital, Swanage, to which country midwifery work is attached. She was then appointed Matron of the Canning Town Women's Settlement Hospital at Plaistow for Women and Children, where she

worked for over five years, returning to Edinburgh as Superintendent of the Deaconess Hospital, in that city two years ago. Miss Turnbull and her colleague, Miss Scringour, hope through the Midwives' Association recently formed to be directly in touch with most midwives in Scotland.

THE REVISED RULES OF THE C.M.B.

The revised rules of the Central Midwives Board may now be obtained from Eyre and Spottiswoode, price 6d.

The Midwives Act Committee of the London County Council propose to send to each practising midwife in the Administrative County of London a copy of the new rules of the Central Midwives Board, which came into operation on July 1st.

LONDON MOTHERCRAFT COMPETITIONS.

The London Mothercraft Competitions, arranged by the Association of Infant Welfare and Maternity Centres, 1, Tavistock Square, W.C., were held on July 15th, 1916, at the Cosway Street Infant Schools, Edgware Road, W. No more national and important work can be done than that which is carried out at the various Schools for Mothers throughout the country, and they are now becoming so well known that they need no introduction. Saturday last was an afternoon of real

pleasure to workers, mothers and spectators. We may even include the babies, who really seemed to enter into the spirit of the thing and contributed their share towards success by being of most exemplary behaviour. Dr. Eric Pritchard attributed this to the influence of the schools. At some of the earlier competitions, he said, it had been impossible to make himself heard, whereas on Saturday last the babies seemed to understand the bell for silence, and only gurgles and crows of delight were heard from the crowded room where babies of all sorts and kinds, and of all ages, were gathered together. They certainly were a sight that did credit to London mothers; very few of them got up for show, but one and all bearing the impress of careful, intelligent nurture.



MISS A. H. TURNBULL.
MEMBER SCOTTISH MIDWIVES BOARD.

At the stroke of three o'clock the anxious competitors in the laundry and cookery department fell to with a will, and most admirable were their method and skill in the crafts. In the laundry department the judge was reminding them that she should take into account economy as well as method and finish. The set of infants' clothes were in every case deserving of great praise when, having gone through the various stages, they were folded with extreme precision and awaited judgment.

Above, in the cookery competition, it was really marvellous to see the results that can be obtained for one and sixpence, which sum had to provide a dinner for four persons—father, mother, and two children.

Many of the visitors were expressing their willingness to sit down and partake of the appetising fare that was being served with such cleverness and daintiness by the poor mothers of London. It was gratifying to observe how many vegetarian dishes were in evidence, although one woman was heard to remark that her old man wouldn't be satisfied without a bit of meat. A most delicious looking pie, whose flaky crust concealed potatoes, tomatoes, onions, green peas, carrots, and butter beans, won our special admiration. It merited and obtained an Honours Certificate.

The prize was given to a dinner composed of fresh herrings and tomatoes, vegetable soup and toast, potatoes, boiled rice and treacle, suet and treacle dumplings. Total cost, 18. 4d.; number of persons, 4. Not bad that. Of course the centre of attraction was the baby competition, where the most charming of their charming species sat in birthday suit upon their mothers' laps while the doctor examined them in a scientific manner. He must have been flinty-hearted indeed not to give a first prize to every one. But that of course would have been too expensive for war time.

In the hall were specimens of fathers and mothers' ingenuity in carpentering and needlework, and very marvellous they were. Stockings made into jersey suits, new lamps for old of all descriptions. And the fathers—for mere men—produced some really beautiful pieces of furniture for a most trifling cost. The prize cot, costing 48. 6d., was a triumph. Lady Plunkett, assisted by Dr. Eric Pritchard, distributed the prizes, which were 5s. War Loan vouchers.

The mothers, as they could be spared from their arduous duties, were entertained to tea, and each took away a pretty bunch of flowers.

LONDON PRIZE WINNERS.

Six Simple Questions in Mothercraft.—Mrs. Herring (St. Marylebone, North A), Mrs. Johns (Wimbleton), and Mrs. Pratt (St. Marylebone, South A).

The Best Kept Records.—St. Marylebone, South A; St. Marylebone, North A, B & C, and St. John's Wood; St. Pancras.

Six Simple Questions in Home Nursing.—Mrs. Boast (Stepney School for Mothers).

The Mother and Child showing evidence of having profited most by the instruction given at her centre.—Mrs. Chapman (Bethnal Green), Mrs. Angell (St. Marylebone, South A), Mrs. Titley (St. Marylebone, North C), and Mrs. Milburn (Hammersmith School for Mothers). Mrs. Milburn's baby got a special prize given by the judge himself, because it had got on so well. It was brought to the school when it was one month old (weighing 3 lbs. only), and was the survivor of premature twins. The mother carried out the doctor's instructions so well and carefully that it is getting on splendidly.

Made-up Garments.—Mrs. Luxton (Hammersmith Women's League of Service), Mrs. Smeed (King's Cross Women's League of Service), and Mrs. Gourlay (Hammersmith, South).

Knitted or Crochet Articles.—Mrs. Newton (Wimbleton).

Mended Garments.—Mrs. Newberry (Paddington, East).

Renovated or Adapted Garments.—Mrs. Russell (Paddington, East).

Practical Cooking.—Mrs. Coleman (St. Marylebone, South C).

Theoretical Cooking.—Mrs. Laurie (Wimbleton).

Laundry Work, done at the National Competitions.

—Mrs. Farrer (Holborn, Safron Hill Branch).

A Letter on Mothercraft.—Mrs. Clarke (St. Marylebone, North A).

Ingenuity Competition for Fathers or Brothers of the Baby.—Mr. Bettinelli (Holborn, Lamb's Conduit Street).

THE CHALLENGE SHIELD.

The Challenge Shield is to be awarded at Bristol, on July 22nd, at the close of the competitions for the Provincial Centres. So far, Wimbleton has the highest number of marks.

THE LORD MAYOR AND MOTHERS' DAY.

The Lord Mayor of London, Sir Charles Wakefield, has consented to become the chief patron of Mothers' Day, which is fixed for August 8th. The founder of Mothers' Day, Mr. J. A. Whitehead, of Richmond, hopes that on this occasion everyone will make a special effort to do a kindness to a mother, especially the mother who is suffering as a result of the war. No flags will be sold and no collections taken. Mr. Whitehead paying all costs of administration as a tribute to the mothers of the Empire. The Honorary Secretary is Mr. J. P. H. Bewsher, 17, Fleet Street, E.C., who will be glad to supply the fullest information.

THE SELECTION OF PUPIL MIDWIVES.

One of the qualities essential in a midwife is that she should be trustworthy, and this is necessary not only in the interests of the patients, but of the State, for it is the duty of midwives to make returns which are incorporated in the State Records, and if these are not accurate they are useless.

At the last penal session of the Central Midwives Board a midwife who was cited to appear on a charge of having certified as still-born a child who was born alive, and who appeared before the Board, admitted that she knew the child was born alive, that no pressure was put upon her to make this false notification, and that she did so to save expense to the mother, who was a single woman.

A midwife who can so act must have a most inadequate conception of the elements of truth and of her public duty; further, if she disregards them in one particular she is likely to do so in another. All of which goes to prove the necessity for selecting only women of probity and high moral character as pupil midwives.

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EDITORIAL.

THE DISTRICT NURSING OF MEASLES AND WHOOPING COUGH.

The Scheme for the District Nursing of Measles, German Measles and Whooping Cough, outlined by the Central Council for District Nursing in London, of which Sir William Collins is Chairman, will, undoubtedly, if carried into effect, lessen the mortality from these diseases.

It is stated that the object of this scheme is to secure the provision of timely nursing care—in proper relation to medical advice—with a view to saving the lives, and preventing permanent injury to the health, of young children attacked by measles or whooping cough.

It is generally agreed that if due care were taken from the onset, the mortality of measles and its complications would be greatly reduced. It often occurs that medical aid is only summoned after the illness has developed a serious character, or complications have arisen which might have been avoided by proper care and attention. It is hoped that on the advice of an experienced nurse such timely aid will be brought to the patient and not deferred until it is too late.

In confirmation of the influence which care has on the mortality from measles, it is reported by the Central Council that "the mortality increases in proportion to overcrowding and poverty; it diminishes step by step as the 'social status' improves. Moreover, the mortality from measles is not a complete index of the mischief wrought. Measles is a frequent cause of retarded growth and development, and of ill health; it often lights upon latent tuberculosis, and deafness, and defects of eyesight, are in many instances attributed to it. Hospital treatment for the majority of cases of measles or whooping cough will probably

never be practicable, even if it were desirable, and should be reserved for the most urgent and necessitous cases."

The District Nursing Associations of London by their experience and organization, are especially qualified to take part, in the care of cases of measles and whooping cough, and local authorities desiring to provide for their poorer inhabitants may, in the case of the Borough Councils, do so by arrangement with the Associations in accordance with the Public Health (London) Act: if Guardians, under powers conveyed by the Poor Laws Act.

A further Report from the organization sub-committee outlines the arrangements made so far, with recommendations and suggestions for future procedure. The Committee state that they have had the advantage of a conference with the Medical Officers of Health in the Metropolis, representatives of the Local Government Board also being present. From these, and from information furnished by the District Nursing Associations and other sources it appears that although the need is fully recognised, little has as yet been done to give practical effect in the Metropolis to the powers conferred on sanitary authorities, by the Notification of Measles Order, to provide medical attendance, including nursing, for the poor.

This Committee advise that a District Nursing Association undertaking the work of nursing measles should do so in accordance with a scheme approved by, and in co-operation with the local sanitary authority, and that given suitable training and special instruction district nurses, acting as they do under rule and supervision, may safely be trusted to undertake the nursing of these diseases in the course of their ordinary work. They further recommend the desirability of making arrangements, through the Central Council or otherwise, for the mutual assistance of associations by the loan of relief nurses in time of epidemic stress.

YELLOW FEVER—HISTORY AND NURSING.

Miss Ethel Darrington Harriss, R.N., contributes to the *American Journal of Nursing* an interesting article on "Yellow Fever," in the course of which she says:—

"To speak on the subject of yellow fever is like evoking from the abyss of oblivion a grim, ghastly, and forbidding monster which, however, in the light of present-day science, is as unsubstantial and as harmless as the airy fancies of a dream. But it was not always an innocuous phantom. For generations the spectre of yellow fever stalked through the world, leaving in its wake countless victims. But now it is classed among preventable diseases, and the fear of it lies dead and buried deep in the grave of other bygone 'bugaboos,' together with the ridiculous notions and queer superstitions regarding it, and the terrible demoralization of the justly fear-crazed people."

The writer shows that yellow fever, or some similar disease, prevailed among the ancient Greeks, and is mentioned by Hippocrates. The term "yellow fever" was first applied by Griffith Hughes in 1750. No other disease has been known by more different names, the synonyms numbering over 150. The first recorded epidemic in the New World occurred in the island of San Domingo, in December, 1493. "Who would have imagined that the tiny, buzzing, biting and annoying mosquito is the guilty vehicle of the yellow fever germ? Yet it has been proven beyond doubt, by most remarkable and painstaking experiments, that this insect is the sole cause of infection in this disease. The result of this remarkable discovery brought about an immediate campaign of education throughout the United States, followed by the inauguration of methods of prevention and protection that have forever put an end to the dread of the disease. The knell of yellow fever was sounded in New Orleans at the end of the epidemic of 1805. In October of that year, long before the advent of frost, the fever was stamped out, an achievement which settled triumphantly the correctness of the mosquito theory."

So far as is known, the disease is conveyed by a single species—the *Stegomyia Calopus*. Only the female is capable of carrying the disease. The transmissible poison exists in the blood of yellow fever patients only during the first four days of the illness. "Therefore, in order to possess the power of carrying the disease, the mosquito must feed upon the blood

of the patient during this period. An incubation period of twelve days or more must elapse before the mosquito has the power of transmitting the infection, but once it becomes a 'carrier,' it can convey the infection for the balance of its life, which is about five months, provided it has access to water. The first symptoms of this disease usually manifest themselves from two to five days after the bite of an infected mosquito.

"When called on to nurse a case of yellow fever, the first duty of a nurse is to see that proper precautions are taken to prevent mosquitoes from biting the patient and to imprison those that may have already become inoculated until they can be destroyed. A good mosquito net should be placed on the bed immediately, and kept over the patient night and day for the first four days of the illness. The room should be screened at once; cheese cloth or bobbinet tacked over the openings serves the purpose very well in the absence of regular wire netting. This must be done at once, to prevent the admission of more mosquitoes into the room, and to prevent the escape of any that may already have bitten the patient and become infected. Those imprisoned need cause no uneasiness, for they can do no harm for twelve days, and by that time either the patient will be claimed by death, or will be able to leave the room long enough for it to be fumigated."

The writer continues:—

The chief features which distinguish yellow fever from other fevers are:—

(1) A fever of from two to seven days' duration, beginning with a sudden chill, followed by a high temperature. In cases of a mild type this temperature lasts from two to four days, and falls gradually and irregularly until normal is reached, when the patient is said to be in a state of calm. After this the temperature may remain normal or it may rise again—when it is called secondary fever.

(2) A steady fall of the pulse, beginning during the period of invasion, and gradually leading to a remarkable slowing of the heart beat.

(3) Albuminuria.

(4) Nausea and vomiting.

(5) Jaundice.

(6) A tendency to the stagnation of the circulation of the skin.

(7) Hæmorrhage from the gums, nose, and stomach (black vomit), bowels (tarry stools), and from other mucous surfaces.

(8) The face is decidedly flushed, the eyes unusually bright and glistening, the expression

"anxious," and even on the first day the skin may show a slight tinge of yellow.

As a rule, an attack of yellow fever, like measles and chicken pox, renders one immune for life.

As soon as possible after the onset of the chill it is the custom to give a hot mustard footbath, together with hot drinks. This brings about a reaction from the chill, and causes a profuse perspiration, which helps the kidneys in their work of elimination. In yellow fever the pain in the head, back, and limbs is very distressing; in no other disease except smallpox is there such severe aching, and by its revulsive effect the hot footbath greatly relieves these pains. This routine practice is a relic of old Creole days, the doctors of that time being under the impression that the disease could be moderated, or even aborted, by profuse sweating; and the old "Mammies" advocating it because they believed it "drove out the misery." The fact that the use of it has survived is a sufficient testimonial of its worth. Every nurse trained in the nursing of yellow fever in the south knows how to give this hot footbath "à la Créole."

A foot tub should be half filled with very warm water, to which has been added a pound of ground mustard. The tub is placed in the bed, and the patient's feet immersed therein. The patient and the tub are then covered with several blankets, the latter being lifted slightly every few minutes to allow more hot water to be added to the bath, and the brisk rubbing of the legs up to the knees with the hot mustard water. The water must be kept very hot, almost to the point of intolerance. In this way the patient is given a vapour bath, which causes a free diaphoresis. In the meantime hot drinks are given freely, hot lemonade or, as is the rule in the French Quarter, hot orange leaf tea. The feet are kept in the water for ten or fifteen minutes, after which the tub is removed and the blankets tucked in snugly. After the patient perspires profusely, a cleansing bath and vigorous alcohol rub are given. When the linen is changed, a hot-water bag must be placed at the patient's feet, and a warm dry blanket put over him to prevent his getting chilled.

Cleansing baths must be given very frequently, as it is of utmost importance that the pores be kept open, so that the skin can help the kidneys to do their work.

The mouth and gums must also receive especial care, and be kept in as healthy a condition as possible, in order to lessen the danger of hæmorrhage from the gums.

The room must be kept well ventilated, for in yellow fever, as in all infectious diseases, plenty of air is necessary for recovery. While

in other diseases ventilation is a simple matter, in yellow fever nursing, especially among the poor, it is a problem. On a warm day, with a malodorous patient, and with cheese cloth tacked over all the doors and windows, and no electric fan, the nurse will find it no easy task to keep the room from feeling "stuffy."

In the beginning of the disease the physician prescribes a purgative; some give one of the salines, some still cling to castor oil, while others prefer calomel in small doses. In the epidemic of 1807 a popular mode of administering calomel was known as the "Holt Sandwich," named for Dr. Joseph Holt, who originated the idea. The "sandwich" is prepared by covering the bottom of a spoon with a layer of very finely crushed ice, the calomel is placed on this, and then covered with another layer of crushed ice. In this way the calomel is packed between two layers of ice, and the patient swallows it without knowing that it is medicine. This method of giving medicine is especially good where there is great gastric irritability. After the first thorough emptying of the bowels, purgatives are never given any more, but enemas are ordered when necessary.

The fever in this disease runs only a few days, but while it lasts it usually runs very high, and should be reduced sufficiently to diminish the tissue waste and make the patient comfortable. Sponging has been found to be the best method of reducing the temperature, but because of the capillary stasis and the readiness with which the patient collapses, sponging with ice water is not advisable. The bath should be begun with warm water, and cooler water added until the water is cool, but not cold. At frequent intervals, while sponging, friction to the skin will help to prevent cyanosis. Cold enemas are often given to reduce the fever, the temperature of the water to be regulated by the degree of temperature to be combated: the hotter the patient, the colder the water, but never ice water. An ice cap to the head and an ice pillow to the back of the neck give comfort while the fever is high.

(To be concluded.)

OUR PRIZE COMPETITION.

We regret that none of the papers sent in this week are of a sufficiently high standard to merit publication and the reward of a prize. We must assume that nurses are too busy applying treatment to infected wounds to write papers on the subject.

QUESTION FOR NEXT WEEK.

How would you prevent the spread of epidemics by flies, fleas, lice, and bugs in war time?

NURSING AND THE WAR.

THE ROYAL RED CROSS.

The King bestowed the Royal Red Cross upon the following ladies at Buckingham Palace on July 10th:—

FIRST CLASS.

Miss Emily Barry, Matron, Nursing Staff of Civil Hospitals.

SECOND CLASS.

Miss Louie Rogers-Smith, Nursing Staff of Military and War Hospitals; Miss Alice Bowdler, Nursing Staff of Civil Hospitals; Miss Effie Fisher, Nursing Staff of Civil Hospitals; and Miss Decima Hirst, Nursing Staff of Civil Hospitals.

The following ladies were honoured by receiving similar distinctions on July 22nd:—

FIRST CLASS.

Miss Eleanor Charleson, Matron, Canadian Army Nursing Service.

SECOND CLASS.

Miss Janet Andrews, Sister Canadian Army Nursing Service, and Miss Ethel Holmes, Sister, Canadian Army Nursing Service.

We are informed that Miss Bostock, Matron of the Royal Victoria Hospital, Belfast, and Miss Emily Barry, Matron of the Huddersfield Royal Infirmary, are the only two matrons of civil hospitals who have, as such, been awarded the honour of the Royal Red Cross First Class.

Miss Grace M. Wilson, Matron of the General Hospital, Brisbane, and a Matron in the Australian Army Nursing Service, came over with a contingent of nurses to this country in the early days of the war as Matron of No. 3 Australian Military Hospital (sent to Lemnos) and has since done excellent work. Miss Wilson, who has recently received the decoration of the Royal Red Cross, is the daughter of Mr. John P. Wilson, of Brisbane. She was trained at the General Hospital there, and was gold medallist of her year. We are indebted for her portrait to *The Sketch*.

Considering the devoted service rendered by the nursing staffs of the civil hospitals in Dublin during the recent rebellion, it is regrettable that no mention should have been made of them in General Maxwell's report, or does he think they were all "Red Cross nurses"? Members of the

nursing staff of Sir Patrick's Dunn's Hospital rendered most conspicuous and devoted service to the wounded, attending to them, under a cross fire, with the utmost coolness, and many others behaved with the greatest gallantry. If ever nurses deserved official recognition, they are the nurses of the Dublin hospitals during the Sinn Féin rising.

Mr. Harold C. C. McIlwraith has placed at the disposal of the Commonwealth Government and Australian Imperial Force his country house, Glen Almond, St. Albans, for the use of convalescent sisters and nurses of the A.A.N.S. Australian Imperial Force. A sister of the Australian Army Nursing Service will be placed in charge.

Now that the Japanese nurses who were working at the Astoria in Paris have returned home, the

hospital will go on under the joint direction of French and British authority. A staff of British nurses will work under French and British doctors and will be helped by a staff of French Red Cross *infirmières*. Lord and Lady Michelham have undertaken to provide the funds for running expenses, and the *Baronne de Lesneur* will continue to be the French *directrice*. When we visited the hospital last year, this charming lady permitted us to inspect the hospital which was then most admirably organised and supplied by the Japanese staff. Lavish supplies, all marked Tokio, were stored for the use of every department.



MISS GRACE M. WILSON, R.R.C.

We learn from a sister at Vichy that the "Médaille des Epidémies" was awarded to Mrs. W. Deil, not to Miss Deil, as reported. The former lady, though untrained, has been nursing serious cases of contagious disease in France for over a year, and we regret to learn that she is now very ill, suffering with septicaemia, contracted in the course of her work. We cannot help expressing the opinion that the nursing of serious cases of contagious disease should only be undertaken by thoroughly trained and seasoned women. The untrained subject both the patients and themselves to risks of which they are unaware.

The Secretary of the War Office announces that nurses holding certificates for three years' general training, who wish to be employed in military hospitals, should apply in writing, without delay, to the Matron-in-Chief, Q.A.I.M.N.S., War Office, for conditions of service.

No one knows better than the trained nurse the disastrous results of the drug habit, and they have much power to mitigate this evil whenever suspected. We note with satisfaction that the Government has decided to take steps to control the sale of cocaine, and is understood to have been persuaded to that end by quite a formidable dossier on the subject prepared by the police for the Home Office.

PROBLEMS OF THE FUTURE.

Under the above heading the *South African Nursing Record* has an excellent article on the absolute necessity for State Registration of Trained Nurses throughout the Union, and incidentally proves that to be effective trained nurses must have sufficient direct representation to make any registration system really effective. Registration of nurses, conducted by a medical council, even with the best intentions, has not been a success; and the nurses realise that in the near future they must take part in their own government or worse will befall.

To quote this excellent editorial article,

UNJUST COMPETITION.

"The South African nursing profession never realised how many things wanted putting right until it banded itself together into a Trained Nurses' Association, and began to think things out, and now new ideas and new aspects crop up every day.

"But in spite of all we have suffered, we are likely to suffer much more during the next five years and, worst of all, unless we grasp the situation with a firm hand now, we are likely to allow the position to lapse into innumerable chaos from which we will only now, if ever, recover. We are liable to lose grasp of the situation altogether unless we prepare ourselves to meet it in the very near future.

"We do not intend to make any lengthy reference to the conditions we may expect after the War. Unless V.A.D. members are employed in South Africa (which is possible, but not yet a fact), we shall not be so unfortunately placed as our overseas sisters. For them the problem of the half-trained war nurse is going to be a very difficult one indeed. And if it should be found necessary to employ untrained women as probationers in military hospitals in this country, then we, too, must look to our guns. We must take steps to safeguard our position, for the amount of abuse is and would be just as great here as at home. And we would urge the profession to be prepared beforehand, to know how and what they would do to protect themselves should this menace occur, and have a plan of action mapped out; for, should we find South Africa flooded with V.A.D. probationers after the War, then our position, already critical enough, would be infinitely worse, and the scale of justice might thereby be turned against us and take years to recover its balance. Therefore our watchword must be that of the Boy Scouts—be prepared."

FOR SERVICES RENDERED.

SILVER BADGES FOR SOLDIERS AND NURSES.

It is officially announced that on the recommendation of the Army Council the King has approved the issue of a silver badge to officers and men of the British, Indian and Oversea Forces who have served at home or abroad since August 4th, 1914, and who on account of age or physical infirmity arising from wounds or sickness caused by military service have, in the case of officers, retired or relinquished their commissions, or, in the case of men, been discharged from the Army.

The badge will also be awarded to members of Queen Alexandra's Imperial Military Nursing Service, Regular, Reserve and Territorial Force, Queen Alexandra's Nursing Service for India, and members of Voluntary Aid Detachments who have quitted the Service under the above conditions; also to civil practitioners and to other civilians who, having occupied positions normally held by officers or other ranks of the Royal Army Medical



Corps under a fixed agreement for a period of service, have been forced to resign from physical incapacity caused by military service.

The badge is in the form of a circle, an inch and a quarter in diameter. The circle bears the words "For King and Empire—Services rendered," and circumscribes the Imperial cipher surmounted by a crown. It will be worn on the right breast or on the right lapel of the jacket with plain clothes only.

Owing to the large number of badges required and the arrangements to be made for their distribution, it will be some time before the actual issues can be made, but as soon as possible full instructions will be published as to when and to whom applications from persons entitled to the badges are to be submitted.

It is also announced by the Admiralty that a similar badge will be issued to officers and men of the Royal Navy and Royal Marines, and to members of Queen Alexandra's Royal Naval Nursing Service who have quitted the service, under parallel conditions. Applications should not be made until full information as to the manner in which the badges will be issued has been published.

FRENCH FLAG NURSING CORPS.

The Corps is very fortunate in having retained the services of some fifty-five Sisters who have been members for upwards of twelve months—quite a number, indeed, for twenty months—and who have been busily engaged in France during that time. It means that these Sisters are the right sort of women for the work, and that every month, as they get more attached to it, they become more and more valuable in the self-denying service they are rendering in French military hospitals and ambulances. In recognition of this service, the addition to their small salaries, which is now given by the Comité de Londres, Croix Rouge Française, is greatly valued by the Sisters, not so much for its monetary value, but as proof of appreciation upon the part of the President, Vicomtesse de la Panouse, of their usefulness to her glorious compatriots when sick and wounded. We are none of us above a little encouragement in our difficult tasks in this world.

No new Sisters will be sent to France until early in September, as there is such a great need of trained nurses for our soldiers at home—and those who are tired must be relieved for rest and holidays. The policy of the Committee has always been to supply to our heroic allies only efficiently trained and certificated nurses—on the assumption that only the best is good enough for sick and wounded men, especially when the help given is under entirely new conditions, which tax the resources and temperaments of the very best women.

The Committee of the F.F.N.C. have received the following communication:—

"Sunny Hurst," Caton.

Mr. and Mrs. Addison and family express their many thanks for the expression of sympathy towards them in the sad loss of their daughter Clementina, who died with a soldier's spirit and was buried as one; a party of soldiers from the Lancaster Barracks accompanied the remains and laid them to rest.

The wreath arrived quite safely; we thank all who most kindly supported it.

A most impressive service was held at the village church, special hymns and an anthem being sung by the choir and children.

The coffin was enfolded in the Union Jack and the French flag; the latter was afterwards buried with the remains. It was through her great devotion to the French soldiers that she gave her life as a sacrifice for others.

JULY 14TH, 1916. AN HISTORIC DAY.

The 14th July, 1916, will long live in the memory of Parisians, not as the happy, merry, care-free "fourteenth" that they knew so well how to celebrate in the now almost forgotten pre-war days,

but as a day on which they were permitted to do homage and acclaim their thanks to the representatives of the glorious Armies who are so nobly fighting and dying for their homes and homelands, yea, and even for greater things.

It will also be remembered as the first time foreign troops have assisted at France's "National Fête."

First came the review, by the President, of French, British, Russian and Belgian troops, followed by the giving of some 500 diplomas, Medals and Crosses to the families of officers and soldiers who have fallen in their country's service, and the President's magnificent address, in the course of which he said:

"In distributing to-day these first commemorative diplomas in the presence of regiments of the Allied troops and of the population of Paris, we have purposed simply to express in a solemn and symbolic manner, the gratitude which the nation cherishes towards its generous children who have died to save it."

When the ceremony at the Petit Palace closed, the great procession of between 10,000 and 15,000 troops began, and what a sight it was! Every window along the route crowded, the side walks packed with people of all ages and rank, who cheered, clapped and wept as regiment after regiment filed past with steady tread, and firm, resolute faces—for these were no mere show men, but men who had but just arrived from the district where Lucifer is stalking abroad, and who knew that on the morrow they would return to the grim fight, while they cheerily acknowledged the homage paid them.

The procession was opened and closed, as all Paris processions are, by mounted detachments of the Garde Républicaine. The Belgian troops, comprising Infantry, a Machine-gun platoon, Cyclists and Lancers; British, including Royal Scots, Gordon Highlanders, Anzacs, Indians, Canadians, Newfoundlanders and South Africans; the Russians, headed by General Lochwitsky; and the French soldiers, including Chasseurs, Alpines, Turcos from Algeria, New Moroccan companies, Annamites, Senegaliens, Fusiliers, Maînes; a full battalion of Territorial Artillerymen with the beloved "75's," and Cavalry from St. Cyf School. The martial music supplied by the various bands was more than inspiring, and the Scottish pipers and the Senegalian trumpeters met with tremendous applause, while the chanting of some of their fine battle songs with their haunting minor refrains by the Russians as they marched steadily and sturdily past was something to remember. But perhaps one of the most touching and impressive sights of this "expressive" review was the number of men among the onlookers who stood bareheaded during the whole hour that the procession took to pass, thus showing that they remembered this was not an ordinary 14th July review, but a ceremony in honour of their dead defenders.

E. H.

THE PERKINS BULL CONVALESCENT HOSPITAL FOR CANADIAN OFFICERS.

On Wednesday, July 19th, the Right Hon. the Lord Mayor accompanied by the Lady Mayoress and two of the Sheriffs opened the Convalescent Hospital for Canadian Officers on Putney Heath. They were received by Mr. Win. Perkins Bull and Mrs. Bull, who are the generous donors. Flags and bunting gaily decorated the entrance. Miss Bonnie Ryan, the little daughter of the Honorary Secretary, presented the Lady Mayoress with a bouquet in the national colours. The platform was draped with the Union Jack and the Canadian ensign. The proceedings were opened with prayer by Canon Ridding, after which

Imperial Army. They would get to know each other in this way better than any other.

Sir Robert McBride, Agent General for British Columbia, spoke of the deliberate, painstaking work of the doctors and nurses which had resulted in the Army Service Corps of the Canadian Expeditionary Force. He said they deeply appreciated the generosity and kindly welcome of the old land.

Mr. E. A. Ebblewhite (Hon. Treasurer), announced that it was probable Their Majesties the King and Queen would shortly visit the hospital.

A gold latchkey was presented to the Lady Mayoress and a similar token to Mrs. Bull—the latter being the gift of the first five patients in the hospital, and inscribed with their names.

After the ceremony, the visitors adjourned to a large marquee, where tea, ices and other good



THE MATRON MISS FITZPATRICK, AND STAFF.

Mr. Perkins Bull, who occupied the chair, in introducing the Lord Mayor, said that Sir Charles Wakefield was a friend to the Dominion, and that his tenure of office would be a landmark in history.

The Lord Mayor, who said that it gave him great pleasure to open this little hospital which was provided by Mr. Perkins Bull's liberality, mentioned the interesting fact that the house was the residence of Sir Ernest Shackleton before he left on his voyage to the South Pole. The waiting list for the hospital was already a formidable one. Nothing done could be too much for the Canadian troops, who had rendered such splendid service. Referring to the work of the ladies, he said they were one of the discoveries of the War.

Surgeon General Carson Jones stated that, although the hospital was primarily for Canadian officers, it would receive other officers of the

things were discussed. A string band was in attendance and some charming songs were given by some of the lady guests.

Visitors were invited to see over the house, and much admired the fine dining-room and bright bedrooms each containing three or four beds.

The Matron, Miss Fitzpatrick, who was trained at Hamilton, Ontario, with an Assistant Matron and fourteen Canadian V.A.D.s, form the staff. The Matron was a picturesque figure in her white piqué dress, folded kerchief and quaint mob cap with a narrow band of black velvet. The V.A.D.s wore a particularly pretty shade of pink with transparent aprons and the army cap. All wore the Canadian ensign mounted on red on the left arm.

Bright sunshine prevailed throughout, and visitors, patients and staff appeared to unite in thinking the opening day a complete success.

CARE OF THE WOUNDED.

The Keighley and Bingley Infectious Diseases Hospital has now been adapted as a Military Hospital, to accommodate 400 patients, at the cost of £10,000. It was opened by the Mayoress, it appears, at a very opportune moment.

In accepting the hospital on behalf of the War Office, General Bedford stated that the work was one of supreme importance, and very grave responsibility was attached. He was quite sure that before the war was over, and the cause of righteousness had overcome the cruel and unscrupulous enemy, many thousands of sick and wounded soldiers would pass through the doors of the hospital. Dealing with the exercising of economy at the hospitals, the speaker said he was at a meeting at the War Office the other day, when it was mentioned that if they could save 3d. a week on each patient in the hospitals it would represent £1,900,000.

The Serbian Relief Fund still continues its good work for Serbia in providing hospitals for sick and wounded Serbians. The hospital at Coru contains 200 beds, and Lady Grogan informs us that it consists of two wooden barraques, one medical, one surgical; three tents for medical cases; two tents for special cases; one small isolation camp; three tents, each containing ten beds for tuberculous patients. An out-door dispensary, opened about four weeks ago, has been very well attended by officers and soldiers from neighbouring camps.

The chief medical officer and senior physician is Dr. Aldo Castellani. Dr. W. E. Haigh is the chief surgeon, and Dr. Ada Macmillan and Dr. Gertrude McLaren are assistant physicians. Mrs. L. M. St. John, who succeeded Miss Mozley as Matron about two months ago, is doing admirable work in the hospital.

The Fund also maintains a small hospital in Bastia, Corsica, for Serbian refugees, of which Miss S. R. Richards is at present Matron, assisted by Miss Bunyan and Miss Scammell, trained nurses who have worked in Serbia.

In addition to the foreign work, the Serbian Relief Fund have now charge of 300 Serbian boys who are temporarily at Oxford and Cambridge until they can be drafted into different English schools.

The Granville Canadian Hospital, at Ramsgate, was officially recently opened. The X-ray room is the largest in England outside the London Hospital, and there is an annexe in which the patients recovering can work at their civilian trades.

Mr. and Mrs. W. H. Seager, Lynwood, Newport Road, Cardiff, are giving £2,500 to defray the cost of the new operating theatre at the Cardiff Infirmary as a memorial to their son, Second Lieutenant W. H. Seager, of the South Wales Borderers, who was killed in action at Neuve Chapelle on February 7th, 1916.

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals:—

F.A.D. Hosp., Bishop's Stortford.—Miss M. Hayden.

F.A.D. Hosp., Moseley, Birmingham.—Miss C. Wain.

F.I.D. Hosp., Kitebrook, Moreton-in-Marsh.—Miss I. Mabbs.

F.A.D. Hosp., Newton Abbot.—Mrs. A. Fletcher.

F.A.D. Hosp., Wallfields, Hertford.—Mrs. M. J. Beattie.

Red Cross Hosp., Henley-on-Thames.—Miss K. L. Lydon.

The Grange Hosp., Chertsey.—Mrs. G. Miller.

St. John Hosp., High St., Farcham.—Miss M. Talbot.

Private Mil. Hosp., Blackmoor, Hants.—Miss A. M. Coleclough.

Red Cross Hosp., Alton, Hants.—Miss M. Barker.

Grovecland Aux. Mil. Hosp., Southgate.—Miss S. Newton.

Stormont House, Hackney.—Miss N. P. Haine.

Scely Red Cross Hosp., Newport.—Miss C. Harwin.

F.A.D. Hosp., The Tower, Rainhill, Lancs.—Miss E. Bly.

F.A.D. Hosp., Norwich.—Miss B. McGlashan.

Military Relief Hosp., Guildford.—Mrs. E. E. Penn.

Temp. Hosp., 4, Gray Rd., Stunderland.—Miss A. J. Pickiny.

Mulgrave Castle, Whitby.—Miss J. Todd.

F.A.D. Hosp., Northwood, Middlesex.—Miss M. M. Darvill.

Red Cross Hosp., Weir House, Balham.—Miss G. Geddes.

Fairview Aux. Hosp., Ulverston.—Miss H. Ferry.

Callaby Castle Hosp., Whittingham.—Miss L. J. Robinson.

Red Cross Hosp., Barry Docks, Glam.—Miss E. K. Byrne, Miss S. E. Tennistord, Mrs. M. Keaney.

F.A.D. Hosp., Hanover Park, Camberwell.—Miss A. E. Benner.

Summerlee Aux. Mil. Hosp., E. Finchley.—Miss G. M. Bennett.

F.A.D. Hosp., Burnham-on-Crouch.—Miss C. Brown.

F.A.D. Hosp., The Cedars, Wells.—Miss E. Craig.

Hosp. for Facial Injuries, 78, Brook Street.—Mrs. J. M. Boswell, Miss E. Hogg.

Red Cross Hosp., Wymondham.—Miss F. G. Hobbs.

ABROAD.

Boulogne Headquarters.—Miss E. Marchant, Miss A. W. Phillips, Miss H. K. W. Edmonston.

Boulogne No. 10 Red Cross Hosp.—Miss C. Boness, Miss F. Jones, Miss O. C. Sharrott, Miss M. Sherman.

"THE REST OF A LABOURING MAN IS SWEET."

IN MEMORIAM.

By the death of Sir Victor Horsley, F.R.C.S., F.R.S., LL.D., whilst on active service at Amara, Mesopotamia, a most distinguished and brilliant member of the medical profession has passed away, and trained nurses have lost one of the best friends they possessed. The sad news has been received by many members of the nursing profession not only with profound sorrow, but with a sense of personal loss; the passing of a great man must always strike home whether we have any immediate concern with him or not, but our regret for Sir Victor Horsley is personal and intimate, and never since the ever-lamented death of Miss Isla Stewart, of honoured memory, has the nursing profession sustained so great a blow.

His sure clarity of thought and vision led him to realize that nurses had not sufficient solidarity, just as the medical profession lacked it until it obtained legal status, and, with great generosity, he made time in a life already crowded with professional engagements and work for social reform, to support their claim for the organisation of their profession by the State. He gave evidence in its support before the Select Committee of the House of Commons on Nurses' Registration, on behalf of the British Medical Association in 1905, and as one of the delegates of that Association on the Central Committee did splendid service in helping to draft its comprehensive Bill. He accepted the position of Vice-President of the Society for the State Registration of Trained Nurses, and was a well-known and welcome figure on the platform at its conferences and meetings. Moreover, when visiting busy provincial centres for other purposes, he took pains to arrange to address meetings on the subject of State Registration.

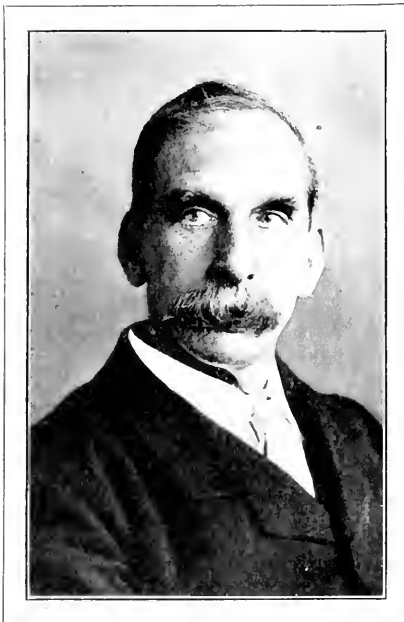
A fearless and daring surgeon, he was no less fearless in his moral character, and in his outlook

on humanity. If he believed that a cause was righteous he was ready to champion it and to make personal sacrifices for his principles. His outspoken support of the Women's Suffrage cause and of total abstinence probably cost him a seat in Parliament, yet those of his friends who most wished to see him there, knowing how men of such high calibre are needed, could only admire the generous and single-minded purpose which inspired him.

On the formation of the Territorial Force he became a member of the medical staff of the Third London General Hospital. In May of last year was placed in charge of the surgical division of No. 21 General Hospital, with the temporary rank of Major in the R.A.M.C., and embarked for Egypt that month. In March last, when he became aware of the bad conditions prevailing in Mesopotamia he volunteered for service there, and his patriotic offer was accepted. Even in this time of unprecedented stress, amid climatic conditions which were soon to cost him his life, his active interest in the cause of State Registration of Nurses was maintained. His cablegram to the annual meeting of the Society for the State Registration of Trained Nurses last month is evidence of this, and only a week before his death we received a letter from him full of comments and advice on matters relating to the interests of nurses.

Death is taking heavy and bitter toll of the brave and the true. Outstanding amongst them, nurses will always cherish the memory of Sir Victor Horsley, noble-minded, sympathetic and generous, whose eloquent tongue, ready pen, and personal help were always at the service of righteous causes, and who has died as he lived—a patriot whom success never spoiled, loved by many and honoured by all.

It takes a soul
To move a body; it takes a high-souled man
To move the masses, even to a cleaner stove.
It takes the ideal to blow a hair's breadth off
The dust of the actual.



THE LATE COLONEL SIR VICTOR HORSLEY,
F.R.C.S., F.R.S., LL.D.

THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.



The quarterly meeting of the Matrons' Council was held, by the kind permission of the Board of Guardians and of the Matron, Miss Elma Smith, at the City of Westminster Infirmary, Colindale Avenue, Hendon, on Thursday, July 20th, at 4 p.m. The President, Miss M. Heather-Bigg, was in the chair and there was a good attendance of members.

Before the business of the afternoon began the President moved from the chair the following resolution, which was carried in silence,

the members standing:—

RESOLUTION.

"The Matrons' Council of Great Britain and Ireland has learned with profound sorrow of the death, on active service, in Mesopotamia, of Colonel Sir Victor Horsley, F.R.C.S., F.R.S.

"The Council remembers with the deepest gratitude the invaluable help rendered by Sir Victor Horsley to the cause of State Registration of Trained Nurses, and his friendship and sympathy with the Nurses' Societies working for professional organisation.

"The Council offers to Lady Horsley and her family its deepest sympathy in their bereavement, and begs them to believe that it will always cherish the memory of Sir Victor Horsley, whose illustrious life has, in the service of King and Country, been crowned by an illustrious death."

The Minutes of the previous meeting were then read by the Hon. Secretary, Miss A. E. Hulme, and confirmed.

Many letters and a telegram of regret at inability to attend were reported from absent members.

APPLICATIONS FOR MEMBERSHIP.

Applications for membership were then considered, the following Matrons elected:—

Miss E. A. Rénaut, David Lewis Northern Hospital, Liverpool.

Miss Lucy A. Parry, the Colony, Chalfont St. Peter, Bucks.

Miss E. A. Oliver, Cottage Hospital, Potter's Bar.

Miss Emily J. Haswell, Matron-in-Chief, French Flag Nursing Corps.

Miss F. Ambler Jones, South Eastern Hospital, New Cross, S.E.

Miss E. M. Ouston, Lady Superintendent, Babies' Hospital, Manchester.

Resignations were received with regret from Miss Haughton, Miss Cox-Davies, Miss Bickham, and Miss C. C. Haldane.

Steps were then taken to fill the vacancy caused by Miss Cancellor's resignation as a delegate of the Council on the Central Committee for the State Registration of Nurses, due to the fact that the National Union of Trained Nurses, which has now become affiliated to the Committee, wished her, as their Chairman, to represent it.

At the request of the President, Mrs. Bedford Fenwick then explained the present position in regard to the Nurses' Registration Bill drafted by the College of Nursing, Ltd., and said that though it was at first very inadequate, consultations upon the Bill had produced satisfactory results, including agreement on direct representation for registered Nurses, a general register for the thoroughly trained and supplementary registers for male and mental nurses, an appeal to the High Courts for those nurses aggrieved with the decisions of the Council, &c. The crux of the question was the constitution of the General Nursing Council, and upon that they were still conferring, representatives of the Central Committee were earnestly working for agreement, but of course could not sacrifice principles to attain this end.

The President, from the chair, proposed a vote of thanks to Miss Elma Smith, and asked her to convey the thanks of the Council to the Guardians for permitting them to meet at the Infirmary; and Miss Smith, in responding, said the Guardians were delighted that the Matrons' Council should honour them by meeting there.

Miss Heather-Bigg also proposed a vote of thanks to Mrs. Fenwick, and said that the nursing profession were greatly indebted to her for the jealous care with which she guarded its interests.

After a hearty vote of thanks to the Chair the meeting terminated and a delightful tea was served at a number of little tables on the lawns all dotted with sweet white clover in front of the Infirmary, the Matron and Sisters vying with one another in their kind attentions to the guests. We are compelled to own it was not a war tea, sandwiches, cakes, and splendid strawberries and cream being pressed upon the guests with lavish hospitality. The day was perfect, the air sweet with the scent of hay and flowers, and several hours of delightful rest and chat were enjoyed. Great interest was taken in the flights of the aeroplanes from the aerodrome close to the Infirmary, the flitting around of which kept us well in mind of war work even in this peaceful spot. The visit to Hendon is the first which has been paid by the Matrons' Council to one of our fine Poor Law Hospitals, and was such a success that it is hoped it may receive invitations to repeat the experiment elsewhere. Poor Law Nursing has become so highly specialised a branch of social service, it is well that the fine results should be seen and appreciated by those engaged in other departments of nursing.

ANNIE E. HULME,

Hon. Secretary.

PROTECTION OF TRAINED NURSES' UNIFORM.

We all know how endless have been the discussions on the question of the public wearing trained nurses' uniform, whether by the Society woman at work or at play, the domestics of doctors and dentists, by tradesmen's employes for the advertisement of their goods, by ladies of easy virtue in the pursuit of gain, to say nothing of begging dogs.

The Thirteenth Annual Convention of the California State Nurses' Association recently tackled the subject with spirit, and the discussion which followed on Miss Frances Nelson's paper on "A Plea for the Protection of Our Uniform" proves how this abuse rages in the States just as it does in this country.

Miss Nelson runs a Nurses' Outfitting Company at San Diego, and as a loyal professional woman she writes:—"When cafeteria girls absolutely untrained, dental office girls, nursery maids in public places, as well as practical nurses (nurse attendants) come to me and request nurses' uniforms, aprons and caps, and specify they must look like nurses, I rebel. I frequently see these girls on the streets in full regalia, and some lack dignity in a marked degree, so it can readily be seen that this is most degrading to all nurses in the eyes of the public. . . . Upon careful investigation I find that in many cases, though not in all, the girls themselves are not particularly desirous of being so attired, but that it is the requirement of their employers, who wish the public to think they are getting the services of graduate nurses. . . . Only State Registration seems adequate to cope with the situation. And by this means the problem will be solved for the whole State, and I hope for the entire nation, as I am sure the same conditions *must* exist elsewhere; but what we need is *action* individually and collectively."

A brisk discussion ensued.

Mrs. O'Neill said: "I don't see why the nurses' uniform is always picked on for fancy dance parties. . . . At a *dansant* to the Red Cross which I attended, the ushers were Red Cross nurses. I asked, Are these Red Cross nurses? The answer was 'No, they are Society girls dressed up as such.' They were beautiful, nice girls, but they did not act just exactly as one expects Red Cross nurses to act in public. I hope we will take some measure to prevent ushers at theatres, *dansants*, etc., from using the uniform, and that every county delegate goes back and puts it on record, say, that the county association has the authorisation of the State Association that they object very strongly to the uniform being used by anybody but a graduate nurse."

Mrs. Van Eyan said: "I consider the Society women the worst offenders." She proposed instructing the Women's Clubs, "who do not appear to get our viewpoint. . . . But I wonder if we

are ever going to get far until we have some official legislation protecting us, the same as sailors and soldiers. That seems the only way."

Miss Wrigley considered this a good and valuable suggestion. "We had that problem in Pasadena. It was found that women in nurses' uniforms were in the drug store demonstrating corn plasters. The Society young women used nurses' uniforms in selling Red Cross Christmas stamps. A protest was made about it, and while it was not very kindly received, it has not happened again."

Mrs. Erickson said: "Other offenders were the college people; they were putting out their trained dieticians in caps and gowns looking exactly like the nurses. Result, that I said to one of them, 'I did not know you were a trained nurse.' 'Oh, I am not; this is our uniform,' was the reply."

The President remarked that the trouble arose because there was such a variety of imitation uniforms, and added "I wonder if we would be making progress to take action to standardise what is graduate nurses' uniform?"

Mrs. Waterman said the mercantile people were the worst offenders; prominent drug companies insisted on their saleswomen wearing nurses' costumes.

Mrs. Webber said barbers and sanitary shops were offenders.

Mrs. Rasmussen complained of untrained young women employed in a doctor's office wearing nurses' uniforms.

Mrs. O'Neill pointed out that there was a law against the use of the Red Cross, and considered much might be done by objecting in individual cases to the use of nurses' uniform. "We do not make it public enough that we object to it—we sit down and say nothing."

The President proposed deciding on a standard uniform for "registered" nurses, presenting it to the State for adoption, and then to the National Association. "Have it protected by law," she said, "and take action against people who use it illegally."

Miss Sorgenfrey, who has evidently a keen appreciation of the idiosyncrasies of the daughters of Eve, remarked: "Some don't like long sleeves, and some object to high collars. How are you going to make it universal?"

The President thought by the choice of the majority.

Then a whole floor full of bogies arose and demanded consideration.

Some nurses would wish to wear their school uniforms. Then register a cap. The cap belonged to the school. White was the nurses' usual wear. You could not copyright a white gown. In many hotels nurses might not appear in public rooms in uniform. Was there a national cap? No one had heard of one.

Miss Sweeney wished that trained nurses should not wear uniform in the street, both for sanitary and ethical reasons. Let the training schools adopt the rule. It would then be known that those who did wear it were the untrained.

Miss M. Taylor evidently did not believe in sumptuary laws. "You cannot tell any woman she cannot wear any kind of cap or dress. I don't think the uniform makes the nurse. Respect your own cap and do not wear it indiscriminately," was her advice.

The President said that it was the many objectionable things done by those assuming their uniform which caused reflection on nurses. The idea of a registered cap found some favour. We opine that it will have to be very becoming to be universally adopted.

If when our Nurses Bill becomes law it provides for the protection of a "registered nurses" uniform, just imagine the all-night sittings necessary to debate such a vital issue before the question "be now put"! Whatever else may be done behind closed doors, be sure the whole profession will expect to express an opinion on a matter so all-important as the cut of a collar, the shape of an apron or the colour of a gown, to say nothing of the outdoor suit.

THE KING EDWARD VII ORDER OF NURSES.

The Report of the King Edward Nurses, South Africa, from April 1st to December 31st, 1915, shows that good progress has been made with the consolidation of this Order, which was organized as a South African Memorial to commemorate the life and aims of King Edward VII. The nursing organization is intended to comprise two divisions, (a) European, (b) Coloured and Native, the funds and organization of the two being kept apart. The immediate object of the Order is to make good deficiencies now existing in South Africa. These apply to sick and injured persons who can pay but cannot obtain the services of nurses, to those who can pay in part, and those who cannot pay at all; and as experience has shown that the efficiency of nurses collected at a centre under experienced supervision is far higher than in the case of an equivalent number of single nurses assigned to districts, centres will be established as far as practicable.

The report of Lady Duxton, Chairman of the Executive Committee, states that Miss J. E. Pritchard, the Lady Superintendent of the Order, has continued to do valuable work, and by her tact and business ability has assisted the advancement of the Order in spite of the grave difficulties occasioned by the inadequacy of the staff, and the inability, mainly due to the circumstances occasioned by the war to recruit additional members.

Miss Brailford's appointment as Senior Nursing Sister in Charge of the Ladysmith Centre has proved a very great success. Her personal character and professional ability have considerably enhanced the reputation of the Order in the neighbourhood served by the Ladysmith Centre.

The members of the Order generally have worked most satisfactorily and have cheerfully borne the many hardships and inconveniences inseparable from the exercise of the nursing profession in the country districts of South Africa.

A supplementary report states that the question of the pay of the nurses has been under the consideration of the Executive. Enquiries have confirmed the view which had been advanced that the salary offered by the Order was inadequate to attract fully-qualified nurses in South Africa, and it has been decided to increase the rates. The commencing salary of the nurses is now £90 per annum, rising to £120, and of Senior Nursing Sisters (or Matrons) £120 per annum, rising to £144.

Miss Pritchard, in her report, says that the shortage of trained nurses has seriously hampered the work and prevented expansion. She hopes that the higher rate of pay now sanctioned may bring more suitable applicants. She reviews the work in the various centres, mentioning that the native nurse sent to De Aar location has been at work nearly a year, and this side of the work promises to be a great boon to the natives, and she looks forward to a large and increased sphere of usefulness as time goes on.

APPOINTMENTS.

MATRON.

Birmingham Hospital Saturday Fund, Convalescent Home, Droitwich.—Mrs. M. Pilkington Brown has been appointed Matron. She was trained at the Borough Hospital, Birkenhead and Liverpool Maternity Hospital, Liverpool, and has been Assistant Nurse at the City Hospital, South Liverpool, and has done private nursing in Liverpool and Wallasey, and has been Matron of the Auxiliary Military Hospital, Frodsham. She is a certified midwife.

Infirmiry and Dispensary, Warrington.—Miss Annie Strachan has been appointed Matron. She was trained at St. Helen's Hospital, has held the positions of Staff Nurse and Sister, and is at present Matron of the Wallasey Cottage Hospital, Cheshire.

Bailbrook House Private Asylum, Bath.—Miss M. Hiney has been appointed Matron. She was trained at the Royal Asylum, Edinburgh, where she held the position of Night Superintendent.

SISTER.

Nelson Hospital, Merton, S.W.—Miss Grace C. Petherick has been appointed Sister. She was trained at the Royal Infirmary, Chester, and has held the position of Night Sister at the General Infirmary, Stafford, Ward Sister at the Park Hospital for Children, Hither Green, Lewisham, and Night Sister at the Stanley Hospital, Liverpool.

City Hospital Annex, Higher Lane, Fazakerley, Liverpool.—Miss Louisa Poole has been appointed Sister. She was trained at the Southampton Isolation Hospital, the All-yr-yn Hospital, New-

port, Mon., and the Camberwell Infirmary, London, and has been Sister at the Broseley Hospital, Salop, the Sanitary Hospital, Bournemouth, and the City Hospital, Coventry.

County Hospital, Bedford.—Miss Eleanor F. Mackenzie has been appointed Sister. She was trained at the General Hospital, Birkenhead, where she held the position of Holiday Sister, and has been Staff Nurse at Mount Vernon Hospital and done private nursing in Northampton. She has also been Temporary Sister at the Throat Hospital in Golden Square and Night Sister at the Military Hospital, Frodsham, Cheshire.

QUEEN VICTORIA JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Edith B. Long is appointed to Leicester as Assistant Superintendent. Miss Long received General Training at Woolwich Union Infirmary, District training at Brighton, and holds the C.M.B. Certificate.

Miss Annette M. Cook is appointed to Sheerness; Miss Agnes McGregor is appointed to Middleton; Miss Lilian M. Roberts is appointed to Olton.

NATIONAL UNION OF TRAINED NURSES.

NEW APPOINTMENTS.

Astoria Hospital, Paris.—Miss A. McLean (Matron), Mrs. A. Jackson (Sister).

Exeter V.A. Hospital.—Miss L. Shoesmith (Sister).

Norfolk War Hospital.—Miss Eagle (Sister).

Townley's Military Hospital, Tamworth.—Miss Ricketts (Sister).

PRIZES FOR NURSES.

At the conclusion of a recent meeting of the Board of the Aberdeen Royal Infirmary, the prizes awarded to members of the nursing staff for proficiency in their professional examinations were presented by Mr. Alexander Duffus, the Chairman of the Board. Owing to the pressure of work, and the absence of a number of members of the nursing staff on military duty, the presentation of the prizes gained last year was then deferred. These were also included in the distribution now made.

The following are the prize-winners: Ophthalmic nursing: Senior, Nurse Robinson; junior, Nurse C. McLean. Ear and Throat Nursing: Senior, Nurse M'Vicar; junior, Nurse Findlay. Gynaecological Nursing: Senior, Nurse N. McLean; junior, Nurse Gavin. Surgical Nursing: Senior, Nurse I. Archibald; junior, Nurse Goodall. Instruments: Senior, Nurse Wallace; junior, Nurse Colvin. Bandaging: Senior, Nurse C. Gordon and Nurse Stanworth (equal); junior, Nurse McIntyre and Nurse J. Grant (equal). Anatomy and Physiology: Senior, Nurse Ramsay; junior, Nurse McKilligan and Nurse Hammett (equal). Final Examinations: October, 1914, Nurse Dawson and Nurse J. Wilson (equal). April, 1915, Nurse B. Colman. October, 1915, Nurse Niven, and April, 1919, Nurse C. McLean.

NURSING ECHOES.

Many nurses from all parts of the British Empire on their way to active service, as well as those on leave from military hospitals within and without the United Kingdom, have grateful and affectionate memories of the hospitality they have enjoyed at Queen Mary's Hostel for War Nurses, first established in Tavistock Place, and now moved to larger premises at 40, Bedford Place, W.C.

The Queen, who from the first identified herself with the Hostel, visited it shortly after the opening, and expressed herself thoroughly pleased with its management. On Saturday last Her Majesty honoured the new Hostel by a visit, delighting the nurses by her kindness, and taking a keen interest in the arrangements. It is satisfactory to know that the money originally subscribed was sufficient to run the Hostel for twelve months, and that, recognizing the value of the work, the Joint War Committee of the British Red Cross Society, and the Order of St. John of Jerusalem, have put the Committee of the Hostel in a position to carry on for another twelve months, but the Committee state in the report just issued that gifts in kind, such as vegetables, fruit, flowers, &c., are welcome.

Conditions of admission are that nurses wishing to avail themselves of the hospitality in London, or that of Lord and Lady Desborough at Taplow Court, or elsewhere, must produce credentials from Miss Swift, Matron-in-Chief of the Joint War Committee, or from the Matron of the hospital or unit in which they are working, or from some other recognized authority.

Many letters have been received from nurses testifying to their happiness and gratitude while enjoying the hospitality of the Hostel, Taplow Court, and other country homes.

Sixteen hundred nurses have been entertained at the Hostel, and a hundred and sixty at Taplow Court, where Lord and Lady Desborough have made them feel thoroughly at home in beautiful and congenial surroundings.

Mrs. Kerr Lawson, and her Assistant Superintendent, Miss Pomfret, must look back with satisfaction, as we know they do with pleasure, over a year's very useful work.

The instinct of home making is deeply rooted in most women, and one of the trials of a private nurse is that she must to so great an extent "live in her boxes." Even if she takes an unfurnished room, and furnishes it according to her fancy, there are many drawbacks, and she usually comes in tired to find an empty

grate, and no means either of preparing a simple meal or of taking a hot bath.

At the recent National Economy Exhibition at Prince's Skating Club, Knightsbridge, a practical demonstration of overcoming these difficulties was given in the room designed by Miss Winifred James, the furnishing of which, in comfort and good taste, cost £2 15s. prior to the war, and at the present time £3 10s. The comfort of this self-contained room, with the means for heating, cooking, and water supply for a hot bath, were made possible by the use of gas, and a room more elaborately furnished, but still within the means of many private and district nurses and midwives, can be arranged with the aid of the same medium, and fresh paper and paint and pretty chintzes will at small cost convert it into a desirable home. There is the gas fire, which, within a few minutes of lighting, affords cheerful warmth and comfort; a gas cooker, which when not in use is concealed in an oaken cabinet in the form of a bureau, on the doors of which there is room for the cooking utensils; in a corner of the room which is curtained off a bath is installed, with a gas water-heater, which provides hot water instantaneously, so that there are all the elements on which a daintily clean and cosy home in good taste can be built up. In the case of a private nurse the room should be in the house of someone who can be depended on to take telephone messages accurately, as calls in the nurse's absence must be answered and sent on, or she will lose her connexion, but with this provision made she can enjoy her cosy home in comfort, and, whatever time of the day or night she is summoned, she can always secure a hot meal before leaving for her case.

The National Poor Law Officers' Association are greatly perturbed about the constitution of the Executive Committee (the Council) of the College of Nursing, and consider that, because there are more beds in Poor Law infirmaries than in voluntary hospitals, municipal authorities should have proportional representation. Mr. Percival, the active President, and Dr. Williams discussed the College of Nursing scheme at length at the annual meeting, and the latter proposed, and the former seconded, the following resolution:—"That a communication be addressed to each Branch Agent requesting that an early opportunity be taken to consider the position of Poor Law Nurses in regard to the College of Nursing, with a view to calling a special meeting of nurses within the area of the Branch to discuss the matter, and to secure their adherence to the Association in larger numbers, and to give the Association

absolute authority to speak on their behalf and take the necessary steps to protect their interests. That to secure this end, the Branches be urged to form a nursing committee, with its own President and Secretary, reporting their recommendations to the Branch general meeting."

The resolution was adopted.

The question of selecting representatives to be nominated on the Executive (the Council) of the College was then considered, and after considerable debate it was resolved that the Parliamentary Committee should approve of the nomination of representatives to act on the Executive Committee of the College under the guidance of the Parliamentary Committee.

Under the auspices of the East Yorkshire branch of the National Poor-Law Officers' Association a meeting of nurses was held at the Board Room at the Anlaby Road Workhouse last Saturday. Mr. R. H. Winter (clerk to the Hull Board of Guardians) presided, and Mr. T. Percival, president of the National Association, gave an address on the College of Nursing.

About fifty nurses attended.

Mr. Percival said the College of Nursing had drafted a Registration Bill, and it would shortly be submitted to Parliament. Under its provisions no nurse would be qualified to register unless she was twenty-one years of age, of good character, and held a certificate of three years' training in a training school, or had undergone two years' training at the London Hospital, followed by outdoor nursing. Lord Knutsford, of the London Hospital, was in favour of the Bill, and would support it in Parliament. The College would recognise the certificates issued by the training schools in which the curriculum came up to the approved standard. Mr. Percival said he had been surprised to find that in some quarters Poor-law training of nurses was considered inferior to the training received in general hospitals. That was an entirely erroneous impression. At the present time the Poor-law nursing certificates were the only nursing certificates that were State-recognised. The yearly output of nurses with three years' training from Poor-law training schools was 1,400. If the Bill became law it would mean that no nurse could practise as a nurse unless her name appeared on the register, so that the Bill had far-reaching effects. Mr. Percival urged Poor-law nurses to join the National Poor-Law Officers' Association, in order to secure representation in the formation of the council of the College of Nursing, and to protect their interests generally.

The Chairman pointed out that under the Bill the registration of nurses was compulsory.

We would advise trained nurses, Poor Law and otherwise, never to place themselves in so dangerous a position as to give any body "absolute authority" to speak upon their behalf. Let them organize and speak upon their own behalf. This "absolutism" is the basis of professional complaint against the Nursing College constitution. The nursing profession has had a nominated Council to deal with its affairs thrust upon it by a limited company, and it has no intention of submitting to such jurisdiction. Hence the agitation upon the part of organized nurses that an agreed Bill shall be drafted, without delay, providing for direct representation of the nurses themselves on any governing body which they may be called upon to obey. On such a body Poor Law Nurses should urge that non-professional representation should be provided for through the Local Government Boards in the United Kingdom, and that organizations of workhouse and other lay officials, such as the Poor Law Officers' Association, and the Association of Masters and Matrons of Poor Law Institutions, have no right whatever to seats on the Governing Body of the Nursing Profession, any more than they have on the General Medical Council or the Midwives Board. Unless the General Nursing Council is primarily a Council of directly elected nursing experts, it will never command the confidence and support of the profession as a whole. Any attempt upon the part of employers or their representatives to "noble" control of the nursing profession will inevitably result in a prolonged struggle, with disastrous results. Such an economic struggle can and should be avoided.

Fourteen Leeds nurses, who were successful in passing the final examination of the Leeds Township Infirmary Nurses' League, were presented with badges at the Infirmary, Beckett Street, on July 21st, by the Lady Mayoress (Mrs. Charles Lupton).

The Rev. W. H. Stanfield, chairman of the Leeds Board of Guardians, who presided, paid a tribute to the work of the nurses, and remarked that, twenty-five years ago, there was not a trained nurse at the Infirmary in Beckett Street. The League had done good work for the nurses, and at the present time there were about 115 nurses on the staff. In his opinion, the nursing school at the Infirmary was one of the finest in the country.

At the Quarterly Meeting, held at 73, Lower Leeson Street, Dublin, of the Council of King Edward's Coronation Fund for Nurses, Miss Kelly in the Chair, nurses received grants amounting to £24 3s. 6d.

CARE OF THE SCHOOL CHILD.

SPECIAL NEEDS OF THE ADOLESCENT BOY AND GIRL.

The lecture given by Mr. Reginald Bray, Chairman of the London Juvenile Advisory Committee, at the London Day Training College, on July 16th, was listened to with great interest by those who were privileged to hear it. The lecturer spoke from the standpoint of intimate knowledge, therefore with authority and sympathy. His main points were those of health and employment. In his opinion the Factory Act, so far as it concerns the inspection of children over the age of 14, greatly needs amending. The bad points about it are (1) that the doctor is a private practitioner; and (2) that he is paid by the employer and not by a Public Body. The examination is perfunctory and far from thorough. He instanced one case in which a doctor had never been known to reject a child on the ground of ill-health. (3) There is no provision made for after-care supervision. The health of the adolescent boy and girl is therefore sacrificed to ineffective legislation. On the other hand, mitigation of the evil is found in a new organisation which has in the past few years grown in strength and value to the adolescent boy and girl. Committees have been formed for the express purpose of assisting boys and girls in seeking and choosing suitable employment after they leave school. This is called the Juvenile Employment Committee. The Central Committee organises local ones, and they all work in connection with the Labour Exchanges. The membership consists of representatives of the following bodies:—School Care Committee, Teachers, Employers, Trade Unions and one doctor.

In the following classification it will be seen how systematic and thorough the work is:—

(1) When the child is about to leave school, the question of employment is then brought before the parents; the "school-leaving form" is given to the child, and the particulars of the child's career and the report of the school doctor are entered upon it. A meeting is held to which the parents are invited; neither they nor their children have, as a rule, any particular views, and are glad of the advice offered. The child's taste, ability and health are all considered.

(2) The Committee then goes to work, aided by the Labour Exchange, to find suitable employment; the latter makes special canvass to obtain the required vacancy, always bearing in mind the *suitability* of the employment.

(3) The Committee endeavours to keep in touch with the child after entering employment.

This most valuable part of the work is undertaken by voluntary workers, of whom there are between three and four thousand. If the child's health suffers from the nature of the employment, he or she is advised to leave, and fresh employment found. The purpose of this excellent organisation is to study first-hand the problem

of unemployment, to collect every bit of available evidence in respect of occupations *unsuitable* for juveniles, too long hours, &c., in order ultimately to bring the question of juvenile occupation under State control. Mr. Bray brought out some interesting points on the subject which the war has demonstrated. The demand for child labour under school age has been seriously great; the demand for the work of children outside school hours has increased from 20-50 per cent. With the boys it has been paid employment, but the nature of the girls' work has been mostly increased domestic work, owing to the fact that the fathers are serving in the war, and the maintenance allowance not being sufficient, the mothers have been obliged to go out to work. The health of little girls under these conditions has suffered.

In weighing the pros and cons of young boys employed in munition factories, the lecturer appeared to take the view that they were pretty well balanced; the disadvantages of long hours—contrary to the provisions of the Factory Act, must be accepted as inevitable under the present abnormal conditions of war. Boys of 14 are being paid 22s.—25s. a week; boys of 16 as much as £3 a week. They are working during 12 hours, for seven days in the week. He was pleased, however, to find that the money is being put *on* them and *in* them! They are well fed and clothed. In the early part of the war there had been a grave lack of supervision, but since Welfare Workers have been appointed, the health of the juveniles has been well looked after. With regard to girls who are taking the place of boys, Mr. Bray is of opinion that whereas in some occupations—such as that of messenger—their health has improved, others are unsuitable and telling upon their health. In reviewing the whole question of the health and employment of juveniles, he said that not until we have solved the problem of poverty, will the question ever be put upon a satisfactory basis.

B. K.

A QUIZ BOOK ON NURSING.

We have received from the publishers, Messrs. G. P. Putnam's Sons, 24, Bedford Street, Strand, W.C., a copy of the second edition, revised and enlarged, of "A Quiz Book of Nursing for Teachers and Students," by Miss Amy Elizabeth Pope, formerly Instructor in the School of Nursing, Presbyterian Hospital, New York, and Miss Thirza A. Pope, formerly Supervisor of Visiting Nurses of the New York A.I.C.P.; with chapters on Visiting Nursing by Miss Margaret A. Bewley, R.N.; on Hospital Planning, Construction and Equipment, by Mrs. Bertrand E. Taylor, A.A.F.A.; and on Hospital Book-keeping and Statistics, by Mr. Frederic B. Morlok.

The book, of which the price is 7s. 6d. net, is a most useful one, and the questions on nursing subjects contain about one thousand questions

and answers on nursing subjects covering a wide range. There are also questions on hygiene, bacteriology, anatomy and physiology, dietetics and materia medica.

In connection with Visiting Nursing, the writer remarks, "There are so many fields now open for nurses that it seems necessary for the training schools to add to their curriculum that instruction which will tend to direct the minds and interests of the student nurses to that broader field of usefulness, a better understanding of themselves and the work for which they are being fitted. Under proper supervision and instruction they may be taught to adapt their nursing knowledge to the circumstances of the patients, and to make the best of the unfavourable surroundings and limited appliances found in the home. Necessity will teach them to improvise and economise. They will learn to think of each patient as an individual as well as a case of illness—for, under care at home, progress is often dependent on the financial and social condition of the family. Their experience will teach them adaptability and resourcefulness, and develop and cultivate their abilities along humanitarian lines.

"They should be expected to reason out things for themselves, and develop their judgment, instead of appealing to someone in authority in all emergencies."

We agree with the writer that, as an adjunct to hospitals and dispensaries, visiting nursing is indispensable. "It relieves congestion in the hospital proper, and many more cases can be treated in the wards. Patients can be discharged earlier, the subsequent minor dressings and medical care being carried out in the homes. Incidentally, much can be done to assure the community from which a hospital draws its patients that those concerned with its management are interested in their patients' welfare, by following them a sufficient time after leaving the hospital to insure their actual restoration to health."

The chapter on hospital planning, construction and equipment, of which nurses as a rule know little, is one which may be studied with advantage. The writer states that "all experts agree that the ideal hospital site should be reasonably accessible, but as far isolated as possible from all deleterious conditions; that is, noise, smoke, dust, &c. . . . In a large city the land is necessarily limited. In a smaller city a hospital should be in the suburbs. . . . provided with walks, flower beds, seats and arbors for the convalescent, and airing lawns under shelters, and trees for those brought out in beds and on wheel stretchers for the vital open air day by day. Roofs are valuable, balconies necessary, but Mother Earth, clothed and beautiful, has a certain inherent vitalizing influence not excelled." Hospital bookkeeping varies in different countries, but those who aspire to institutional posts will do well to study this chapter.

We cordially commend the book.

M. B.

THE APOTHEOSIS OF "HUGHES."

The wise journalist stands on the kerb if he wishes to absorb the atmosphere of a movement presented in a passing pageant, and to pass the time of day as it were with the crowd. Little of its essence is thus evaporated in space. Seen from a window the Women's War Procession, which enlivened London last Saturday afternoon, was beautiful and impressive, but seen from the kerb it was a living thing—it was just patriotism *in excelsis*, patriotism as we women feel it, laurels and mourning for the Heroic Dead, acclamation for the valiant living, the demand for the strong man at the helm. Thus a hundred banners voiced the demand of the workers for "Hughes," the man of singleness of purpose and fearless policy—even the children flung wide their banners and cried, "Hughes come back for our sake," "The will of the people is Hughes on the War Council," which, being interpreted, means vigorous prosecution of the War, so that the blood of our people be not wasted; no pandering to Huns in high places; scatter their gold; down with them; out with them; no quarter for the coward, the parasite and the spy. From the kerb, as they passed in their thousands, all these things were stamped on the pale faces of the women doing men's jobs, or they flung them at you in speech in response to the wave of your hand.

What a pity a few of the Coalition were not on the kerb! Or are they still too obtuse to appreciate the Soul of the mothers, the wives, and the lovers of men? When the misgovernment of men makes it necessary for the saving of the Empire that our women shall go gagged into dangerous trades—to come out stained and withered—it is high time that "Hughes" and all he signifies to the people should be realised in high places.

BOOK OF THE WEEK.

"PENTON'S CAPTAIN."*

Those of our readers who read the poignantly pathetic tale of "Mary Dume" will welcome another story from the same sympathetic pen, and we have confidence in recommending "Penton's Captain" to their notice.

A charming tale it is of the period of the outbreak of the war. Penton was a private soldier and Humphrey Maxwell was his captain. They both have a love story, and the romance of each is impartially told.

Lizzie was taking home the washing on a "pram" and tilted it into a hedge, from which she was unable to extricate it.

"Bother it," exclaimed Lizzie, her pretty pink and white cheeks flushed, her blue eyes blue as forget-me-nots they were, filled with tears.

A young, beardless man in khaki helped her in her difficulty. This was Private Penton. It was not long before Lizzie had explained to him that

she was sixteen, that she was servant at "Ducconsens, that she had been boarded out from the union." "Four shillin' a week was what they paid for my keep and my clothes were extra." As the young man remained silent, she tossed her head, her bright hair gleaming in the sun. She was beginning to resent Private Penton's disdainful attitude. That was the beginning of one romance. Captain Maxwell's was conducted as may be supposed, on different lines.

Henri, the young wounded Belgian officer, died in a hospital in the town where Maxwell was quartered. His sister arrived too late to see him alive. Maxwell, who was with him, promised to meet the young girl and see that she was protected. Through the gathering mists René's eyes seemed to search his, there was a long pause and then with a mighty effort he turned towards the crucifix he was holding with his left hand, Humphrey laid his hand upon it.

True to his promise he met Jeanne and placed her with a lady selected by the Belgian Committee, and after a constant succession of humiliations from her well-meaning vulgar hostess, Maxwell, who by this time is deeply in love with her, offers her marriage.

"But I do not love you," she said, tremulously, "and, my God, how could I think of such things as love and marriage now? I, whose whole heart is full of mourning."

But she yields to Humphrey's entreaties and they are married. Penton by this time has been promoted to be Humphrey's personal servant, and though he was much injured that his master had not furthered his marriage, he is much mollified by Lizzie being engaged as servant to Jeanne, Humphrey's wife.

Penton is a very amusing character with his grandiloquent way of expressing himself. At first there was a passage of arms between him and old Non-nou, the Belgian woman. "I cannot think, sir, it could be your wish I should do such a thing." But, as Jeanne said later, "Penton is doing it after all. I saw his face change when it was a question of Lizzie having an extra piece of work. He even scrubs with dignity," said Jeanne, laughing. "Your Penton gives much *cachet* to our house, Humphrey; I don't know what we should do without him." Penton and his master are ordered to the Front in due course, and later are reported killed. By this time Jeanne devotedly loves Maxwell, although he left her believing her unwon, and the shock of the news of his death is very severe. Late in the afternoon Lizzie contrived to creep into her mistress's room, and Jeanne, opening her heavy eyes, gazed at her for some time in dim wonder.

"Lizzie," she said, faintly, "What have you got on your head?"

"Please'm," said Lizzie, in a whisper, "it's a widow's cap. Oh, I thought I'd like to wear it, ma'am. I do feel as I am Phil's widow and I thought I'd creep up and ask ye. I thought ye'd understand."

Jeanne sat up and stretched out her arms.

* By M. E. Francis. Chapman & Hall, London.

"Laze a y poor little Lizzie—indeed I do understand."

The loves of master and maid and mistress and maid are well worth reading, and we will leave our readers to discover the final issue.

H. H.

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 STRATEGICAL ORGANISATION OF THE ARMY NURSING SERVICE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—As a MATRON of some slight standing, and an assiduous reader of your Journal, and one keenly interested in, not only her immediate work, but in everything that pertains to the Nursing Profession, I feel that I may on occasion lay claim to your editorial ear. I have some little knowledge, and am anxious to acquire a vast deal more, of Army Nursing; also I have a healthy regard for "red tape," and fear that were I to direct my enquiries through War Office channels, the reply would reach me many years after peace has been declared—hence this appeal to your columns.

It appears that almost all hospitals are now under military régime, and the carrying on of the work, I understand, differs considerably from the purely civil methods. This, in itself, is of enormous interest, but what I especially want information about concerns the *strategical organisation* of the Army Nursing Service, its strength, how it is generalised, and reinforced, how many nurses, not yet called up, are still available in England, the percentage of casualties in the nursing ranks, how they are cared for, &c., &c.

Miss Becher, Matron-in-Chief at the War Office, is I assume the G.O.C. of the entire Service. I am confused with regard to the relationship of the other Matrons-in-Chief: British Expeditionary Force, Territorial, British Red Cross, Canadian, Australian, New Zealand, and South African. Do these ladies hold a Council of War, as it were, to discuss pros and cons, ways and means, &c., and if so why should not occasional reports of these be published for the benefit of those of us who are not of the "inner circle"? Apart from the intense interest of the same, the benefit of the experience of these Matrons-in-Chief would be educational, and of inestimable value to the Profession as a whole, especially to one so keen and ignorant as myself.

Trusting that I am not asking any questions, the answers to which might prove of military value to "the enemy."

I AM, YOURS TRULY,

"WILLING TO LEARN."

Our correspondent's thirst for knowledge on Army nursing organization can only be satisfied through the official source, but as a system of what may be termed unofficial martial law pertains throughout the Military Nursing Services, perhaps advisedly, we fear she must await the after peace millennium before such information as she seeks is available.—ED.]

WE PREFER "I SERVE."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—With reference to "Sister in War Hospital's" letter in your issue of July 22nd, kindly suffice me to ask why nurses in this country are so often pie-occupied in asserting their personal dignity and social position, which I feel sure not even a medical woman would really challenge.

Cannot their beautiful work and the responsibilities of their splendid profession fill them with sufficient self-esteem and self-reliance of the right sort to make them—at least occasionally—forget what seems to be a veritable nightmare of the English nurse—her social position?

"Ich Dien" is, after all, royal enough!

In my country—Sweden—a hospital nurse is, as a matter of course, looked upon as an educated woman (I avoid, purposely, the miserable word "lady"), and no one would ever dream of taking her for a domestic servant—glorified or not. And she is herself perfectly at rest on this point.

Why is it not so in England? Surely there must be a reason.

I AM, MADAM,

Yours truly,

F. NORBERG,

Millbank Hospital,

July 23rd, 1916.

It is, of course, very salutary for us to see ourselves at this particular moment as "neutrals" see us—especially from the vantage ground of one of our principal military hospitals! For our part, we prefer "I Serve" to "Ich Dien," and hope that when our Prince of Wales returns to civil life he will drop his Bohemian motto and adopt one in the vulgar tongue of his own country. We think our correspondent mistakes the aspirations of British nurses. We care nothing for social position, that is a matter of sale and barter. We are demanding defined educational standards and legal status, and, from what we know of the nursing profession in Sweden, we think it would be well advised to realise that without them "self-esteem" and "self-reliance" are dangerous qualities, in so far as the sick are concerned.—ED.]

OUR PRIZE COMPETITIONS.

August 5th.—How would you prevent the spread of epidemics by flies, fleas, lice and bugs in war time?

August 12th.—How would you organise the nursing in a military hospital of 100 beds and upwards?

The Midwife.

THE REVISED RULES OF THE CENTRAL MIDWIVES BOARD.

The Revised Rules of the Central Midwives Board, which came into force on July 1st, should be read by all certified midwives who are bound by them and consequently should be acquainted with them. The term of six months' training is now in force, the only exceptions being if a woman produces a certificate of (a) three years' training as a nurse in a general hospital of not less than one hundred beds, or (b) three years' training as a nurse in a Poor Law Institution recognized by the Local Government Board as being a Training School for Nurses, or (c) enrolment as a Queen's Nurse by the Queen Victoria's Jubilee Institute for Nurses. Candidates from general hospitals of not less than 100 beds, whose course of training provides systematic instruction in certain of the subjects required for the certificate of the Board and produce a certificate of having undergone a course of nursing of not less than three months in (a) a Children's Ward, or (b) a Gynaecological Ward, in which new-born babies are received for treatment, are also exempted from a further month's training if this certificate is produced in conjunction with that of three years' general training.

Also a candidate producing a certificate of instruction in nursing from a public special hospital for women of not less than fifty beds is exempted from two of the six months' training.

SUBJECTS FOR EXAMINATION.

The examination of the Central Midwives Board will now include questions on the hygiene of pregnancy, both in relation to (a) the mother, (b) the unborn child, also on the signs of pempigus and other skin eruptions, the venereal diseases—syphilis and gonorrhoea in relation to their signs, symptoms, and dangers in women and children and to the risks of contagion to others, and candidates are also expected to have a knowledge of elementary physiology.

THE PRACTICE OF MIDWIVES.

A certain amount of ante-natal work is now required of midwives. When engaged to attend a labour the midwife must interview her patient at the earliest opportunity to require as to the course of the previous pregnancies, confinements and puerperia, as regards mother and child, and to advise as to personal and general arrangements for the confinement, and, with the consent of the patient, visit the house.

Whenever illness or abnormality has occurred in the previous pregnancy, and whenever the

present pregnancy has ended in an abortion, a premature labour, or a still birth, the midwife is bound to attend the patient in her next confinement, is instructed to explain that the case is one in which skilled medical advice is required, and to urge the patient to seek advice from her medical attendant, or at a hospital or other suitable institution.

If after ceasing to attend a case the midwife is again called to attend the mother or the child, connected with the confinement, certain duties in regard to explaining that medical help should be sent for, and as to notifying the Local Supervising Authority, are placed upon her. Thus in cases where the eyes are affected and there is a purulent discharge commencing within twenty-one days from the date of birth, and medical help has not been obtained for this discharge, the midwife must notify the Local Sanitary Authority.

It is stated as desirable that when a midwife ceases attendance on a patient she should advise her to avail herself of the help of Health Visitors, Maternity Centres, or Baby Health Clubs.

In addition to the leaflets drawn up by Sir Francis Clouston on Ophthalmic, Neonatonic, and Cancer of the Womb, two new ones are included, on Gonorrhoea and Syphilis. Many general practitioners have had to instruct us as to the signs and symptoms of these diseases, or their duty when they are present, and we welcome the action of the Central Midwives Board in requiring evidence of such knowledge from candidates for its examination.

THE INFANT WELFARE CAMPAIGN.

At the annual meeting of April 14th, the chairman said that it was a stirring tribute not only to the power of the British Navy, but also, in an especial degree to the energies and courage of the Merchant Marine, that in the circumstances of the times the business of the country, with all its vast requirements, had been carried on, and so large an export trade maintained.

The improvement in their own accounts had extended to all branches of their business, including hospitals and sanatoria, and Public Health authorities in connection with the Infant Welfare Movement.

With regard to the use of the word "Baby" by the Public Health authorities, in connection with the Infant Mortality campaign, it should be a question of the importance of the subject, and must plainly be the reduction of infant mortality. The reasons for such knowledge are given in April, whether given to the child, or to the mother, the agency of the mother, who is the person to be convinced, is whether the mother has not understood in a unique position, and that it is a

EDINBURGH SCHEME FOR MATERNITY SERVICE AND CHILD WELFARE.

The Edinburgh Scheme for Maternity Service and Child Welfare, published at length in the *British Medical Journal*, as proposed by Dr. Maxwell Williamson, M.O.H. for the City, is interesting and comprehensive. Under this scheme it is proposed to link up existing agencies through the Department of the Medical Officer of Health.

For some years there have been in the city 300 lady voluntary health visitors, with one official visitor, who have visited the homes of newly-born infants, and continued their visitation for the first year. This work (with the consent of the visitors) would now be merged in the larger scheme; but additions would require to be made to the staff. It is suggested that a woman doctor, acting under the M.O.H., should be appointed to supervise the whole work of the scheme, and to be responsible for the clerical work, including the keeping of records. She would also exercise supervision over the midwives practising in the city (a duty at present imposed under the Midwives (Scotland) Act on the M.O.H.). Two female clerks and three female district visitors (having special qualifications in nursing, midwifery, &c.) would be required, along with six district nurses. It is proposed to divide the area of the city where visitation is most necessary into three districts, for each of which there would be available for work 100 lady voluntary health visitors, one female district visitor, and two district nurses. Notifications of births, when received at the Public Health Department, would be considered in order to determine whether the cases were suitable for official visitation, as it is desired to safeguard the interests of the medical practitioner in his relationship to his patients. In suitable cases a female official visitor would, after making a preliminary inquiry, pass the case on to the voluntary health visitor, who would continue to exercise periodic supervision. In all cases requiring medical advice the visitor would give a card for presentation to the private medical attendant, or, if unable to procure such, to the recognised centre of that particular district.

The whole scheme would work out as follows:—

1. The duty of supervising the execution of all the details of the scheme would devolve upon the medical officer of health.
2. The additional official staff necessary would include one woman doctor, two female clerks, two female official visitors, and six district nurses.
3. Certain already existing institutions would be included in the scheme for the satisfactory working of it, and these would carry out work among women and children of a curative and preventive nature.

The institutions under the heading of "Curative" were the Royal Maternity Hospital, the Royal Hospital for Sick Children and several named dispensaries. In each of these outdoor

clinics for the benefit of mothers and children would be held twice weekly under the direct supervision of the physicians of the institutions.

(a) *Maternity Clinics.*—These would be open to all expectant mothers, who would attend at their own initiative or as a result of the advice given by the various visitors during the course of their daily visitation. The names of such expectant mothers would be registered at the various centres and such advice or treatment given to them as in the opinion of the physician was necessary. Their confinement, if the person was not insured or was unable to pay the fee of a medical attendant, would subsequently be supervised under the direct care of the physician to the institution or some representative approved of by him. For these services a special grant would require to be made. After the birth the mother would continue her attendance, if need be, at the maternity clinics, and should hospital treatment be necessary either before, during, or subsequent to confinement it would be duly arranged for at these centres.

(b) *Child Clinics.*—These, too, would be held at each of the centres enumerated twice weekly, and would be specially devoted to the care of infants and children between the time of birth and their attaining the age of five years. To these clinics the various official and voluntary visitors would send all children who appeared to require medical attention, if their parents had not a medical attendant of their own.

Other details include the free supply of medicines, the free supply of milk for the use of infants and food for nursing mothers on the recommendation of any of the physicians in connection with the centres, subject to the approval of the medical officer of health. Grants would be paid to the clinics and to the physicians in charge. The official visitors would have the assistance of the three hundred voluntary lady visitors who have been identified with work amongst infants for some years.

Two things strike us in this scheme (1) the small scope given to the midwives who are about to be registered under the Midwives Act for Scotland, and (2) the large number of voluntary lady health visitors employed in proportion to the official ones.

At the Central Criminal Court on July 10th, before Mr. Justice Lawrence, Bertha Roth, 38, a Frenchwoman and a midwife, pleaded not guilty to the wilful murder of Lucie Picard, a still-roommaid at the Prince of Wales' Hotel, Kensington. It was alleged that prisoner, who was a certified midwife, caused deceased's death by performing an operation. Prisoner was found guilty of manslaughter, and Mr. Whiteley, prosecuting, said he did not propose to proceed with five other indictments. Mr. Justice Lawrence said that prisoner was an exceedingly dangerous woman, and would go to penal servitude for three years. We are officially informed that if this woman is on the Midwives' Roll she did not register under the name of Roth.

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EDITORIAL.

THE NEED OF THE SICK AND WOUNDED.

The present urgent need of trained nurses to care for the sick and wounded, who are daily returning to this country, constitutes an irresistible appeal to every member of the nursing profession who is free to offer her services. The men of the British Army have displayed incredible heroism, and cheerfully endured untold suffering in defence of the Empire, and the cause of freedom, and when, acutely ill, they return to this country, it is the duty as well as the privilege of trained nurses to give them the skilled care which it is the bounden duty of the nation to provide.

We know that nurses have been sorely tried during this war, that the terms of employment have been made unnecessarily difficult for them, that thousands who patriotically volunteered their services on the declaration of war were rejected, while untrained persons after a few weeks "training" or—if they had sufficient social influence—with none at all, were permitted to go to the front, that the requirement that if accepted they must serve for the duration of the war deterred many, whose obligations did not permit them to bind themselves for this indefinite period, from offering their services, and that a notice posted in Territorial Hospitals, implying that nurses (whose terms of agreement contained no such provision) who resigned their posts for any reason were in the position of deserters from the Army, created a very bad impression. Nevertheless the need of our wounded soldiers is paramount, and should at this moment supersede all other considerations.

When war was declared, two years ago, there was available to meet the needs of the Army Queen Alexandra's Imperial Military Nursing Service, which, with a Matron-

in-Chief at its head, had been re-organised and expanded since the South African War, and its Reserve of fully qualified nurses. This was supplemented by the Territorial Force Nursing Service, of nearly 3,000 thoroughly trained certificated nurses, selected and supervised by a number of very experienced Principal Matrons. This Service, which was organized in order that it might be available in case of the invasion of this country, was at once mobilized; and it is difficult to over-estimate the services it has rendered, or what would have been done had not this fine organization been ready to be called up.

There was no organization of volunteer trained nurses. The British Red Cross Society was the channel through which such voluntary help was to be offered, and though so far back as 1898 the Matrons' Council of Great Britain and Ireland had sent a Resolution to the Red Cross Society urging it to form a Corps of Trained Nurses for active service in foreign wars, and similar appeals had been made to it by nurses' organizations on several occasions, they had fallen on deaf ears, and no available Roll of Nurses was in existence on the outbreak of war. Even then much might have been done by systematic organization to remedy this defect.

Recognizing the urgent need, the National Council of Trained Nurses of Great Britain and Ireland in December, 1914, submitted a Statement drawn up by its President to the Director-General of the Army Medical Service, at the War Office, concluding with the practical suggestion that a Committee, representative of the various Departments engaged in organizing the nursing of sick and wounded soldiers, and including also independent experts on Military Nursing, should be appointed—

1. To enquire into the present conditions of the nursing in Military Auxiliary

Hospitals in the United Kingdom, and to report fully thereon, in order that they may be efficiently organized.

2. To consider and report on a comprehensive scheme for the Preventive and Active Nursing of the Soldier, and for the co-ordination and extension of Military Nursing at home and abroad.

This proposal, which if carried into effect would have done much to avert the present crisis, met not only lack of sympathy but discourtesy.

Trained nurses must now do their best to avert the consequences of the situation which has inevitably arisen. The soldiers who need their services fought until they fell, and if, in attending to their needs, nurses work until they drop, it is an inadequate return for the preservation to them of all that makes life worth living. The care of the sick soldier is the supreme need of the moment; all other considerations, including the efficient organization of civilian nurses for military nursing in time of war, must wait.

HEAT-STROKE.

The *Lancet*, which states that attention has been called to the above subject by the lamentable death of Sir Victor Horsley in Mesopotamia, and by the disaster to a trainload of soldiers in India, says that the European in the tropics, especially if newly arrived there, is liable to suffer in two ways from the climatic conditions of the hot season. In the one case, heat-stroke, the temperature of the body rises, and there are signs of congestion and nervous irritation; in the other, heat exhaustion, there are pallor, fainting, and collapse. Heat-stroke is the commoner form. Although sometimes caused by the direct rays of the sun, especially where the new-comer is unsuitably clad, it is much more frequently produced by the combination of high temperature and excessive moisture in a confined space. The risk is not great in the ordinary circumstances of life in the tropics, for most people are careful to protect themselves when out of doors, and to adopt special arrangements for cooling and keeping in motion the air of their dwellings, and this motion is a potent factor in removing heat from the body. The liability to heat-stroke is very much greater in those who are in an exhausted state, whether due to overwork, fatigue, or illness, and such subjects are readily affected

by a short exposure to unfavourable conditions. Even strong and healthy people succumb if subjected for a considerable time to air which is both hot and stagnant, especially if it is also impure and moist.

OUR PRIZE COMPETITION.

HOW WOULD YOU PREVENT THE SPREAD OF EPIDEMICS BY FLIES, FLEAS, LICE AND BUGS IN WAR TIME?

We have pleasure in awarding the prize this week to Miss Lucy C. Cooper, Osborne Place, The Hoe, Plymouth.

PRIZE PAPER.

The watchword for the prevention of the spread of epidemics by flies, fleas, lice, and bugs in wartime must be cleanliness—cleanliness absolute and final.

First, prevent the spread of flies by abolishing all likely breeding places, such as food, which is to be eaten, left lying exposed to the advent of the fly, not only feeding and helping to breed the fly, but the fly may have had contact with an infected patient, infected soils, excreta, water, soiled dressings, rotting manure or refuse, and deposited its poison from these sources on to the food. This proves the necessity of immediately destroying all mentioned sources of contact, and keeping the fly away from an infected patient. Flies must be destroyed by every possible means. All foods must be kept well covered and out of reach of the fly. All waste food must be immediately burnt; all crumbs should be swept up and destroyed. Where there are horses near, manure heaps must be immediately covered with lime until they can be buried. All sanitary trenches must be treated with lime, well buried, and a fresh spot chosen as frequently as possible.

In wards, tents, huts, or places where there are patients suffering from infectious diseases, every care must be taken to prevent any vermin, and especially the fly, from coming in contact with the patient, and, by passing on to others, or to food, helping to spread the disease. Fleas can be kept down by cleanliness of body, clothing, beds, blankets, &c. A thorough removal daily of all bedding, brushing all crevices of mattresses, shaking rugs and blankets, and hanging all to air in the open until thoroughly cool and sweet (fleas like warm undisturbed quarters), sponging bedsteads, spraying ceilings, walls, and floors of tents, huts, or rooms with a solution of carbolic acid,

Toxol, Formalin, Lysol, or its equivalent, diligently searching for and destroying all found, as fleas, like all other vermin, multiply very rapidly.

Lice may be found in the head and on various parts of the body, and will make their breeding places in the seams of clothing, especially woollen articles. It is necessary, therefore, to comb the head twice daily, and wash it frequently, rinsing in weak vinegar water, which loosens the nits when they exist. All clothing should be boiled when possible, all woollens baked, or the seams well scoured with a very hot flat iron, any scales afterwards being scraped away and destroyed. The body should be thoroughly scrubbed daily with an antiseptic soap, the towel afterwards being immersed in an antiseptic lotion until it can be boiled. It must not be allowed to lie about or be dried for second use.

Bugs must also have their hiding-places sought out—these are generally where there is dust, such as round ledges and buttons of bedsteads, in creases and folds of mattresses, in corners of walls, round wainscotings and ceilings, in crevices of furniture, such as backs of wardrobes, chests, or washstands, seams of clothing, &c. When found, they must be flicked into very hot water by means of a stick, their nests afterwards destroyed by baking or ironing, afterwards thoroughly brushing. All furniture must be well sponged with liquid paraffin. Rooms must be also fumigated or sprayed with formaldehyde.

All men, when going on leave, whether for long or short periods, should have a hot bath, followed by sponging of the body with a disinfectant, and get into entirely clean clothes, those discarded being in the meantime subjected to such treatment as their condition may require.

Camps should be inspected daily by a very conscientious officer—men, clothing, beds, tents, feeding quarters, cooking and mess rooms and sanitary quarters—for these pests, everything that is possible being done to prevent the spread of vermin, which endanger the lives of, and cause discomfort to all those with whom they come in contact.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. M. G. Bielby, Miss K. Cunningham, Miss M. Prior, Miss P. James, Miss J. Robinson.

QUESTION FOR NEXT WEEK.

How would you organize the nursing in a military hospital of 100 beds and upwards?

YELLOW FEVER—HISTORY AND NURSING.*

(Continued from page 87.)

The pulse in yellow fever is the greatest characteristic of the disease. In the period of invasion and during the first and, perhaps, the second day of the fever, the pulse is fairly rapid, but even then does not correspond to the rate found in other diseases with an equal temperature, seldom going over 100 to 110, no matter how high the temperature goes. This lack of correlation is most noticeable when, after the second day, the temperature continues to rise, and the pulse becomes slower and slower, often dropping to as low as 40, or even 30, beats per minute. As the rate lessens, the pulse becomes weaker, softer, and more or less irregular. When all the other symptoms have disappeared and the patient is well in every other way, it will be found that the pulse is still very slow, and it will remain below normal for an indefinite period.

It is necessary that the patient be put to bed as soon as the first symptoms appear, and be not allowed to get up at all during the course of the illness. The nurse must be very strict on this point, because the heart in yellow fever undergoes certain muscle changes, and, if over-exertion is allowed, acute dilatation may follow. The patient should not be permitted to get up too early after recovery; never until a week has elapsed from the termination of the secondary fever.

One of the most dreaded peculiarities of yellow fever is the early involvement of the kidneys. Albumin is always present either sooner or later during the course of the disease, varying in quantity from a trace to 80 per cent. moist, and it may last from a day or two to several weeks. Suppression is not infrequent, and, as far as is possible, must be watched for and guarded against. The cry of the system is for water, which is needed from the very beginning to dilute the toxins of the blood, and, above all, to flush out the kidneys, which are clogged up so early in the struggle. As long as the stomach is tolerant, vichy and water should be given freely. To induce the patient to take it more readily, the water may be flavoured with fruit juices. The urine must be carefully measured and recorded, and should the quantity fall below 20 ounces in twenty-four hours, diuretic enemata are to be given every

* Contributed by Miss Ethel Darrington HARRISS, R.N., to the *American Journal of Nursing*.

few hours, according to the tolerance of the bowel.

The nurse should know how to test for albumin, as this knowledge will render her of more help to the doctor, especially in time of epidemic, when the physician is overwhelmed with work, worry, and responsibility.

Jaundice is never absent in yellow fever. In mild cases it may be slight, but yet it is present. The yellowness increases during the second, third, and fourth day, and then disappears rather rapidly, leaving, usually, no traces by the end of convalescence. The intensity of the jaundice is not of itself a symptom of grave import, especially if it is not accompanied by a marked hæmorrhagic tendency; but the early appearance of this symptom—for instance, on the second day—indicates a fatal termination.

Hæmorrhages from any or all of the mucous membranes are likely to occur at any time after the second day, but hæmorrhage from the gums and nosebleed are the forms most frequently seen. Black vomit is next in frequency, and, because of its seriousness, the nurse must try to prevent its occurrence by keeping the stomach as quiet as possible.

Should the patient begin to vomit, all liquids by mouth must be stopped, and only cracked ice in small quantities be given. A mustard plaster over the stomach may give relief, as might also an ice bladder to the throat. Should the vomiting persist, every means to stop it should be tried, as frequent vomiting is almost sure to lead to hæmorrhage, which will be first shown by the presence of minute black and brown specks floating on the surface. These specks increase in size and number, and the fluid becomes darker and thicker until we have the characteristic black vomit. Should hæmorrhage occur, the nurse should conceal it from the patient as much as she can, as the knowledge of it will cause him grave apprehension. The family will become alarmed, and the nurse will have to allay their fears by telling them that, while serious, it is not necessarily a fatal symptom.

Yellow fever is a disease in which the patient must not be fed. Failure to carry out this injunction results in very serious, if not fatal, consequences. When signs of prostration are noticed, stimulants, and especially champagne, are given, but no food of any kind is given by mouth during the febrile period, or as long as the nausea persists. During this time the patient's strength is kept up with stimulating, nutrient enemata.

When the fever has subsided and all nausea disappears, the physician will order nourishment by mouth, to be begun in very small

quantities. This must be given slowly and cautiously, and the immediate consequences closely watched. Usually, the first thing given is a tablespoonful of milk on crushed ice; if this is comfortably retained, it is repeated after a short interval, and later chicken broth and barley water may be added to the dietary. Liquid nourishment is continued until convalescence is well begun, when soft diet may be given. Even when convalescence is fully established, the diet should be carefully controlled, and if albumin is still present, the patient must be dieted as in nephritis.

When it ends in recovery, the duration of the disease in the majority of cases is seven days. The return to health is rapid; in the second week the patient clamours for food, and resents being forced to remain quiet. In severe cases, recovery may be delayed by prostration, anæmia, impaired digestion, neuritis, or even paralysis of the extremities.

The fatal cases usually terminate on the sixth day. The jaundice deepens until the skin is the colour of saffron; hæmorrhages occur, mainly from the stomach and bowels; there may be suppression, followed by convulsions; the pulse may be as low as 30 beats per minute, and poor in character. On the approach of death the temperature may rise as high as 106 or 107. After death it may rise for hours, sometimes reaching 112 or 114—a fact noted in but few other diseases.

In these virulent cases, when, in spite of the hard and earnest work of the doctor and the nurse, death claims the patient, the nurse must not lay down her arms, but after caring for the dead and comforting the living, she must continue her fight by aiding the sanitary authorities in destroying the mosquitoes which may be left in the sick room, thus ridding the premises of the only agents by which the health and safety of the living can be imperiled.

The dread of yellow fever has for ever gone: we have the means of prevention and protection; therefore let yellow fever sleep the eternal sleep that knows no waking. And let us not think of the suffering and the sorrow that it caused for so many centuries before its death warrant was signed, but rather let us say with Brome, the old English poet:—

Our plague and our plagues have both fled away,
To nourish our griefs would be folly;
So let's leave off our labours and now let's go play.
For this is our time to be jolly.

We have to thank Mrs. Arthur Stabb for £1 1s. and Mrs. Bridges for a donation of 5s. to the fund for Nurse N., making the total amount received £23 12s.

NURSING AND THE WAR.

THE ROYAL RED CROSS.

The following members of the nursing profession had the honour of being received by the King at Buckingham Palace on Saturday, July 29th, when His Majesty conferred upon them the decoration of the Royal Red Cross:—

First Class.—Miss Mary Bostock, Matron, Nursing Staff of Civil Hospitals.

Second Class.—Mrs. Martin, Matron, Queen Alexandra's Imperial Military Nursing Service, Miss Bertha Hope, Matron, Nursing Staff of Military and War Hospitals, Miss Lucy McLean, Assistant Matron, Nursing Staff of Civil Hospitals, Miss Margaret McLean, Sister, Nursing Staff of Civil Hospitals, Miss Mary Buchanan, Sister, Nursing Staff of Civil Hospitals, Miss Stella Elliott, Sister, Nursing Staff of Civil Hospitals, Miss Flora Mackinnon, Sister, Nursing Staff of Civil Hospitals, Miss Sybil Edgar, Sister, Nursing Staff of Civil Hospitals, Miss Mary McKenna, Nursing Staff of Military and War Hospitals, Miss Elizabeth Chaplin, Nursing Staff of Military and War Hospitals, Miss Stella Valliemor, Nursing Staff of Civil Hospitals, Miss Mary Tirrell, Nursing Staff of Civil Hospitals, Miss Catherine Doughty, Nursing Staff of Civil Hospitals, Miss Beatrice Gates, Nursing Staff of Civil Hospitals, Miss Rosalind Ward, Nursing Staff of Civil Hospitals, and Miss Margaret Grant, Nursing Staff of Civil Hospitals.

The following details are published in the *Canadian Gazette* concerning the members of the Canadian Army Nursing Service recently decorated by the King with the Royal Red Cross:—

Miss Eleanor M. Charleson, of Ottawa, Matron, who received the R.R.C. (first class), held important positions in several of the leading Canadian hospitals. She was Lady Superintendent of St. Luke's hospital, Ottawa (founded by Sir George Perley); also Night Superintendent of the Sick Children's hospital, Toronto; Head Nurse Alleghany hospital, Pittsburg, U.S.A.; Superintendent St. Margaret's Memorial hospital, Pittsburg, and Supervisor of the private patients' building in the Toronto General hospital. Miss Charleson has also served in England, in France, on

Lemnos, and Salonika, having enlisted for service overseas on September 20th, 1914, and is now on a well-earned leave of six weeks in London. She was born at Levis, Quebec.

Nursing Sister Janet Andrews, who won the Royal Red Cross (second class), enlisted at Calgary, Western Canada, and came over with reinforcements in May, 1915. Miss Andrews has served at Moore Barracks hospital, No. 2 Canadian General at Le Treport, and though transplanted to Canada, was born in County Galway, Ireland, where her next of kin reside.

Nursing Sister Ethel Marie Holmes, of Lansdowne Avenue, Montreal, came over September 20th, 1914, in the same contingent as Miss Charleson. Miss Holmes, who was decorated at the same time as the two mentioned above with the Royal Red Cross (second class) has worked in English hospitals, in French base hospitals, particularly No. 2 Canadian General, and is at present attached to the Westcliffe Eye and Ear hospital at Folkestone.



SISTER G. METHERELL, R.N.

One of the New Zealand Nurses on the torpedoed *Marquette*, of whom the French captain who went to their rescue reported that they called out, "Fighting men first."

It is with great pleasure that we publish the accompanying portrait of Sister G. Metherell, R.N., of the New Zealand Army Nursing Service, one of the heroines of the *Marquette*. It is instinctive with nurses in the hour of peril to place the welfare of their patients first. To consider the possibility of personal safety before that of helpless people in her charge would be unthinkable to any true nurse. But it is to the everlasting honour of the New Zealand nurses, who were being conveyed to their posts by the *Marquette*, which was carrying troops when she was torpedoed, that they quickly realized that

the life of every soldier was of supreme importance, and the Captain of a French vessel which endeavoured to rescue some of these nurses records that they called out as he approached them "Fighting men first."

Of thirty-six nurses, some were, unhappily, killed by a falling boat, or subsequently drowned, and Major Wylie, N.Z.M.C., in his official account forwarded to Headquarters, stated:—"On the starboard side one boat after being filled with nurses assumed a perpendicular position and emptied many of them into the water. Only one boat with nurses left the vessel, and that boat was in a waterlogged, submerged state. Most of

the rescued nurses spent all their time in the water on rafts, or clinging to bits of wreckage. At no time did I see any signs of panic, or any signs of fear on the part of any one, and I cannot find words adequately to express my appreciation of the magnificent way in which the nurses behaved, not only in the vessel, but afterwards in the water. Their behaviour had to be seen to be believed possible." The nurses state that the incident was "much exaggerated"!

Sister Metherell had been at Queen Mary's Hostel for some days before Mrs. Kerr Lawson knew that she was one of the *Marquette* nurses. She was in the water for seven hours, and relates that her predominant feeling was one of loneliness. When another survivor got hold of the wreckage to which she was clinging, this feeling passed.

We have all read with bitter grief, shame and indignation the terrible indictment of the Government by Lord Wemyss in the House of Lords of the neglect and sufferings of our brave troops in Mesopotamia. How our wounded had been left for 24 hours exposed to pitiless rain, and how, when taken down the river in barges, they had been exposed to all the elements. For their shattered limbs their puggarees and sometimes their puttees were used as bandages; how accommodation for 500 wounded had to suffice for 4,500; of men covered with vermin in hospital, and no provision for their dire necessities; few doctors and attendants and no nurses. Little wonder those of us who foresaw on the outbreak of war the sure necessity for military nursing reorganisation, and offered help and service offensively refused or ignored, resent this result of lack of initiative, and hidebound persistence in narrow and inadequate grooves.

The *Englishwoman* has this month an excellent summary of this scandal and compares it with conditions upwards of sixty years ago, when the great *Times* correspondent wrote from Constantinople:—

The greatest commiseration prevails for the unhappy inmates of Scutari. . . . Can it be said that the Battle of the Alma has been an event to take the world by surprise? Has not the expedition of the Crimea been the talk of the last four months? And yet, after the troops have been six months in the country, there is no preparation for the commonest surgical operation. . . . The manner in which the sick and wounded are treated is worthy only of the savages of Dahomy.

On July 21st, 1916, Mr. Bryce, referring in the House of Commons to communications he had received from Mesopotamia, said:—

The accounts of the misfortunes which occurred were so appalling that if the facts were known there would be a cry of indignation throughout the country.

Some will, no doubt, reflect that Florence Nightingale might well turn in her grave in despair that no woman should have arisen to carry on her work. The women are not lacking, the public ought to know it; but there is no

Sidney Herbert in the Cabinet to give them a chance.

It seems that early in the year in view of the news from Mesopotamia, the Scottish Women's Hospital Committee in Edinburgh, made an offer to the War Office of a Women's Hospital fully equipped and staffed, with all expenses paid, for service with our troops in Mesopotamia. Dr. Elsie Inglis was informed by War Office officials that it was not its business to offer anything to the Indian Government, but merely to supply them with what they asked for. Telegrams sent to the Viceroy of India elicited a favourable reply, but after delay the Scottish Women learned that the Chief of the Imperial Staff in England replied to the Viceroy's acceptance of the proffered Hospital Unit as follows:—

Can you tell me all the hospitals you may require. You should not accept others as long as we can supply.

Thus did the War Office in April, 1916, in time of stress, refuse the valuable service which the Scottish Women's Hospitals might have rendered the country. In like manner did the military authorities in 1855 declare that all possible stores and equipment had been sent to Scutari!

Now we have a very urgent call to the trained nurses and women of the Empire to volunteer for service in military hospitals and we urge every woman worth her salt to respond to it, but we cannot help reflecting that now, two years after the declaration of war, no really effective scheme of military nursing, co-ordinating all the help available throughout the Empire, has been considered, or new methods adopted. It is now nearly two years since we, as President of the National Council of Trained Nurses, petitioned the Army Medical Department of the War Office to set up an expert committee to consider the efficient nursing of the sick soldier in war; and a year since we made public our suggestion for a Sanitary Nursing Service for the Army. We cannot learn that any steps have been taken to extend or co-ordinate the trained nursing care of our Army in the field from a professional standpoint. Here we are, close on two years after the event, depending upon voluntary and charitable effort in providing the trained nursing skill which every man in the Navy and the Army can claim as a right from the State whose servant he is. No wonder we women outside the official ring see Florence Nightingale turning in her grave. As for Parliamentary Commissions, they will not return us one dear man from the dead.

In an appreciation of Sir Victor Horsley in the *British Medical Journal*, Major R. McCarrison, I.M.S., writes:—

"How he came to volunteer for Mesopotamia is characteristic of him. He had come through a period of intense family anxiety, when he met at dinner one evening in February a man who related stories of the horrors of the Tigris campaign and of the sufferings of our sick and wounded

there. The cause of the weak and suffering was ever the clarion call for him: who was above all things—the knight of distress. So he volunteered without consulting his friends or relatives, and announced his departure in a few days for Mesopotamia as though he were undertaking a week-end trip to Cairo. His letters to me from the Tigris front have always been filled with high-souled enthusiasm, with plans for the mitigation of the sufferings of the sick and wounded, but with never a word of his own discomforts. Who amongst us will grudge to the tortured thousands of this expedition the comfort of his presence? He was for them the cup of cold water in the sweltering hell of their suffering."

When the Prime Minister announced in the House of Commons that the Government had decided to institute statutory inquiries into the conduct of the campaign in Mesopotamia, Sir Norway Helme, in the course of a debate on the motion for the adjournment, in which the need for those inquiries was urged, desired assurances that information would be welcomed by the tribunals to be set up. He went on to say: "My reason for asking the question is that, when Lady Horsley heard of the lamented death of her husband, who sacrificed his life in the public service, having left Egypt to go to Mesopotamia to overlook the medical interests of the expedition there, she, desiring to contribute so far as she was able, to that inquiry, entrusted me with letters and extracts from her husband's letters, bearing upon such matters as transport, medical supplies, the lack of water, and so on, in respect to that important enterprise. . . . In the debate, any facts in the correspondence of her late husband could be of use to or at the service of the House, she was anxious that it should be, if the public interest was thereby aided."

FRENCH FLAG NURSING CORPS.

Hôpital Péniches (Numbers 1 and 2) are again staffed by F.F.N.C. Sisters, busily plying their merciful journeys from Belgium to Dunkirk, carrying wounded and dropping them at hospitals by the way. This is work the Sisters greatly like. Just now the section is fairly quiet compared with others; but, even thus, the noise of gunfire is at times tremendous, and as there are guns quite close, the shells go whistling overhead. Through the efforts of Miss Haswell, a gramophone has been given to Péniche 1, but, alas! the civ, as it ever is, is for more records. Sister Gill writes: "The men are always delighted with it, but more discs are needed. I fear we are all very greedy where our patients are concerned." Sister also needs a few small air cushions, "for easing arms and legs; we should be so very grateful to receive them." If sent to the Editor, THE BRITISH JOURNAL OF NURSING, 431, Oxford Street, London, W., they will be sent on at once.

BRITISH DECORATIONS FOR HEROINE OF LOOS.

Mlle. Enghienne Moreau, the heroine of Loos, was, last week, presented by Lord Bertie, at the British Embassy, Paris, with the British War Medal, and the Cross of St. John of Jerusalem. The Ambassador recalled the aid given by her to our wounded under fire, when she removed them to her father's house and cared for them there, and thanked her in the name of the British Army.

After the Ambassador had pinned on the British decorations, Mlle. Moreau drew from her pocket the French Military Cross and pinned it beside them.

JOINT WAR COMMITTEE.

Under the auspices of the Joint War Committee of the Red Cross Society and St. John of Jerusalem in England, the following Nurses have been deputed to duty in Home Hospitals:—

V.A.D. Hosp., *Mossandra, Weymouth*.—Miss L. M. Dakin.

Red Cross Hosp., *Gillingham, Dorset*.—Miss E. Curry, Miss R. Davis.

Aux. Hosp., *Uppingham*.—Miss K. M. Croxon.

Red Cross Hosp., *Y.M.C.A., Swansea*.—Miss A. J. Martin.

V.A.D. Hosp., *Pinner Place, Pinner*.—Mrs. F. M. Boswell.

V.A.D. Hosp., *Balcombe, Sussex*.—Mrs. E. M. Barman.

Red Cross Hosp., *Ditchling, Sussex*.—Miss J. M. Atken.

Robert Lindsay Hosp. for Officers, 7, Charles Street, *Mayfair*.—Miss M. A. Brindley, Miss A. Corfield.

Chandon Park Hosp., *Guildford*.—Miss Eileen Shipsey.

Baton Court V.A.D. Hosp., *Hungerford*.—Miss Grace Smith.

Red Cross Hosp., *Great Hermitage, Ugham, Rochester*.—Miss M. B. M. Cudlers.

V.A.D. Hosp., *Rosherville, Gravesend*.—Mrs. Edith Robinson.

Dobson War Relief Hosp., 22, *Challton Road, Blakheath, S.E.*—Mrs. Lily Harris.

Brighton Wood Red Cross Hospital, *Alresford, Hants*.—Miss Mary Povey.

The Uplands V.A.D. Hosp., *Eastwood, Notts.*.—Miss Sarah J. Pukes.

Orchiff V.A.D. Hosp., *Walsby-on-Sea*.—Miss Nellie Hotan.

De Wahlen Court Hosp., *Mead's Road, Eastbourne*.—Miss J. M. Nesbit.

V.A.D. Hosp., *Cotham, Hants*.—Miss Alice A. Spendlow.

Acute Hosp., *Convalescent Camp, Alnwick*.—Miss A. W. M. Sorrell.

V.A.D. Hosp., *Wacklow Lodge, Milton Abchurch*.—Miss Junetta Morgan.

The Hon. Mrs. Robert Landau's Hosp., 7, *Charles Street, Mayfair*.—Mrs. E. Silberry.

INDIAN PALACE AS WAR HOSPITAL.

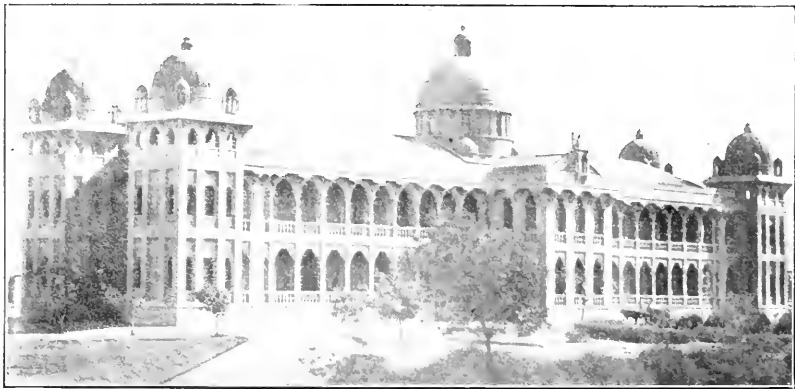
One of the most gratifying features of the present war has been the splendid support given to the Mother Country by her Dominions beyond the Seas, and in the front rank has been the Empire of India whose chieftains and princes have lavished their wealth in the Imperial service, and whose soldiers have fought in the same service with the utmost gallantry.

All this is well known, but, it is less well known how in India itself, apart from the large contributions in money, material, and troops, there is a genuine desire for the victory of British arms, which finds expression in quiet and valuable work in native territories for the sick and wounded.

The illustrations which, by the kindness of the Editor of *The Gentlewoman*, we are able to publish

to personally superintending the work carried on by them. Recently Lord Willingdon, Governor of Bombay, who visited the hospital, thanked the Maharajah in the following terms: "I must thank you, the Maharani and your daughter, for all the work you have done in helping the Empire. The hospital for wounded soldiers speaks for itself, and like many another institution has been, and will continue to be of the greatest assistance to the Empire. All that you have done in the matter of the provision of men and material for the War is too well known to require comment from me, but you must feel great satisfaction in the fact that these contributions are playing a part in bringing our final victory nearer."

It is difficult to estimate what the Empire owes to its over seas Dominions.



THE PALACE OF THE MAHARAJAH OF BHAVNAGAR, WHICH HAS BEEN CONVERTED INTO A WAR HOSPITAL.

in this issue are, says our contemporary, a fine example of what is being done in the State of Bhavnagar, in Western India. The ruler of that territory and his enlightened consort have turned their fine palace into a War Hospital, fully equipped for the treatment of Indian wounded soldiers. The group in the centre of the ward, of the Maharajah and Maharani and their children, is interesting as showing not only the munificence of the gift, but the active and personal interest taken by the high-born ladies of India in the care of the wounded soldiers. The Maharani is taking her baby son from his nurse, whom she is asking to attend the patients.

Those who know anything of life in India will realize the significance of this personal help.

Her Highness, and the Maharajah's daughter, have also presented motor ambulances for the use of the patients and devote some time on most days

AN UNEXPECTED RESULT.

Captain W. Short, L.R.A.M., the King's trumpeter, must be delighted with the result of his efforts to entertain a party of wounded soldiers at the Maudeley Military Hospital, Denmark Hill, recently. A vociferous encore was being given to his rendering of the "Lost Chord," when a Sister from an adjoining ward announced that Rifleman Sullivan, a London Territorial, who had been dumb from shell shock for weeks, having been buried in the trenches, owing to the explosion of a German shell, had jumped up in bed exclaiming, "By Jove, that's good!" as the last notes of the solo died away. Though still very ill, he was able subsequently to converse with the nurses and staff, much to their delight.

Captain Short was a member of Mr. Erroll Sherman's Concert Party.

CARE OF THE WOUNDED.

The King and Queen, on Saturday last, paid an informal visit to the West Ham Hospital, where a number of men wounded in the recent fighting in France are now being cared for. The King, with the Sister, went down one side of the ward, speaking to the men, and the Queen, with the Matron, Miss Sordy, proceeded up the opposite side.

The Queen has provided out of a fund placed at her disposal a workshop at the Pavilion Military Hospital, Brighton, for the men now there who have lost their limbs in the war. The building will be known as "Queen Mary's Workshop."

Queen Alexandra, attended by the Hon. Charlotte Knollys, visited the sick and wounded soldiers at the Military Hospital, Endell Street, last Saturday afternoon.

The Manor Asylum, Epsom, under the L.C.C., is being emptied of patients and prepared for use as a war hospital. The patients are being removed to other County of London asylums, and some 200 suitable cases will be sent to the asylums of the Metropolitan Asylums Board. As in the case of the Horton asylum, the Army Council has undertaken to meet all charges in connection with the adaptation of the building for hospital purposes, the maintenance and repair of the premises, the re-instatement of the premises at the end of occupation and the additional equipment found to be necessary. The Army Council will also refund all expenses connected with the administration of the hospital and with the transfer of the patients.

Sir William Collins, after a visit to the Western front in October, 1914, on behalf of the British Red Cross Society, and the Wounded Allies Relief Committee, urged that "a motor vehicle fitted up



THE MAHARANI TAKING HER BABY FROM HIS NURSE, WHOM SHE ASKED TO ATTEND THE SOLDIERS.

At a Chapter-General of the Order of St. John, held at St. John's Gate last week, Lord Plymouth, the Sub-Prior, presented gold life-saving medals of the Order to Major Harold Edgar Priestley, C.M.G., R.A.M.C., and Captain Alan Cunliffe Vidal, D.S.O., R.A.M.C., in recognition of the gallantry displayed by them at the Wittenberg Camp. Captain James La Fayette Lauder, D.S.O., R.A.M.C., was presented by military duties abroad from attending to receive a similar medal. Lord Plymouth also presented a silver medal to Mrs. Solby for conspicuous bravery.

Colonel Bruce Porter, Commanding Officer of No. 3 General Hospital, London T.F., with Major Parsons, Commanding Officer of Fulham Military Hospital, with a number of Orderlies, have left for Mesopotamia. Colonel Bruce Porter being appointed to the charge of an hospital of 1,040 beds. We understand that Sisters of the Indian Military Nursing Service will join the contingent on their arrival in India.

with a field theatre or surgery would be of immense service in securing the earliest practicable attention to wounds, thus reducing the number of those infected and offensive arriving at the base."

The Wounded Allies Relief Committee appointed Lady Markham, who was deeply interested in the scheme, Sir William Collins and Mr. Walford, whose skilled engineering knowledge was of immense service, a Sub-Committee to devise and contrive a motor Field Surgery and Operating Theatre. The result is seen in the Motor Field Operating Theatre which the Wounded Allies Relief Committee is presenting to Italy, and which is the first of a new type of war service vehicle. The idea of this new vehicle is to provide a fully-equipped operating theatre or surgery, as nearly as practicable resembling that of a first-class hospital, at points immediately behind the firing-line, where both major and minor operations can be carried out, more particularly for cases in which transport for long distance might mean almost

certain death. For this purpose the theatre must be mobile, easy to handle, and absolutely complete in itself. Operations are, of course, performed only while the vehicle is stationary. The theatre proper is 0 ft. 0 in. long, 0 ft. 0 in. wide, and 0 ft. 8 in. high at the lowest point of the roof. Practically the whole of this space is clear for the surgeon and his assistants, as all the accessories are to be found in an annex or cabin at the front of the car, the only fixed furniture being a slop-sink which is in one corner and projects 10 in. from the wall. The movable furniture in the theatre consists of three white-enamelled metal tables on wheels to carry surgeon's instruments, dressings and the anaesthetist's equipment, two stools and an operation table of the latest folding type. Another form of operation table is provided for emergency cases, namely, four upright stanchions which screw into the floor to serve as supports to receive the handles of a stretcher. This obviates the necessity of removing the patient from the original stretcher on which he is first placed, and it is well suited for dealing with cases of hæmorrhage or wounds requiring immediate attention.

CURATIVE ELECTRICITY.

An interesting description is given in a recent issue of *The Scotsman* of the application of curative electricity in the Edinburgh War Hospital at Bangour, "where incredible, romantic contrivances are at work and romantic things are being done. Currents of enormous voltage, many times the voltage required for instantaneous electrocution, are in use, handled by the nurses and trained women assistants with a quiet confidence that makes the casual visitor feel a little creep. Now and then, the superintendent, who has collected the machinery from across the sea, as he explains what the various contrivances can do, and moves the wheels and levers about, pulls his hand away with a suddenness that suggests a bite by a venomous snake. The installation at Bangour is interesting in itself and in respect of what it signifies. Wires conveying high frequency currents of great voltage—electricity tamed for human consumption—are applied to stiffened limbs or nerves that are in process of being restored to their customary functions. The methods of application are various. With trench feet, for instance, it is a matter of stimulating the flow of blood and inducing internal warmth. 'With heat' observes the superintendent, by way of a broad generalisation, 'you can cure almost anything.' The process is a kindly one. The application of the current to the patient is painless; it is even devoid of discomfort and may almost be said to be pleasant. The peculiarity of these high frequency currents, as the superintendent explains, is that while twenty milliamperes of galvanic current of forty to fifty volts pressure will cause pain, 100 times the quantity, at 15,000 volts, is painless. The amount of this curative electrical energy which can, therefore, be applied to a patient is much greater than by the old methods, effects are produced in

shorter time, and recovery is correspondingly accelerated.

"The Oudin octave of high frequency, again, is the special application for nervous conditions. It has a strong soporific influence. An item in the installation at Bangour is a couch, on which the most sleepless patient must succumb to the gentle influence. Even where the immediate object is not to put the patient to sleep, sleep frequently overtakes him. The first application, of about twenty minutes' duration, usually induces a profound and health-giving period of sleep of ten hours or longer. A chronic case generally succumbs to a second application, or at most to a third. The current is not anæsthetic, for the effects produced persist, and ultimately a healthy regularity of repose is secured. There is a natural closing of the eyes to sleep as in normal and healthy persons. Nervous cases, arising from shell shock, have many curious features. Loss of speech is common. The system adopted by a specialist in this class of case is to persevere in talking to the patient until the stronger will prevails and the man answers, the nervous impediment being thus broken down.

"Finally, there is a machine which measures the condition of the nerves with mathematical accuracy. It gives reliable data showing the degree of success of an operation to unite a severed nerve; and afterwards it will measure, from time to time, the progress made towards recovery. While we examine the sinusoidal, and remark the regular opening and closing of the paralysed hand of the soldier in the instrument's grip, a small clock on a shelf in front of the patient "rings off" a flexible steel band is released and springs back; and the soldier's period of treatment has come to an end. The clock has switched off the current, and, by means of the bell, has called the attention of the staff to the fact. A glance round the hall shows one of these clocks beside each instrument—automatic attendants, set to a given time, and infallibly terminating the treatment at the pre-arranged moment. The nurses moving about amongst the patients, are thus relieved of an exacting duty, and can look after a much larger number of cases than would be possible without the "clock."

ADDITIONAL NURSES REQUIRED.

The Secretary of the War Office makes the announcement that additional nurses are required. Nurses possessing a three years' certificate from a recognised fever, women's or children's hospital, also nurses with less than two years' general training are required as assistant nurses in Military Hospitals. Salary £30 per annum with allowances.

Application should be made in writing to the Matron-in-Chief, Q.A.I.M.N.S., War Office.

Nurses with the same qualifications are also required for service in a number of Territorial Hospitals. Application should be made to the Principal Matrons.

THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

A meeting of the Executive Committee of the Society for the State Registration of Trained Nurses was held at 431, Oxford Street, London, W., on Thursday, July 27th, at 4 p.m. The President, Mrs. Bedford Fenwick, was in the chair.

Before the business of the afternoon began the following Resolution was moved by the President from the chair, and passed in silence, the members standing:

RESOLUTION.

"The Executive Committee of the Society for the State Registration of Trained Nurses desires to record its profound sorrow at the irreparable loss the Society has sustained by the death on active service in Mesopotamia of its distinguished Vice-President, Colonel Sir Victor Horsley, F.R.C.S., F.R.S., LL.D.

"Notwithstanding the many claims upon him as one of the most brilliant members of the medical profession, he accepted office on the Central Committee for the State Registration of Nurses, giving most valuable advice in the drafting of its Nurses' Registration Bill. He supported the movement on public platforms, as well as with his pen and by personal service.

"The Committee offers its deepest sympathy to Lady Horsley and her family in their bereavement, and begs to assure them that this Society of Nurses which Sir Victor Horsley honoured with his friendship will always cherish and revere his memory as that of a generous and single-minded patriot."

Mrs. Fenwick, in moving the resolution, said that the loss to the Society was irreparable. Sir Victor Horsley really understood the question of State Registration of Trained Nurses, and the movement had had his invaluable and sympathetic support.

The minutes of the last meeting were read and confirmed.

Action was taken on a letter from Miss Florence Underwood, Secretary of the Women's Freedom League, inviting support to a resolution for the enfranchisement of women, to be placed on the agenda of the forthcoming meeting of the National Council of Women of Great Britain and Ireland. The resolution was unanimously supported.

The President then made a Report on State Registration (*a*) *re* Nurses Registration Bill, and (*b*) *re* action of the Public Health Committee of the National Union of Women Workers, on which she represented the Society.

In relation to the Nurses Registration Bill, Mrs. Fenwick explained what had been done since the annual meeting of the Society on June 8th, when she presented a report up to date.

The Central Committee had secured in the Registration Bill drafted by the College of Nursing, Ltd., provision for the formation of Supplementary Registers of Male Nurses and

Mental Nurses in addition to the General Register of Women Nurses, the nurses on the Supplementary Registers in each case electing their own representative on the General Nursing Council, they had also secured the right of appeal to the High Courts for nurses removed from the Register if aggrieved by the action of the Council.

The Bill was far from perfect, but if the College of Nursing acceded to the amendments asked for by the Central Committee for the Registration of Nurses at its meeting on July 13th, which Mrs. Fenwick detailed, it would, she said, incorporate many of the underlying principles which State Registrationists had been urging for so many years.

It was imperative that the composition of the General Nursing Council should be defined in the Bill, as the nurses were entitled to know what authorities were to be given power to nominate representatives on their Governing Body, as provided in the Medical and Midwives Acts.

The Nurse delegates on the Central Committee felt most strongly on this point, as they realised its vital importance, and if this and other safeguards of the nurses' interests were not agreed to by the College, it was not improbable that, in quite a friendly spirit, the Central Council would be compelled to adopt an independent line. There was a growing feeling amongst registrationists that under the College Constitution the rank and file of the profession would be entirely submerged. The huge Consultative Board of hundreds of lay persons, evidently to be largely composed of those employing nurses in hospitals and infirmaries, was causing very real apprehension amongst certificated nurses, who realised in it a dangerous menace all over the country, to their professional and personal liberty.

THE PUBLIC HEALTH SECTIONAL COMMITTEE N.U.W.W.

The President reminded the meeting that she represented the Society on both the Legislation and Public Health Sectional Committees of the National Union of Women Workers. Hitherto, as was in order, Nursing Legislation had always been considered as it should be, by the former body. In April, however, Miss Joseph, the Hon. Secretary of the latter committee, had brought her scheme for the State Registration of Nurses before the Public Health Committee. The scheme urged the registration of Cottage, Village, and Tuberculosis Nurses, and other partially trained women thus cutting at the root of an efficient professional standard of nursing, by means of the one portal examination as provided under the Midwives Acts for certified Midwives. The Chairman of the Public Health Committee, Dr. Jane Walker, had been nominated on to the Council of the College of Nursing, Ltd.; and at an Emergency Meeting of the Public Health Committee a deputation was nominated which did not include one representative of the trained nurses' organizations, to wait on Mr. Stanley, to urge the registration of Cottage Nurses and others, and to ask for repre-

sentation on the Governing Body of the Nursing Profession. As their delegate, the President considered it her duty to enter a protest, at a recent meeting of the Public Health Committee, against the assumption that the deputation to Mr. Stanley represented the professional opinion on it. She pointed out the danger already apparent of the control of the nursing profession being entrusted to persons who knew little of its needs—either from an educational or economic point of view. After some discussion, in which the action of the President was unanimously approved, it was decided that a letter be sent to Mr. Stanley, informing him of the unrepresentative nature of the deputation received by him, and asking whether it was true—as hoped by Dr. Jane Walker—that all classes of nurses would ultimately be included in the 'Trained Nurses' Register compiled by the College of Nursing.

It was pointed out that in the slip issued by the College, urging Nurses to place their names on its register, one of the objects for which it was founded was (6) to establish a uniform curriculum of training and one portal examination—so that by the inclusion of Cottage Nurses and others who were not "trained nurses," a distinct breach of faith would result if Miss Joseph's scheme was ultimately agreed to, as urged by the member of the College Council who introduced the deputation.

APPLICATIONS FOR MEMBERSHIP.

Applications for membership were then considered, and the following applicants elected:—

- 4101 Miss M. Hawkins, cert. Hampstead General Hosp.
 4102 Miss K. Bulley, cert. General Inf., Leeds.
 4103 Miss M. Newill, cert. King's College Hosp. (*Matron*, Prince Alfred Hosp., Sydney).
 4104 Miss E. Barton, cert. Hampstead General Hosp. (*Matron*, Prince of Wales Military Hosp., Staines).
 4105 Miss M. M. Lecky, cert. Union Inf., Belfast.
 4106 Miss A. E. Know, cert. Farnham New Inf.
 4107 Miss D. G. A. Tuck, cert. Cent. London Sick Asylum, Hendon.
 4108 Miss E. Hartly, cert. Royal Inf., Sheffield.
 4109 Miss A. E. Baker, cert. Prince of Wales Gen. Hosp., Tottenham.
 4110 Miss D. Goddard, cert. West London Hosp., Hammersmith.
 4111 Miss J. Harbott, cert. Cent. London Sick Asylum, W.
 4112 Miss E. Poole, cert. St. Mary Islington Inf.
 4113 Miss A. Ireland, cert. Warneford Hosp., Leamington Spa.
 4114 Miss A. Smith, cert. Camberwell Inf.
 4115 Miss R. D. Graff, cert. St. Bart.'s Hosp.
 4116 Miss J. Haighton, " " "
 4117 Miss M. E. Houseden, " " "
 4118 Miss L. J. Sykes, " " "
 4119 Miss L. Colman Platten " " "
 4120 Miss R. des Forges, cert. Seaman's Hosp., Greenwich, and Solo Hosp. for Women (*Matron*, Nelson Hosp., Merton).

- 4121 Miss L. M. Bailey, cert. Hackney Inf.
 4122 Miss F. E. E. Harris, cert. St. Bart.'s Hosp., Rochester.
 4123 Miss M. H. Peck, cert. Guy's Hosp.,
 4124 Miss M. A. MacLeod, cert. Barnhill Hosp. Glasgow.
 4125 Miss M. Clark, cert. South Charitable Inf. and Co. Hosp., Cork.
 4126 Miss E. M. Wykes, cert. North Ormesby Hosp., Middlesbro.
 4127 Mrs. H. E. Clark, cert. City of London Inf., Bow.
 4128 Miss K. Stevenson, cert. Merryflatts Hosp., Govan.
 4129 Miss D. MacLelland, cert. Hosp. of St. Cross, Rugby.
 4130 Miss F. J. Woods, cert. Inf. New Cross, Wolverhampton (*Matron*, Tuberculosis Hosp., Hounslow).
 4131 Miss M. Farrar, cert. County Hosp. York.
 4132 Miss L. A. Heath, cert. Cent. London Sick Asylum, Hendon.
 4133 Miss M. MacRae, cert. Royal Inf., Sunderland
 4134 Miss J. M. E. Smith, cert. St. Vincent's Hosp., Dublin.
 4135 Miss M. K. Cowley, cert. Royal Inf., Sheffield.
 4136 Miss E. M. Bradley, cert. David Lewis Northern Hosp., Liverpool.
 4137 Miss E. V. Smith, cert. Guy's Hosp.
 4138 Miss M. M. Kemp, cert. Kingston Inf., Kingston-on-Thames.
 4139 Miss E. E. Dyer, " " "
 4140 Miss E. B. Fairley, " " "
 4141 Miss E. Nisbet, cert. Mill Rd. Inf., Liverpool.

Mrs. Fenwick then read a letter she had recently received from Sir Victor Horsley from Amarah, Mesopotamia, dated June 6th, demonstrating how much thought and work he gave to the end of his life to the cause of Nurses' Registration. The last words of his letter were: "I am only daily regretting that I cannot be working for the great cause at home."

Everyone present felt what a whole-hearted and invaluable friend of the cause had been removed by the lamentable death of Sir Victor Horsley.

The meeting then terminated.

MARGARET BREAY, *Hon. Secretary.*

THE B.M.A. & NURSES' REGISTRATION.

At the Annual Representative Meeting of the British Medical Association, held in London on July 28th, Mr. E. J. Domville, M.R.C.S., who was in the chair at the meeting of the Central Committee for the State Registration of Nurses on July 13th, presented a report, and expressed the hope that agreement might be arrived at between the Committee and the Council of the College of Nursing, Ltd., in regard to a Nurses' Registration Bill.

The delegates of the British Medical Association on the Central Committee were given general powers to act for it, within the lines of its declared policy in relation to the question.

APPOINTMENTS.

SISTER.

Maternity Hospital, Liverpool.—Miss A. Walters has been appointed Sister. She was trained at the South Manchester Hospitals, West Didsbury, and has been Queen's Nurse at the Ardwick District Nursing Home, Manchester, and is a certified midwife.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Emily S. Emlyn to be Staff Nurse, November 30th, 1915.

NATIONAL UNION OF TRAINED NURSES.

The following appointments have been made through the N.U.T.N.:—

Astoria Hospital, Paris.—Miss H. M. Hazelt m. Addington Park War Hospital.—Miss E. A. Stotherd.

Amptihill Military Hospital.—Miss J. Aird (Sister).

Corsham V.A.D. Hospital.—Miss L. D. Field (Matron).

Darley Dale Red Cross Hospital.—Miss B. Bentham (Sister-in-Charge).

Exeter V.A.D. Hospital.—Miss M. Davies (Night Superintendent, temporary), Miss G. Neo (Ward Sister, holiday duty).

Townleys Military Hospital, Farnworth.—Miss E. Cooper.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Rosetta K. Mercer is appointed to Maltby as senior; Miss Daisy S. Snow is appointed to Windsor; Miss Winifred Wratten is appointed to Chertsey.

Her Majesty Queen Alexandra has been graciously pleased to approve the appointment of the following to be Queen's Nurses, to date July 1st, 1916:—

F. E. Robinson, D. E. Edge, C. Treacy, E. McL. Young, M. McGuin, G. A. Weston, E. E. Garratt, M. Lodge, E. Embury, E. E. Kaye, E. McCabe, V. J. Jessop, A. Phalp, M. Wardell, E. E. Batten, C. M. Freeman, E. E. Cox, M. H. B. Ward, M. E. Rothwell, L. Tomlinson, M. E. Conroy, W. S. Blood, F. H. W. S. Stanley, and M. H. Bishop.

SCOTLAND.

M. MacL. Carnegie, J. Henderson, M. Steel, and R. Toner.

IRELAND.

N. O'Leary, S. O'Riordan, M. Quinlivan, and A. Walsh.

WEDDING BELLS.

At St. Pancras Church on Thursday, August 3rd, the wedding takes place of Lieutenant G. E. Fletcher, of the Sherwood Foresters, and Miss Daisy Geary, who was trained at the Royal Victoria Infirmary, Newcastle-on-Tyne, and for over two years has been a member of the Registered Nurses' Society, 431, Oxford Street, W. The honeymoon is to be spent in Cornwall.

NURSING ECHOES.

The Gazette of the 3rd London General Hospital, Wandsworth, has again made its appearance. When the war is over we wonder what will become of all the talent which goes to the making of this bright little monthly. Pictures, stories, articles, skits are all eminently readable, both gay and pathetic. Here is one of the latter from one of the Gallipoli Anzacs:—

"One lad was mortally wounded, and he signed for a pencil to write with. It was given him. We supposed that he wished to make his will, or send some message home. But he simply wrote '*Are we downhearted?*' Then he feebly shook his head, smiled, and closed his eyes for the last time."

A meeting to explain the objects of the College of Nursing, Ltd., was held in the Out-patient Department of the Manchester Royal Infirmary on Friday, July 28th. In the unavoidable absence of the Chairman of the Board of Management, Sir William Cobbett, the chair was taken by the Vice-Chairman, Sir Edward Donner, Bart., many members of the Board of Management supporting him. Approximately 600 persons attended the meeting, representative of the Board of Management, the medical staff, and the nursing staff of each general hospital and workhouse infirmary throughout the counties of Lancashire, Cheshire, Derbyshire, and the West Riding of Yorkshire.

The Hon. Arthur Stanley and Miss R. Cox-Davies, a member of the College Council and Matron of the Royal Free Hospital, London, were the speakers. Mr. Stanley emphasised in particular two special points, viz.:—

That the membership of the Council of the College had been increased from thirty to forty-five to include three representatives of the Privy Council, three of the British Medical Association, three of the Local Government Board, and six representatives of the governors of hospitals.

That payment of one guinea by each nurse upon the Register would be the only payment asked for.

Mr. Stanley explained that under the Bill the Register would be kept by the General Nursing Council, and that body would be the Council of the College of Nursing.

Miss Cox-Davies, who spoke eulogistically of Mr. Stanley's work for the College, said that its object was to set up a definite standard. She invited all the trained nurses in Manchester to apply at once for admission to the voluntary register of the College.

The 1,000 workers who recently made a house-to-house visitation in Sheffield to collect funds in aid of the Queen Victoria Nursing Association, succeeded in obtaining sufficient money to enable the work of nursing the sick poor in their own homes to go forward on its errand of mercy and usefulness unimpaired. Mr. George Franklin, the Hon. Treasurer, expresses his thanks in the Press to the ward presidents and workers.

The accompanying illustration is of Miss Parker Spann, Matron of the Leeds Township Infirmary, Dr. Allan, Dr. Faith, and Miss Gebhard, the Assistant Matron, with the nurses

scarce with us, for us to go forward at present—we must wait for better times.

With the timber and corrugated iron already on the ground we have erected our carpenter's workshop. Otherwise we are *in statu quo*.

The Hospital itself has not been quite idle. Last summer we were able to take in an accident case for a fortnight. And for four months of this year a sewing and dressmaking class, under a competent instructress from the Congested Districts Board, has been held in our big kitchen. It is now just ending, having been attended by forty-three girls.

We have made by farm, garden and poultry £205 12s. 1½d., and by letting a couple of rooms (with board) for a time, 47 18s. 4½d. Our subscriptions and donations have amounted to



MISS PARKER SPANN
DR. ALLAN, (Matron), DR. FAITH.

MEMBERS OF THE LEEDS TOWNSHIP INFIRMARY NURSES' LEAGUE, WHO RECENTLY RECEIVED THEIR BADGES FROM THE LADY MAYORESS.

who recently passed their final examination at the Infirmary, and were presented with the badge of the League by the Lady Mayoress, Mrs. Charles Lupton.

The Hon. Albinia Brodrick writes from Ballincoona, Co. Kerry:—

What is written from Ireland just now must necessarily come from a sorrowful heart. Much of our work is in danger, and since freedom of speech or pen is forbidden to us, we can say nothing.

The Hospital remains as it was when I reported last year. We have now repaid the loans made to us by two kind friends to enable us to offer it for service for the wounded. But money is too

£20 4s. In addition we have been given a little Dexter bull, a hall clock, some apple trees, and some delightful parcels of warm things—more of these, please.

The spring has been bitterly cold and wet. Our vegetable seeds have been re-sown three times. But potatoes are looking well. And we are tilling a little more land than usual, all of us. Here at Ballincoona we get a tiny fresh bit under cultivation each year.

Despite the great difficulty of getting a ship to come round from Cork, and the great increase in freights, our Co-operative Society is doing excellently. High prices do not, of course, encourage sales.

Like everyone else, we need money. Until we have sufficient to do the whole of the work outlined

in last year's report we cannot go forward. Meanwhile, war funds and income tax make terrible demands, and we do not see how to exercise a stricter economy.

To the Editor of the only professional nursing weekly in this country the report of Miss Clara Noyes, President of the Board of Directors of the *American Journal of Nursing*, presented at the New Orleans meeting, is fascinating reading. A new Department—that of Nursing Education—has been started, under the direction of Miss M. Stewart, of Teachers' College; the subscriptions have gone up; a 4 per cent. dividend has been paid by the *Journal* Company; and all the permanent officers are handsomely paid. Yet Miss Bertha J. Gardner, the assistant business manager, is far from satisfied. She said that the loyalty to the *Journal* is far from being what it ought to be, and that to her mind any organization affiliated with the American Nurses' Association should send official reports to no other magazine but their own. We wonder what these keenly professional women would have to say to our methods in this country, whereby for a quarter of a century the only organ the nurses have in the press that supports their professional rights and privileges is largely financed by a staff of honorary workers; whilst nurses supply copy to publications, run for profit alone, which insidiously or openly flout their professional demands. How is that for loyalty, to say nothing of common-sense?

A trained nurse, writing from Melbourne, says:—"I can well imagine you are now up to the neck in the State Registration question. Good luck to you, and may you long be spared to fight for the nurses and their cause. I was almost speechless when I read about the new voluntary scheme. We have since 1901 tried it here, and whilst acknowledging its many good qualities, we soon recognised nothing less than legal status would safeguard and satisfy our nursing members, and incidentally protect the public. We are hoping great things from our next session of Parliament. Can't you foresee how the powers that be are trying hard to get the V.A.D.s registered? Here we are watching like the proverbial cat."

The Act to incorporate the Graduate Nurses of Alberta, which received the Royal Assent on April 10th, is cited as "The Registered Nurses Act," and grants incorporation as a body corporate to the Alberta Association of Graduate Nurses.

A NURSE'S CYCLE ACCIDENT. INCE v. REIGATE EDUCATION COMMITTEE.

This appeal from an award of £100 by the Redhill County Court sitting in 1909, in favour of the Workmen's Compensation Act, raises the question of the right of a nurse to receive compensation for an accident to her while she was riding a bicycle in the course of her employment.

The question is so important to trained nurses that we reprint from the report in the *Times* of Monday, July 31st, the leading features of the case.

The applicant was employed as a visiting nurse on the understanding that she would have to go round her district on a bicycle to all children whose names were sent to the doctor by teachers. She had to ride all over the area of Reigate, Redhill, and Earlswood on a bicycle hired for her. On March 13th, 1915, she met with an accident while so engaged.

The County Court Judge held that the evidence quite clearly established that the applicant was exposed to abnormal risk out of which the accident arose, as she was compelled to be travelling many hours a day on her bicycle over a large area, through which the main London and Brighton road ran, and that the risk was enhanced by her having to be constantly mounting and dismounting after each visit which she made.

The employers appealed.

JUDGMENT.

The MASTER of the ROLLS, in giving judgment said:—This appeal raises a question of general interest as to the conditions in which a bicycle accident may establish a claim to compensation under the Workmen's Compensation Act, 1906.

His Lordship then stated the facts of this case, and, continuing, said that if the County Court Judge had simply stated that the nurse was exposed to "abnormal risk," it might have been difficult for the Court of Appeal to interfere. But he had assigned three reasons, two of which were not supported by the evidence, and the third of which seemed to him (his Lordship) to be irrelevant. In these circumstances he thought it was competent for the Court of Appeal to consider whether the applicant was exposed to abnormal risk. His Lordship was of opinion that she was not. He therefore held that the appeal must be allowed and an award made in favour of the employers.

LORD JUSTICE PICKFORD and LORD JUSTICE WARRINGTON gave judgment to the same effect.

The result of the appeal is most unsatisfactory to trained nurses, especially to district and school nurses, as the greater part of the risks they run are incurred in the streets of cities and the roads and lanes in the country passing from one place to another. We hope the question is not yet disposed of and that the Queen Victoria Jubilee Institute will take it up.

Private nurses have long been dissatisfied with the Workmen's Compensation Act, which was certainly not designed to meet their needs.

PROFESSIONAL REVIEW.

"NERVOUS DISORDERS OF WOMEN."*

A companion volume to the "Nervous Disorders of Children," which has already been reviewed in these columns, and the "Nervous Disorders of Men" is the "Nervous Disorders of Women," by Dr. Bernard Hollander, which should be widely read.

In his introduction, Dr. Hollander throws a new light on the relative weight of the brains of men and women and the fact that the average female brain is about one inch smaller in circumference, and about five inches lighter than the average male brain. "There is," says Dr. Hollander, "no denying the fact, but as I shall show, we must not draw from it the conclusion that women are mentally inferior to men. . . ."

"Some investigators attribute the difference in the weight of the brain to the difference in the bulk of the body. It is true that the general physique of women is less robust than that of men and that their stature is less. The expectation that a smaller brain would be required might, therefore, seem reasonable. But we know that there is no such correspondence between the size of the brain and that of the body. Little men often have large brains and giants small ones. . . ."

"The fact is that the size of the entire brain is not a measure of intellectual capacity at all. It is a measure of capacity of all the energies taken together—that is, of the animal instincts and passions, the feelings as well as the intellect. The intellectual region, as we now know, is confined to the frontal lobes—the most anterior part of the brain. A man or woman may have a large head and yet be stupid, if the frontal region be small; and he or she may have a small head with great wisdom, if the greater mass of brain be in the anterior region.

"Most investigators have hitherto disregarded this distinction, and treated the brain as if it had only one function—the manifestation of intellect. Consequently, they argued that since the brain of woman weighs about five ounces less than that of man, therefore, on merely anatomical grounds, we might expect a marked inferiority of intellectual power in the female sex. Whereas, it is now shown that this difference in brain weight does not explain whether the deficiency lies in intellect, in strength of sentiment, or force of brute propensity. . . ."

"Much has been made of the fact that women have shown little creative and inventive power. This absence of inventive and artistic genius may be to some extent accounted for, firstly, by the fact that women do not come so much in contact with other minds as men do, or used not to, and do not receive the same amount of stimulus; and, secondly, by their emotional and domestic life

taking up too much of their time and energy. Man has said for ages that the 'helpmeet for him' shall do the drudgery of looking after him, or at any rate of seeing that it is done; he has dubbed himself the lord of creation, and has consistently paraded the subjugation of his partner. On occasions, he has found it convenient to delegate some of his functions to his hitherto submissive partner, and he is now beginning to be rather rudely awakened to the fact that the partner has equal rights.

"Woman's effort at self-emanipation, however misdirected and attended with absurdities is, primarily, instinctive resistance to her declared natural inferiority to man, and to the restriction of her capacities it imposes. The woman movement was not caused because there are fewer men inclined to marry, but, primarily, by woman's protest against the estimate of her as a woman that was rejected by the deeper instincts of her nature; and, secondarily, by the disappointing and often repelling experience of marriage; for the marriages where there has been no disillusion—though all too often on both side it is true—are so few as to constitute exceptions to the rule. A smothered sense of injustice, increasing in strength with each generation as education covered wider fields of knowledge, broke forth finally in a "new woman" who, unwisely assertive at times, declared her right to fill, at her own option, any sphere for which she possessed capabilities instead of being limited to the only one allowed her on the basis of her natural inferiority.

"The 'new woman' is not averse to marriage, but objects to what marriage has been made by this idea of inferiority, whose logical consequence is her submission to superiority; an idea that has permitted and encouraged a double standard of morality. Neither above nor below, but side by side and shoulder to shoulder, is the attitude for marriage she defends as wise and necessary; so that both, dissimilar from the beginning, may prepare for their united office by filling first, most worthily, each their distinctive office. . . ."

"Woman's dependence has made her seek to attract man and to gain power over him by craft, if need be; but woman's awakened self-reliance and self-reliance disdains the craft, and demands mutual recognition of equality with difference, mutual dependence and support, mutual aim and accomplishment—a nobler manhood and womanhood, better conditions for the coming generations, through the helpfulness of one for the other of which both are in need."

From this discriminating and illuminating introduction the reader will expect, and the expectation will not be disappointed, that the author will deal with the question of the "Nervous Disorders of Women" and the modern psychological conception of their causes, effects, and rational treatment with comprehending sympathy. To understand their disorders one must first understand woman. Dr. Hollander does both.

(To be concluded.)

*By Bernard Hollander, M.D. (Kegan Paul, Trench, Trubner & Co., Ltd., Broadway House, 68-74, Carter Lane, E.C.) 3s. 6d. net.

BOOK OF THE WEEK.

"HELEN IN LOVE."

The state of Helen's attitude towards the tender emotion occupies herself, and incidentally the reader, throughout the whole volume. Self-analysis is very much the fashion of the present-day writer. We have a suspicion that Mr. Arnold Bennett set the fashion in this particular, but it is apt to become tiresome if restraint is not exercised. Frankly we confess that many of Helen's complicated thoughts and conversations are as undecipherable to us as the Greek inscription which forms the dedication, and we are left wondering whether they are beyond our powers or whether they mean anything at all. But having said this, "Helen in Love" is by no means unattractive, and having begun to read one is obliged to follow her tortuous ways with a good deal of interest. Helen is by no means the only interesting person in the book; her family and their doings are certainly unusual, and the unusual is a great asset in fiction.

Helen from her early youth had dreams and aspirations. Her habit of mind and temperament raised her above the girls of her own circle and made her discontented with the circumstances of her life. From time to time she realised that if she would make for happiness she must do as others did, and that aspirations rarely made for contentment. With this end in view she consulted with Milly how she managed to get acquainted with the young men of the place and to have what appeared such very enjoyable times with them.

She had resolved to dip her own fingers into this dish of vulgar joy.

"At three o'clock Helen appeared on the beach. Her pigtail was tied with a festal bow of white. Her face was determined but pale. Arrived there she was possessed with an agony of doubt and uncertainty, but later she scraped an acquaintance with a harmless young man sitting by a breakwater.

"Helen braced herself for the effort. 'Good afternoon,' she said, fiercely.

"The young man seemed surprised. 'Good afternoon,' he gave her back again. He had a pleasant voice.

"He sat up and considered her. 'It's very jolly here in the sun,' he suggested when he had finished considering her. 'I say,' he said, 'Did you make a mistake? Did you think I was someone else?' He talked with her for some time and read Meredith's poems to her, but that even did not make him interesting. By and by he realised that the girl wanted to flirt with him and he obliged her, but only in a half-hearted way, for he was quite a nice boy. This was Hugh, who became the dream of her life. He was an officer in a good regiment and not at all in Helen's

class. Moreover he was but a visitor and went away the next day leaving no clue to his whereabouts.

"She had gathered that his opinion of her was poor before they parted.

"Do you mean I oughtn't to have spoken to you. Everybody else does. Why shouldn't I?"

"Her distress was pitiable. He took both her hands.

"Of course I don't, my dear," he said; 'it's all right. I told you before it was awfully nice of you. I was awfully lonely before you came.'"

Helen's father was by way of being an artist. He had married a contriving, bustling woman rather beneath him. She was honest and sincere, but terrifying of tongue.

Helen's next inspiration was Persis Alleyne, a young, beautiful, married woman who rented a country cottage near her home.

Helen, who with all her self-consciousness was yet unsensitive, forced an acquaintance with her and by gentle insistence became her friend. By so doing she was enabled to mix with the class that she had always coveted knowing.

They were not of great benefit to her, for they were of a worldly and almost fast type. In addition to what she considered her good fortune, her father became suddenly well off, so that our friend Helen at last had the opportunities she so ardently desired.

But in all these vicissitudes she was more or less faithful to the memory of Hugh, although as she was an attractive and clever girl she did not lack for admirers.

Of course it would have been quite a mistake if eventually Hugh and she had not met again. It cannot be denied that their engagement was mostly due to Helen's determination, but he was really quite a dull young man. The story leaves us with a feeling that its author had dritted through it in the same rather meaningless way that she conducts her heroine through her love affairs.

H. H.

THE SEA.

I will go back to the great sweet mother,
 Mother and lover of men, the sea.
 I will go down to her, I and none other,
 Close with her, kiss her, and mix her with me;
 Cling to her, strive with her, hold her fast;
 O fair white mother, in days long past,
 Born without sister, born without brother,
 Set free my soul as thy soul is free.

ALGERNON CHARLES SWINBURNE.

WORD FOR THE WEEK.

Have you ever had your path suddenly turn sunshiny because of a cheerful word? Have you ever wondered if this could be the same word because someone had been unexpectedly kind to you? You can make to-day the same for somebody.

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 REAL AND URGENT NECESSITY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—A real and urgent necessity has arisen for more nurses, V.A.D. nursing members (women) and V.A.D. general service members, in military and auxiliary hospitals at home. The demands made upon us by the military authorities are very heavy, and cannot be met out of the existing supply. There must still be many women who are not giving the whole of their time and service to the war, and who have no ties which prevent them from doing so. We earnestly call upon these women to come forward and help us in this emergency, and thus enable us to answer the call of the sick and wounded men.

Suitable women who are able to help in the hospitals may be attached to existing Voluntary Aid Detachments for immediate service in the hospitals.

Full information on this point may be obtained from the Women's Joint V.A.D. Committee, Devonshire House, or from the County Directors, Col. Valentine Matthews, Duke of York's Headquarters, Chelsea, or from Col. T. E. L. Bate, Craig's Court House, Whitehall.

Yours faithfully,

(Signed) ARTHUR STANLEY,
Chairman, Executive Committee
British Red Cross Society.

RANFULLY,

Director of the An-Balance Department of the Order of St. John.

PROFESSIONAL CONTROL IMPERATIVE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—I wish to support the sentiments expressed in the able letter signed "A Poor Law Infirmary Matron" in your last issue. It is very hard indeed for us Matrons to be held up in the public press as "enemies within the gates" because we claim the right to form a professional opinion. No doubt the National Poor Law Officers' Association is doing admirable work on general lines, but the members cannot and do not know the needs of a highly skilled profession such as nursing, and concerning our own professional education, surely we Matrons and nurses have a right to judge of what is required. I am old in Poor Law service, and rejoice to see the many reforms in its nursing department I do see, but they have been hardly won by patient and intelligent women, who have devoted years of uphill work to Poor Law institutions. That such expert Associations as the Matrons' Council, our National Council of Nurses, of which I am a member, and other nursing organisations were

not consulted about the foundation of the College of Nursing, whilst our Guardians, clerks and porters were represented on its Council through the Poor Law Officers' Association, has considerably disturbed my trust in its constitution. Now, however, that its promoters have realised its defects, and are prepared to help on with a Nurses' Registration Bill, it would be a thousand pities if professional as apart from civil opinion were not permitted to prevail on our General Nursing Council. It is the only way to get efficiency and peace.

Yours truly,

ANOTHER INFIRMARY MATRON.

A GOOD EXAMPLE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It may interest your readers to learn that the nursing staff of this unit have subscribed amongst them £50 14s. to endow a bed for one year at Roehampton. The various services comprising the unit are as follows: T.F.N.S., A.P.M.C., St. J.A.B., B.R.C., and all of them are represented.

We venture to hope that other units may help in the support of this splendid place and to suggest that a visit to it cannot fail to raise great interest.

Believe me, yours faithfully,

A TERRITORIAL SISTER.

175th Northern General Hospital,
R.A.M.C. (T), Leicester.

REPLIES TO CORRESPONDENTS.

Poor Law Matron.—There are several flourishing Leagues of Poor Law Nurses attached to the larger infirmaries, such as Chelsea, City of Westminster, Kensington, Southwark, Kingston, Bethnal Green, Beckett Street (Leeds), and others. We feel sure if you apply to the Matrons, they will supply information concerning their organizations. These Leagues are a great source of profit and pleasure to the nurses; they inspire *esprit de corps* and should—through affiliation with the National Council of Trained Nurses—bring the members into touch with their colleagues outside the gates, and thus widen views and sympathies. A tendency to narrowness needs guarding against in so absorbing an environment as hospital life.

OUR PRIZE COMPETITIONS.

August 12th.—How would you organise the nursing in a military hospital of 100 beds and upwards?

August 10th.—Enumerate the signs and symptoms of acute tonsillitis. What disease may it resemble? How would you nurse such a case?

The Nurses' Registration Bill drafted by the Council of the College of Nursing, Ltd., may now be purchased either directly, or through any Bookseller, from Messrs. Eyre & Spottiswoode, Ltd., East Harding Street, London, E.C. Price 2d. (postage extra.) It should be studied by nurses, whom it vitally concerns.

The Midwife.

CENTRAL MIDWIVES BOARD.

PENAL BOARD.

Special meetings of the Central Midwives Board were held at Caxton Hall, Westminster, on July 26th and July 27th for the hearing of charges alleged against certified midwives, with the following results. Sir Francis Champneys presided.

JULY 26TH.

Struck off the Roll and Certificate Cancelled.—Blanche Alice Battershall (No. 35604), Christiana Jones (No. 5450), Mary Ann Golding (No. 212), Hannah Mincher (No. 10003), Kate Maria Pierce (No. 23170), Sarah Smith (No. 7902).

Cautioned.—Ada May Williams (No. 23730).

On Probation—Sentence Postponed.—Annie Lewis (No. 10016). Midwife Annie Lewis was defended by her solicitor, Mr. Allinson. She was charged with negligence on the count that the child, "suffering from inflammation of and discharge from the eyes, she did not explain that the case was one in which the attendance of a registered medical practitioner was required," also that she discontinued her visits while the child was still suffering in manner described. She was further charged with not being scrupulously clean, and with not taking and recording the pulse and temperature. The defence was, that she was clean, that there was no discharge when she left her patient. When she was passing the house shortly afterwards the mother called her in to look at the child's eyes.

The Inspector and Assistant Inspector of Midwives for the County were present and gave evidence. The finding of the Board was that the evidence was not sufficient to prove that the child's eyes were in the state alleged during the attendance of the midwife. Judgment was postponed for three months; should her conduct be unsatisfactory during that time, she would be struck off the roll; if fairly satisfactory, she would be put on probation for another period of three months.

Midwife Battershall was charged with "false and fraudulent misrepresentation" in respect of the boarding out of an illegitimate child, receiving 10s. a week for its maintenance, and paying over to the woman in charge 8s. She was further charged with applying the sum of £10 solely to her own use, which was paid by the grandmother of the child for the purpose of having it permanently adopted and received by the Catholic Women's League. The midwife was unable to attend in person.

The case of Midwife Williams was an interesting one. The charge was that having been engaged as midwife to attend women in their confinements on eight different occasions, she employed an

uncertified woman as her substitute. The interest of the case centred in the fact of her health being so seriously impaired as to temporarily affect her mental condition. The midwife attended in person and defended herself, but Dr. Fagan, under whom she had worked and who knew her well, witnessing for her, said she was the best midwife he had ever known during his practice of 23 years. He then explained to the Board that Mrs. Williams had suffered from sciatica with increasing intensity for a considerable time; for many weeks she had been in a hospital. She had had sleepless nights, drugs had been administered to allay the intense pain, and in his opinion the combined effects had been that she was not in a condition to make accurate judgments of her conduct. The Chairman congratulated her in having so good a friend to witness for her. The sentence was in accordance with Dr. Fagan's medical opinion.

The case of Midwife Pierce was considered at some length. She was charged with being "guilty of negligence and misconduct in committing from time to time to the charge" of a woman "children under the age of two years without due enquiry as to her character and position; and further with aiding and abetting the same woman to contravene the provisions of the Children's Act, and also the Births, Deaths and Registration Acts, by notifying the birth of a child under a false name and address and by registering the birth of the same child under a false designation." The accused was defended by her solicitor, but the case went against her.

Final Reports.—Mary Ann Goodhind (No. 14843), Margaret Emery (No. 25875), Mary Frances Rhodes (No. 18242), Eleanor Steel (No. 28019). The case of the first was adjourned for another three months. The conduct of the other three being satisfactory, no further action was taken.

JULY 27TH.

On July 27th, charges were heard against five midwives with the following results:—

Struck off the Roll and Certificate cancelled.—Midwives Emma Loxham (No. 1417), Elizabeth Morgans (No. 40508) (C.M.B. Examination), Sarah Ann Wellington (No. 001), Alice Ann Wilkinson (No. 20311), Margaret Williams (No. 16053).

MONTHLY MEETING.

The monthly meeting of the Central Midwives Board was held at Caxton House, on July 27th. Sir Francis Champneys presiding.

CORRESPONDENCE.

A letter was received from the Local Government Board, transmitting, for the information of the Central Midwives Board the copy of a letter addressed by the L.G.B. to the Lancashire County Council relative to the question of visits

paid by a Health Visitor to a lying-in woman during the attendance of a midwife. It was decided to thank the L.G.B. for its communication and to inform it that the Central Midwives Board trusts that the Medical Officers of Health, to whom the discretion has been committed, will exercise that discretion with great care.

In response to an application from Mrs. Cecily Somerville Williams, of the British Hospital for Mothers and Babies—a candidate for examination—it was decided to allow her to present a statutory declaration of birth in lieu of a certificate of birth or baptism.

In reply to a letter from the Sister of the Maternity Ward at the London Hospital, enquiring whether attendance by a pupil midwife at a course of fifteen lectures delivered by the Obstetric Physician, and thirteen delivered by the Senior Resident Accoucheur, would be deemed a compliance with Rule C 1 (1) (c), requiring *inter alia* attendance at a course of not less than twenty lectures delivered by a registered medical practitioner recognized by the Board as a lecturer, it was decided to reply that the Board is not prepared to adopt the suggestion of the Sister of the Maternity Ward of the London Hospital; according to Rule C 1 (1) (c) the approved lecturer is bound to deliver not less than twenty lectures. Any additional instruction by another person would doubtless be advantageous.

APPLICATIONS.

For Voluntary Removal from the Roll.—Applications from eight certified midwives for the removal of their names from the Roll were received and accepted.

For Recognition as Lecturer.—The application of Dr. Wilshaw Williams Grosvenor was granted *pro tem*, and that of Mr. William L'Estrange Mathews *pro hac*.

From Certified Midwives for Approval to undertake the practical Training of Pupil Midwives.—Midwife Edith Alice Mokes (No. 41857), and of Midwife Winifred Morris, *pro tem*; and of Midwife Mary Anne Williams Redgate (No. 34269) *pro hac*.

THE RECENT EXAMINATION.

The analysis of results at the recent examination presented by the Secretary was instructive.

From other than Poor Law Institutions in the United Kingdom.—Examined, 456; Passed, 305; Failed, 85. Percentage of failures, 10.8.

Indian Training School (Government Maternity Hospital, Madras).—Examined, 1; Passed, 1.

Private Training and Institution Lectures.—Examined, 38; Passed, 28; Failed, 10. Percentage of Failures, 20.8.

Poor Law, London.—Examined, 6; Passed, 6.

Poor Law, Provinces.—Examined, 57; Failed, 7. Percentages of failures, 10.3.

Scotland.—Examined, 1; Passed, 1.

Ireland.—Examined, 4; Passed, 4.

THE NOTIFICATION OF PREGNANCY.

The Annual Representative Meeting of the British Medical Association last week resolved:—“That while it is desirable to encourage prospective mothers to make early arrangements for being properly cared for during the time of pregnancy as well as the actual time of delivery, the association is strenuously opposed to the notification of pregnancy.”

HÆMOPHILIA.

Speaking of hæmophilia, and its peculiar characteristic of being transmitted by the mother to her sons though she herself was immune, Dr. H. J. F. Simson, addressing midwives recently, pointed out that in this way Nature curiously stepped in to prevent the disastrous results that would occur at the monthly periods if the woman were not immune. The lecturer advocated the use of sterile cotton gloves, and warned midwives against contact of the finger with the anus while making examination or effecting delivery. He recommended the painting of the rectum and perineum with iodine.

THE CHALLENGE SHIELD.

The Bristol University Settlement School for Mothers, after gaining every possible honour in the Mothercraft Competitions arranged by the Association of Infant Welfare and Maternity Centres, 4, Tavistock Square, W.C., finally carried off the Challenge Shield competed for by all the centres, and held for one year. Wimbledon and Westminster centres (bracketted equal), were close behind.

MOTHERS' DAY.

The proposal of Mr. J. A. Whitehead, of Richmond, to do a kindly act to mothers of the Empire on August 8th, has met with hearty approval all over the kingdom. Forty Lord Mayors and Mayors are patrons of the movement, and hundreds of people have written to 47, Fleet Street, London, announcing their intention of helping a needy mother next Tuesday week.

Mr. Whitehead's own kindly action on that day will be to drive 300 London mothers to his delightful estate, Hanworth Park, and entertain them to lunch and tea with various forms of entertainment during the afternoon. All the mothers will be over forty-five years of age, and will have sons who are fighting or who have fought with the forces.

REGISTRATION OF MIDWIVES FOR THE UNITED KINGDOM.

The Midwives Act in England and Wales has been in operation now for over fourteen years. Scotland has succeeded in getting a similar Act placed on the Statute Book, and, as we recently reported, the President and Fellows of the Royal College of Physicians of Ireland have unanimously passed a resolution urging upon the Government the pressing necessity which exists for passing a Midwives' Bill for Ireland. It is evident, therefore, that such registration has stood the test of practical experience.

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EDITORIAL.

CARRYING ON.

We are realizing day by day that the munition workers at home are rendering as valuable service to the State as the Army in the Field, for even its superb gallantry is powerless without the ammunition which the workers at home are straining every nerve to supply.

A somewhat analogous position is to be found in the nursing profession. We are proud of our colleagues on active service, who are giving their best to the sick and wounded, who so sorely need their ministrations, but no less patriotic are those who stay at home, and quietly shoulder a double burden to set other nurses free. Their service to our sick soldiers is vicarious, for them there is no change of scene, no added interest of novel and uncommon cases, no personal work for the soldiers whom all desire to serve, but just the acceptance of harder work in a life which seemed already full; an increased number of visits to pay because the staff of the District Nurses' Home is depleted, a longer tramp to take on hot pavements in the airless streets with the sun blazing down, and the increased effort to inculcate the need of special hygienic precautions, and the strict observance of sanitary laws—instructions which must be given over and over again, line upon line, precept upon precept, lest plague and pestilence be added to the horrors of war.

In the schools, at treatment centres, and in the homes of the children the school nurse is also working on the same lines. Well she knows how easily infectious diseases are spread, and how necessary special precautions are at the present time; and in season and out of season, by precept and practice, she proclaims the need or constant care. It is paradoxical that

the more successful her work the less the public hears of it. Everyone knows when an epidemic is spreading through a town or village, taking its toll in the lives of the innocents, but few realize when the health of the community is good, when epidemics are averted, and the infant mortality rate brought down, that this is largely due to the vigilance of the Medical Officer of Health aided by the Trained Nurse, who pursues her calling, for the most part alone but with a maintained enthusiasm and professional skill, often amid dull surroundings — which compel admiration, and which are services as valuable in their degree to the nation as those which are more conspicuous, and performed under the observation of the world.

The same may be said of work in civil hospital and infirmary wards. It is inevitable that it should be more difficult, conditions more arduous, because of the depletions of the staffs for service in naval and military hospitals at home and abroad; and the nurse who "does her bit" cheerfully, conscientiously, and thoroughly, is an indispensable worker whose service is of the highest quality.

After all it takes some strength of character to resist the appeal which clamours for a hearing to offer for active service. Some nurses must stay at home to do work which is often uninteresting and dull, and those who so decide are frequently of sterling worth.

When at last the war is over, and it is possible to appraise the value of services willingly rendered it will be found that a debt of gratitude is due not only to the nurses who went overseas, but to those who materially helped the prevention and cure of disease by carrying on the routine work at home in circumstances of exceptional difficulty.

MORE MINOR HORRORS.*

Those who read "The Minor Horrors of War," by Dr. A. E. Shipley, Master of Christ's College, Cambridge, and Reader in Zoology in the University, will welcome another book from one at once so learned and so humorous.

In his preface, Dr. Shipley says that his publisher tells him that the volume will be regarded as a sequel to "The Minor Horrors of War," and that sequels are not a success. In spite of this warning, he decided to publish the volume, for there still "air some catwampus chawers in the small way, too, as graze upon a human being pretty strong," that were unmentioned in his earlier book. Most people will be glad that he disregarded the warning.

Indeed, the "Minor Horrors" dealt with in the present volume are both numerous and important, including cockroaches, the bot or warble fly, the mosquito, the yellow fever mosquito, the biscuit weevil, the fig moth, the stable fly, rats, and the field mouse. Our knowledge of these is for the most part neither precise nor extensive.

COCKROACHES.

Dr. Shipley remarks that "In 'The Minor Horrors of War' we rather neglected the Navy—the senior Service, and till now the more dominant of our two magnificent forces—partly because it is less interfered with by insect pests than is the sister Service, though the common pests of our poor humanity—the flea, the louse, the bug—are, like the poor, 'always with us.' Like aeroplanes, insects have captured the air; like motors, they have made a respectable show on land; but they have signally failed at sea. They have nothing corresponding to battleships or submarines; and a certain bug, called *Halobates*, alone hoists the insect flag on the ocean, and that only in the warmer waters.

"But one insect at least causes more trouble to sailors than to soldiers, and that is the cockroach." The author tells us that it came into England at the end of the sixteenth century, and, like the bed-bug, it came from the East.

"Cockroaches are very difficult to catch. They practically never walk, but run with a hardly believable rapidity, darting to and fro in an apparently erratic mode of progression.

"Even when caught they are not easily retained, for they have all the slipperiness of a highly polished billiard-ball. They have great powers of flattening their bodies, and they slip out of one's hand with an amazing dexterity.

"Besides their slipperiness they have another

weapon, and that is a wholly unpleasant and most intolerable odour, which is due to the secretion of a couple of glands situated on the back of the abdomen.

"The glands which produce this repellent odour are sunk in the soft membrane which unites the fifth and sixth abdominal segments, and the moment a cockroach is attacked it exudes a sticky, glue-like fluid, which gives out this most unendurable smell. The fluid is extraordinarily tenacious, and difficult to remove from the hand of those who have touched the insects. No doubt the cockroach, in nature, finds safety in this from the attacks of insectivorous animals. . . .

"Cockroaches will eat pretty well everything. They are a great nuisance on board ship, where they are said to gnaw the skin and nibble the toenails of sailors. Hardly any animal or vegetable substance is absent from their menu. It is said that they will even devour bed-bugs, and that natives on the African shores troubled by these semi-parasites will beg cockroaches as a favour from sailors in passing ships. . . .

"Even the most devoted friend of cockroaches can find little to say in their favour, except that they are currently reported to form the basis of the flavouring of a very popular sauce; but even wild cockroaches will not drag from me what the name of that particular sauce is."

It is important to note that "cockroaches will devour human sputum with avidity, and are frequently to be found in spittoons (or, as the more delicately minded American calls them, 'cuspidors'), and it is interesting to know that after feeding the insects on infected sputum from a tuberculous patient, the tubercle bacilli are found in the faeces within twenty-four hours; two specimens which had been fed on staphylococci showed these pathogenic organisms in their faeces, and in the cultures on agar-agar, which were obtained from their dejecta."

Dr. Shipley concludes a most interesting chapter by quoting from the report of Dr. C. Conyers Morrell, who undertook some investigations and observations as to what part, if any, cockroaches play in the dissemination of pathogenic organisms. These experiments were conducted on one of the Union Castle liners sailing to South Africa, and proved that "the common cockroach is able by contamination with its faeces (1) to bring about the souring of milk; (2) to infect food and milk with intestinal bacilli; (3) to transmit the tubercle bacillus; (4) to disseminate pathogenic staphy-

* Smith, Elder & Co., 15, Waterloo Place, S.W.

lococci; (5) to transmit from place to place destructive moulds." These facts further prove that the insect is in all probability an active agent in the souring of milk kept in kitchens and larders; and that it is undoubtedly a very important factor in the distribution of moulds to food and to numerous other articles, especially when they are kept in dark cupboards and cellars where cockroaches abound. The distribution and numbers of the cockroach are rapidly increasing, and unless preventive measures are adopted, the insect is likely in the course of time to become a very troublesome, and possibly a very dangerous domestic pest.

THE BOT, OR WARBLE FLY.

Amongst the things that both Britain and Germany want in this war is leather. "Anything," says Dr. Shipley, "that seriously destroys the continuity of the integument of our oxen, which interferes with the 'wholeness' of the hide, which is the basis of leather, clearly affects—and affects detrimentally—an important munition of war. The bot, or warble fly, does this. But it does more: its attacks materially lessen the value of the beef which potentially lies beneath the hide, and thus in a double sense the warble fly is the enemy of man, whether he be soldier or sailor. Further, its attacks seriously lessen the milk supply of the country."

We learn that the *astriidae*, or bot or warble flies, "pass their larval stage within the tissues of some vertebrate host, and frequently in those of domesticated cattle, sometimes even in man himself. The harm caused by these larvae, living as they do in the tissues of the body, beneath the skin, by piercing holes through the integument, or skin, whereby they make their exit from the 'warble' or subcutaneous tumour in which they have passed their latest larval stage, is almost incalculable."

Further, "the presence of the warble fly induces a mysterious fear, which rapidly spreads through a herd, and results in a general stampede—often referred to by cattle-breeders as the 'gad.' This terror communicates itself even to the 'stalled ox,' and cattle confined within cowsheds show symptoms of extraordinary unrest when the fly is abroad among their kin in the pastures."

Various treatments have been recommended, but "the tedious method of removing the grub from the tumour is the only safe one. . . . Once removed, the grub should be immediately destroyed, and some antiseptic, such as coal tar, applied to the lips of the vacated tumour."

THE MOSQUITO.

If we say little about the mosquito, it is not because the five chapters devoted to the *Anopheles maculipennis* are not most fascinating, but because they should be read in their entirety. "There is," the author tells us, "no zoological distinction between a mosquito, a gnat, or a midge, but, as a matter of convenience, we might confine the term 'gnat' to the genus *Culex*, the term 'mosquito' to the genus *Anopheles*, and the term 'midge' to the genus *Ceratopogon* and its congeners, whose collation with the naked knees of the Highlander is said to have given rise to the 'Highland Fling.'

"There is no doubt about it that both the mosquito and the gnat are extraordinarily beautiful insects. This fact, however, has been veiled from the public, partly owing to their small size and more especially to their irritating bite, which causes the sufferer to kill a mosquito at sight rather than examine its fairy-like beauty or its fascinating dances in the air, far surpassing in grace and agility anything seen in the Russian ballet."

As is well known, the poison of malaria is conveyed by the *Anopheles* mosquito; yellow fever, on the other hand, by the *Stegomyia calopus*. Whether this disease arose primarily in Africa, and is part of the toll the American Continent has had to pay for the slave trade, or whether it was brought to the West Coast of Africa from the other side of the Atlantic, is not certain.

THE BISCUIT "WEEVIL."

"The first thing to notice about the biscuit weevil (*Anobium panicum*) is that it is not a weevil at all." It is "a member of the family *Ptinidae*, and is closely allied to *I. striatum*, which makes the little round holes in worm-eaten furniture so cleverly imitated by furniture-dealers. Another species of *Anobium* (recently re-christened *Nestobium tessellatum*), a somewhat larger insect, is destructive in church libraries and old houses. Their mysterious tappings (which are really efforts to attract the other sex—more flirtations) are the cause of much superstitious dread in the nervous, and this species is known as the 'greater death watch.'

"The interest of the biscuit 'weevil' lies in its disastrous infestation of ships' biscuits, which frequently is so severe that the sailors' 'hard tack' is rendered uneatable."

For information as to the other minor horrors we must refer our readers to the book itself. They will assuredly not be disappointed.

MEDICAL MATTERS.

THE INFLUENCE OF SYPHILIS ON THE WOUNDS OF WAR.

The Paris correspondent of the *Lancet* writes:—

The influence of syphilis on the effects of traumatism has long been known, and is now being freely observed in military patients. The consolidation of fractures, in particular, is slower in syphilitic subjects; the callus, though more profuse, is more friable. Dr. Sourdel, a surgeon with the army, has drawn attention to several points in this connection, mentioning that the influences of syphilis on the wounds of war manifest themselves not at first, but in the later stages of treatment. A wound involving skin and muscle, for example, will be found slow in cicatrization, the borders becoming livid and badly vascularised, but the unhealthy conditions will disappear rapidly on the application of a specific dressing like Vigo's plaster. In suppurating conditions after operations on the knee-joint, after a long period of discharge there will be rapid amelioration, but there will be fistulous tracts, and these will continue to discharge, with defined edges, as though punched out. If a specific history is obtained, drastic treatment, like the intravenous injection of cyanide of mercury, will generally give good results. Syphilitic subjects are liable to secondary hæmorrhage, and minor causes—the irritation of a ligature, a drain, or a small foreign body—produce in them serious results, even hæmorrhages to the point of anæmia. If these patients are submitted to some such specific treatment as hypodermic injection of biniodide of mercury, the tendency to hæmorrhage will disappear, and cicatrization will proceed normally. Dr. Sourdel recommends the specific treatment for syphilis of every wounded syphilitic subject, especially where any abnormality occurs in the course of the healing of the injury.

FACILITIES FOR DIAGNOSIS AND TREATMENT OF VENEREAL DISEASE.

The British Medical Association, at its Annual Representative Meeting, adopted the following recommendations of the Medicopolitical Committee:—

That extended facilities should be made available for the diagnosis of venereal diseases by laboratory methods. To whatever body the organization of this service is entrusted such service should include the provision of laboratory facilities having for their object the prevention, diagnosis, and treatment of diseases in general. In any schemes framed by local authorities the

fullest use should be made of the laboratory facilities at universities and hospitals.

That measures should be taken to render the best modern treatment of venereal diseases readily available for the whole community, and the arrangements should be such that persons affected by these diseases will have no hesitation in taking advantage of the facilities for treatment which are afforded. That every registered medical practitioner should be in a position to ensure his patients access to institutional treatment when he considers that course desirable.

NURSING AND THE WAR.

THE ROYAL RED CROSS.

On Saturday, August 5th, the following members of the nursing profession had the honour of being received at Buckingham Palace by the King when His Majesty conferred on them the decoration of the Royal Red Cross, 2nd Class: Miss Janet Bruce, Matron Nursing Staff of Military and War Hospitals; Miss Ida Bodin, Nursing Staff of Military and War Hospitals; Miss Harriet Powell, Nursing Staff of Military and War Hospitals; Mrs. Grant Williams, Nursing Staff of Military and War Hospitals; Miss Margaret Ireland, Nursing Staff of Civil Hospitals; Miss Frances Slinger, Nursing Staff of Civil Hospitals; Miss Violet Stapleton, Nursing Staff of Civil Hospitals; and Miss Jessie Stiles, Nursing Staff of Civil Hospitals.

We have pleasure in publishing the portraits of Sister Alice Bowdler and Nurses D. Hirst and E. Fisher, of the Royal Infirmary, Huddersfield, whose names were included in the Birthday Honours' List, and whom the King recently decorated at Buckingham Palace with the Royal Red Cross (2nd Class) in recognition of the care and devotion given to wounded soldiers during the time they were under treatment at the Huddersfield Infirmary. It will be remembered that the Matron, Miss Emily Barry, received the Royal Red Cross (1st Class) at the same time.

A supplement to the *London Gazette*, issued on February 3rd, gives a despatch on military operations in the Nyasaland Protectorate, sent by the Governor to the Secretary of State for the Colonies, and dated November 1st, 1915. The Governor encloses a despatch from Lieut.-Colonel G. M. P. Hawthorn, 1st King's African Rifles, commanding the troops in Nyasaland, and, amongst those whose names he brings to the Governor's notice, are Miss A. Pallot and Miss B. Empson who were present at Karonga when the post was attacked on September 6th, 1914, and were most assiduous and indefatigable in their care of the wounded in hospital.

Miss R. Paterson, Matron, was sent to Karonga when more help was required after the action on September 9th, 1914, since when she and Miss

Palot have been employed continuously with the Field Force; their services have been invaluable.

The *Liverpool Post* publishes the following quotations from the letter of a V.A.D. working in a mediæval chateau not far from Rouen, which was handed over to the British Expeditionary Force on the outbreak of war:—

"The great feature of life here is that one never sees a case through, and often they are moved before they have barely improved. They come in very bad, with high temperatures, and if they are easier, and temperatures go down in a day or two, off they go to 'Blighty.'"

It's always going and coming. I'll never get to know my boys out here. It's nothing to go off duty at night leaving thirty-seven patients and come on in the morning and find either fifty or sixty patients struggling to get up for a 7.30 boat, or seven or eight completely fresh cases in beds of seven or eight old acquaintances. The operating theatre is busy all day and every day. My staff nurse is most awfully nice; in fact, they all are here. When she is off I am on alone, which was rather terrifying the first night it happened, when I'd only been



NURSE D. HIRST, R.R.C.

there two days. I do all the dressings either with her or a doctor, or alone. I give medicines and hypodermic injections, put stitches in and out, and do all sorts of things which would have raised the roof of St. M—'s if a V.A.D. had mentioned, much less done. In fact, in the places here where



SISTER ALICE BOWDLER, R.R.C.

there is only one Sister and a V.A.D. they are made responsible for much more. So it's excellent work for us."

How about the patients?

A French provincial newspaper, says the *British Medical Journal*, a short time ago con-

tained a brief account of a picturesque incident which is worth further record, if only as a useful reminder of a not too well known past.

It was the public presentation of the insignia of Lady of Grace of the English Order of St. John of Jerusalem to the Mother Superior of a convent school in a town within the war zone. The reason of the ceremony was the conduct of this Frenchwoman in the month of August, 1914, at a moment when in the eyes of the population of the invaded provinces all seemed lost save honour.

A British medical unit which had taken up its quarters in her pensionnat had had to evacuate so quickly as to be forced to leave behind it all its equipment and belongings, including the rifles and packs of its patients.

Hardly had the train, in which the men were placed, left the station before the Germans entered the town. One of their first steps was to issue an order that, under pain of death, everything left behind by the troops should be handed in

British and forthwith.

But to this order the Mother Superior determined to bid defiance. Her late guests were the allies of her country; they had been doing noble work. Why hand anything of theirs to the bullying, threatening Huns? Intent on the well-



NURSE E. FISHER, R.R.C.

being of their patients they had no time even to remove their flags—the Red Cross Pennant and Union Jack. They were as sated as the tricolour of her own country; these at least she must try to save. So the flags she gave to a Sister, an Englishwoman by birth, to hide among her clothing; the patients' arms and accoutrements she buried in the convent graveyard, and the hospital equipment she hid in the cellars whose very existence she then contrived to conceal by brick and mortar and whitewash. She managed, in short, to conceal everything but beds and mattresses, for which no hiding place could be

found, and to keep them safe until, the town being reoccupied, she was able to hand them over to the French authorities.

The hospital in question was one of the general hospitals which came out with the original Expeditionary Force. It was sent up immediately on its arrival to what was then the advanced base, and not being able to secure any one building sufficiently large for its purpose, it had distributed its beds in several buildings. The principal of these was the convent school mentioned. It had only been at work about a week when the fall of Namur upset the scheme of the Allies' campaign and the backward movement commenced.

Mrs. Creagh, Matron-in-Chief of the South African Military Nursing Service, Miss J. C. Child and other members left England on Friday last week for service with the South African Contingent in France. All good wishes go with them.

A hospital of 200 beds under Dr. Agnes Bennett, with a *personnel* of fifty-eight, and a motor transport column under Mrs. Harley, left London last week for Salonika, to be attached to the Serbian Army.

The nursing *personnel* of the hospital includes Miss Tate (Matron) and Misses M. Atkin, Angel, Catton, Chilton, Davis, Dow, Durr, Finch, Hansell, Harvey, M. Harvey, Hight, King, McCullum, Maxwell, Morgan, Morris, Saunders, Ward, Wittet. The trained nurses with Mrs. Harley's Transport Column are Miss Stephen and Miss Leveson.

JOINT WAR COMMITTEE.

Under the auspices of the Red Cross Society and St. John of Jerusalem in England, the following nurses have been deputed to service in Home Hospitals:—

HOME SERVICE.

North Staffs Hosp., Stoke-on-Trent.—Mrs. M. H. Green.

The Wardell Military Hosp., Stanmore, Middlesex.—Miss S. F. Bland.

Aux. Military Hosp., Il'averley Abbey, Farnham.—Miss Annie Swinburne.

Lawley Park Convalescent Military Hosp., Sleigh.—Miss F. M. Marland.

Brundall House Aux. Hosp., Brundall.—Miss D. A. Swan.

Red Cross Hosp., Waterlooville, Hauts.—Miss Gertrude Green.

V.A.D. Hosp., Brun Hill, Booth, Liverpool.—Miss Nora Hogan.

Aux. Military Hosp., Percy House Schools, Isleworth.—Miss Margaret Campbell, Miss A. M. Conn.

Red Cross Hosp., Loddon, Norfolk.—Miss Rosalind D'Arcy.

Toyne House, Leigh Woods, Clifton, Bristol.—Mrs. A. M. Jones.

Hanworth Park, Feltham, Middlesex.—Miss Lily Dakin.

Hosp. for Officers, 53, Cadogan Square, S.W.—Miss T. F. E. Thomas.

Normanhurst Hosp., Battle.—Miss E. M. Ervine.

V.A.D. Hosp., Ashburne, Sunderland.—Miss May Cowell.

Hambleton Hall Hosp., Oakham.—Miss Edith May Hellings.

Pavilion Hosp., Old Trafford, Manchester.—Mrs. Emma Greenwood.

Red Cross Hosp., Tilsham Park, St. Leonards-on-Sea.—Miss Lena Bent.

Ardleigh V.A.D. Hosp., Essex.—Miss Louisa Blackwell.

Auxiliary Hosp., Uppingham.—Miss F. A. Quance, Miss E. S. Chinn.

Red Cross Hosp., Knighton, Radnorshire.—Miss M. A. R. Airey.

St. John's Hosp., Moor Park, Preston.—Miss Lydia Brand.

Hosp. for Officers, 24, Park Street.—Mrs. S. C. Cole.

Auxiliary Military Hosp., King Edward Hall, Finchley.—Miss Edith V. Read.

Red Cross Hosp., Hoole House, Chester.—Miss Janet M. Stewart.

Red Cross Hosp., Rhyd.—Miss M. C. Browning.

Fairlawn Auxiliary Hosp., Honor Oak Road, Forest Hill.—Miss M. Ursula Wells.

V.A.D. Hosp., Town Hall, Torquay.—Miss Alice M. Armstrong.

Red Cross Hosp., Ditchling, Sussex.—Miss Nellie Cowell.

Red Cross Hosp., Earl's Colne, Essex.—Miss C. Wray.

Victoria Auxiliary Home Hosp., Stretford, Lancs.—Mrs. Olive Adams.

Trafford Hall Red Cross Hosp., Trafford Park, Manchester.—Miss Florence E. Beresford.

Overcliff Hosp., The Leas, Westcliff-on-Sea.—Miss Nesta Buttershaw.

Clarendon Hosp., Kington, Warwick.—Miss Agnes Ruddock.

Harborne Hall, Harborne, Birmingham.—Miss A. McD. Cutlbert.

Red Cross Hosp., Town Hall, Torquay.—Miss E. B. Hore.

Nimthorpe V.A.D. Hosp., York.—Miss E. M. Hayward.

Auxiliary Military Hosp., Burnage Lane, Levenshulme.—Miss A. E. Head.

Dollis Hill House Hosp., Gladstone Park, Cricklewood.—Miss Clara Alvarez.

V.A.D. Hosp., Northwood, Middlesex.—Miss Katharine Farrington.

S. Wingfield Hosp., W. Alpton, Derbyshire.—Mrs. Caroline Bell.

FOREIGN SERVICE.

The following have been deputed to foreign service:—

For Egypt.—Miss Edith M. Blease, Miss May Wilson Heron.

Madame O'Gorman's Barge.—Miss Grace Violet Milman.

CARE OF THE WOUNDED.

Lieut.-Colonel Tooth, C.M.G., Commanding Officer of No. 1 General (City of London) Hospital, T.F., has been appointed consulting physician with the Mediterranean Forces, and has left for Malta. Colonel D'Arcy Power is now in command at No. 1. We can but rejoice that the advice of so able and kind a consultant should be available for the sick and wounded of the Mediterranean Forces.

The nucleus of the Wounded Allies Relief Committee, of Sardinia House, Kingsway, was formed on the evening of August 4th, 1914, the very day of the declaration of war by Great Britain. The first task of the Committee was to help to bring wounded Belgian soldiers to England and distribute them in hospitals; since then the relief work has extended to many other spheres, and touches in one way or another all our Allies.

The Committee has maintained two Homes for Disabled Belgian Soldiers in England, where they have been fitted with artificial limbs and taught various trades to render them self-supporting, and it also keeps up a sanatorium at Eastleigh for Belgian soldiers suffering from phthisis; it has presented to the Belgian Army four bath-caravans for use at the Front, also a caravan soup kitchen to supply the troops in the trenches with hot tea, coffee or soup, and in addition two bath-caravans made on an improved plan and capable of furnishing seventy hot baths an hour.

In France the Committee is maintaining two hospitals for French soldiers, the one at Limoges, containing 225 beds, the other at Lyons, with 300 beds.

To the Russian Red Cross Society the Committee has given four motor ambulances, each containing four stretcher-beds, and to the Italian Army it is supplying the motor operating theatre, described in our last issue, the first of its kind ever constructed, that will enable urgent operations to take place at the Front and, it is hoped, save the lives of many wounded men who might otherwise die on their way to hospital.

Concerning relief work for Serbia and Montenegro, the Committee sent out a fever unit, consisting of doctors and nurses, to Serbia; and up to the time when the Austrians took possession of the country it was maintaining one large hospital in Kragujevatch and another in Podgoritza; and since the retreat of the Serbian Army has sent out fresh units with stores and provisions to Corfu, where a vast amount of work has been and is being done, attending to the disease-stricken remnants of the Serbian Army.

Also, in the first half of 1916, the Committee has supplied the hospitals of our Allies with over 175,000 articles, and it has equipped and maintained various hospitals and homes, at home and abroad, giving the relief that was needed when it was needed.

Last Saturday afternoon over 100 wounded soldiers from Hammersmith Military Hospital

were entertained by the Mayor of Hammersmith at his houseboat at Hampton Palace.

The name of Sir Philip Sidney has been handed down from generation to generation as that of a chivalrous knight who, in his own extremity, gave the water he was about to drink to another.

Mr. Philip Gibbs, writing from the British Headquarters in France, describes in the *Daily Telegraph* the conditions under which our troops have been fighting:—"For two days now," he says, "the sun has been blazing hot, and our fighting men have been baked brown. It is not good fighting weather, either for guns or men. . . ."

"It is hot and thirsty work, and painful to the spirit and flesh of men even along roads that are not pebbled with shrapnel bullets. Men on the march to-day were glad of frequent halts, and flung themselves down on the waysides panting and sweating, moistening their dusty lips with parched tongues, and fumbling for their water-bottles. They were lucky to have water, and knew their luck. It was worse for the men who were fighting yesterday in the same heat wave up by Waterlot Farm and further south by Maltzhorn Farm, not far from Guilleumont. Some of them drank their water too soon, and there was not a dog's chance of getting any more until nightfall. Thirst, as sharp as red-hot needles through the tongue, tortured some of these men of ours. And yet they were lucky, too, and knew their luck. There were other men suffering worse than these, the wounded lying in places beyond the quick reach of stretcher-bearers. 'It was just awful to hear them crying,' said one of their comrades. 'It was "Water! Water! For Christ's sake—water!" till their voices died away.'

"As usual, the stretcher-bearers were magnificent, and came out under heavy fire to get these men in, until some of them fell wounded themselves. And other men crawled down to where their comrades lay, and, in spite of their own thirst, gave the last drops of their water to these stricken men. There were many Sir Philip Sidneys there, not knighted by any accolade except that of charity, and very rough fellows in their way of speech, but pitiful. There was one of them who lay wounded with some water still in the bottle by his side. Next to him was a wounded German, groaning feebly and saying, "Wasser! Wasser!" The Yorkshire lad knew enough to understand that word of German. He stretched out his flask and said, "Hi, Mister, tak 't a swig o' that." They were two men who had tried to kill each other."

It is reported from Copenhagen that the Royal Danish Serum Institute has during last year produced and exported to belligerent countries large quantities of tetanus serum, which has been of the greatest value to wounded soldiers. It has also produced typhus serum with great success, having so far sent about 200,000 portions to different battlefields. The Institute is now producing cholera serum in big quantities for the Salonika front.

TERRITORIAL HOSPITALS.

FIRST EASTERN GENERAL HOSPITAL, CAMBRIDGE.

The First Eastern General Hospital (T.F.), Cambridge differs from others inasmuch as it is an open-air hospital, and seen on a hot August afternoon the arrangement seemed to be ideal. The whole of one side of each ward is absent, though strong blinds can, if necessary, be drawn, and the patients lie facing the gardens, bright with beautiful flowers, while the soft air circulates freely through the ward and fans the drawn faces of the men, many of them, alas hectic and feverish as the result of suppurating wounds.

By the courtesy of the Commanding Officer, Colonel Griffiths, and Macdonald, I was able to see this interesting hospital. Miss Macdonald, like the Principal Matron, Miss Crookenden, of Addenbrooke's Hospital, was trained at St. Thomas' Hospital, as was also Miss Wills, an Assistant of Miss Amy Hughes, of the Queen Victoria Jubilee Institute, who kindly acted as my cicerone.

The size of the hospital is rather bewildering to the stranger who arrives within its gates, the number of beds being at present 1,670; 1,570 in the huts, and 100 more in tents, besides 300 in schools in the town. However, a sign happily hung out, "Here toleth ye Registrar," gave the clue to the official headquarters, the office of the Registrar, Major Hughes, being close to that of the Matron, where Miss Wills was then on duty and soon we were on our way to the bath ward.

Here were some of the worst cases, illness and suffering being evident on every face, but it was good to know that the treatment was not only remedial but soothing, and the patients are loth to return to ordinary beds again. I learned that when the King visited the hospital last week His Majesty was very interested in this ward, and gave much pleasure to the men by speaking to each of them. There are six baths in the ward, and I was told that eighteen could always easily be filled, but the cost of installing the baths, and the electric plant necessary to keep the temperature of the

water at a uniform temperature of about 100 degrees Fahr. is considerable—£800 for this one ward—so a number of impotent folk are waiting for their turn to enter the healing waters of this modern Bethesda, and one can imagine no expenditure which would give the donor greater satisfaction than to know that he had been the means of bringing relief, and healing, to the men who hide their suffering with such resolute courage, while the sight of the maimed, wounded, tortured limbs is pitiful indeed.

Like all the wards at the First Eastern Hospital the bath ward is bright and gay, indeed one's impression was that the pretty display of bunting was a remnant of the King's visit. It is, however, the usual dress of the hospital. The baths at first are not obvious as they are covered with boards covered with quilts. It is only when

a section is turned back that one realizes that the patient is immersed in water, sees the foot with the heel shot away comfortably supported so that nothing but water touches it, or the infected knee joint with tubes through it, progressing so that the patient with light in his eyes announces that for the first time he can move it to-day. The temperature of the bath is controlled and recorded; a daily chart being kept. The baths are emptied and cleansed every morning by the night nurse, otherwise, unless there is any special indication to the contrary, the patient remains in the bath for twenty-four hours.

The hospital stands in the playing fields of King's and Clare, and near by the bath ward the pavilion has been added to and converted into charming mess rooms for the nursing staff—they are comfortably housed, the members of the Territorial Force Nursing Service at King's College, and the Red Cross workers at Selwyn.

Near the bath ward also is the Recreation Room where the men can write letters, read papers, and where entertainments often take place, an excellent permanent stage having been erected for the purpose. In the Recreation Room there are five fireplaces—the only ones in the hospital. Beyond the hut is the bowling green where such men as are able can enjoy out-door sports.



MISS A. MACDONALD.

A few weeks ago an Exhibition of Arts and Crafts was held in support of the Recreation Room, which was opened by Lady Anphtill and proved an unqualified success. In the first place the work—fine needlework, embroidery, wool work, and other specimens exhibited by patients, orderlies, and nursing staff, were voted of an exceptionally high standard of excellence.

In the second place the day was perfect, and there were so many visitors that the money taken was far in excess of all expectations, and the Recreation Room benefited to a corresponding degree. The public availed themselves to the full of the opportunity of seeing the hospital.

It is not in the wards alone that the advantage of fresh air is manifest. The roof of the kitchen is raised some inches from the walls, thus affording space both for ample ventilation and for the

are only cardboard, and the other that they are of alabaster.

Mention must be made of the chapel which is used for early celebrations and daily services, but parade services are held out of doors.

As I paused on the bridge over the river on my way to the Market Place where stacks of fragrant lavender were on sale, the river was bathed in sunshine, and the whole place steeped in the peace which so often enshrouds ancient foundations established and enriched by the devotion and self-denial of our forefathers. One hoped that it permeated into the inmost being of the convalescents in the blue hospital uniforms leaning over the parapets—uniforms now familiar and honoured as the mark of men, gallant and chivalrous, who have fought and suffered for King and Empire—
M. B.



FIRST EASTERN GENERAL HOSPITAL, CAMBRIDGE.
A Ward with open front. The Entrance.

admission of air, the consequence is that it is quite free from smell.

The housekeeping is now in charge of a Sister, and the Sisters' Mess finds the advantage of this, both in comfort and economy. The food goes from the kitchen to the wards in hot tins, so that it arrives quite hot in the wards.

There is a very busy operating theatre with two tables, where the operations often number thirty a day, and sometimes are as many as fifty. A daily chart is kept and just now the line is mounting steadily upwards. In the theatre block is an X-ray room, also an extremely busy department.

The walls of the huts are of asbestos, though it the conversation of two patients is correctly reported in the *Hospital Gazette*, there is a difference of opinion on the subject, one holding that they

HOSPITAL SHIP TRAGEDY.

We are still mourning the loss of brave men belonging to Territorial units in a troop train in India when 150 cases of heat stroke occurred, 10 of which proved fatal, now the Secretary of State for India communicated to the press the following cable received from the Viceroy:—
"On recent voyage of hospital ship *Douglass* from Basra to Bombay there were 150 cases of heat stroke among British sick and wounded troops, and seventeen deaths due to heat stroke occurred among troops and crew, and two other deaths were probably caused by heat. A following wind necessitated ship being turned round every four hours for first thirty-six hours of voyage so that wards could be ventilated. Voyage was made under most trying climatic conditions."

IMPRESSIONS ON THE EAST COAST.

A correspondent writes: "On July 31st the evening was dark, still, quiet and mists hanging about. As darkness crept on there were suspicious sounds—cars and motor cycles dashing about, whistles, cries of challenging soldiers, hurried steps of a man dashing into houses with messages, a stern command "Put out that light," then three loud bangs—the Zepp. signal. Very soon a loud hum, coming nearer, higher, lower—and a flash. Sheet lightning? No; bang comes the report of a bomb. Flashes—two and three together. After what seems a long time, reports to match. Then searchlights shoot up—two, five, seven—all pointing to one spot, just above us. In the room are two sleeping children brought out of bed in blankets, their mothers and our two selves. Above, in the eternal heavens, the meteors flash and glide. What care they for Zepps! At last the lights catch it. "There he is," is cried out. The bombs bang, and with a sharper tone our guns let fly, the balls rolling, rolling up the shafts of light—a glorious sight. At last a cheer. "Hit! Got him! Hurrah!" "He" dips and goes on end, but a bank of mist swallows him up. The lights pierce on a little longer, then go out. The play is over and we go to bed. Not half an hour after "he" came again. We all huddled out, and the same scene was enacted for a while; but it was too hot, so he retired gracefully. We had no bed till daylight for four nights, but that was the night. It is a very wonderful sight, but the weirdness of it is indescribable. The dogs of the neighbourhood bark and the cocks crow always before the bombs fall. It seems to be the hum they hear first.

THE HORRORS OF DEPORTATION.

Miss Violetta Thurstan, in describing the sufferings of the refugees, has said that "the greatest tragedy of the war is not seen upon the battle-field." Can any exceed that of the deported in the occupied provinces of France as related below?

The Paris correspondent of *The Times* writes that the French Yellow Book dealing with the conduct of the German authorities towards the inhabitants of the French departments in enemy occupation is a lasting monument of German shame. The evidence contained therein is summarised in the Note which the French Government has dispatched to neutral Powers. In this document it is set forth:—

"On the order of General von Graevenitz, and with the aid of the 94th Infantry Regiment detached by the German General Headquarters, about 25,000 French subjects, young girls of between 10 and 20 years of age, young women, and men up to the age of 55, without distinction of social condition, have been torn from their homes at Roubaix, Tourcoing, and Lille, separated without pity from their families and forced to work in

the fields in the departments of the Aisne and the Ardennes.

"At 3 o'clock on Saturday morning (April 22nd, Easter Eve), at Tourcoing, Roubaix, and Lille the soldiers of Germany marched down to occupy positions for this victory. By 4 o'clock in the morning they had surrounded the Fives quarter, which was the first district attacked. At cross-roads, and at the end of each street, they installed machine-gun sections, and then patrols of 10 or fifteen men with fixed bayonets battered on the doors of the houses, ordering the inhabitants out into the street. Outside each house there hung a list of all the inhabitants, and there was no means of escape. An officer, accompanied by a non-commissioned officer, selected their slaves.

"The raids were accompanied by terrible scenes of grief and sorrow, and not a few elderly people lost their reason when they saw their daughters being carried off. Some of the men, especially of the Landsturm, seemed to be conscious that they were engaged in shameful work; some of the officers, too, admitted that nothing could ever cleanse the German flag from this fresh stain put upon it. Indeed, it is said in Lille that a number of officers and men are in the Citadel awaiting their trial for refusing to dishonour themselves.

"By this act of honour they spared themselves scenes which one would have thought might melt the heart even of a German—the maddened woman whose husband, son, and daughter were taken, who cursed them in their race, in their wives, and in their children; or the woman who broke out into a sweat of blood when her boy was taken, and whose shattered reason refused to recognize him when he was brought back.

"Against all this black horror stands out the splendid spirit of its victims. On leaving their homes they were collected in the churches and schools of their district, numbered and labelled, and carted off in cattle wagons to the station, harlots and young girls, ragamuffins and merchants all joined in the common misery. Yet, as the first of these slavegangs drove to the railway station, these wretched folk were defiantly shouting "Vive la France," and for the first time since the Germans entered Lille rang out the song of freedom and revolt, the "Marseillaise." Those left behind had an attitude no less noble.

"I saw these herds of people go," wrote a man of Roubaix. "It breaks one's heart. The women as they passed tried to throw little parcels to their husbands, brothers, or sons; the young fellows on the whole held themselves sturdily; some of them were singing. What moved us most was the departure of the women and young girls who had been taken. You can imagine the state of parents who saw young girls of between 16 and 20 years of age going off in the midst of young chaps of all sorts and conditions. And whither? That no one knows. The wind of sorrow is blowing round us, but for all that we keep our courage and are confident."

STATE REGISTRATION OF NURSES.

The following is the official report of the discussion on State Registration of Trained Nurses at the Annual Representative Meeting of the British Medical Association, Mr. E. B. Turner, F.R.C.S., Chairman of Representative Meetings, being in the chair:—

The Chairman of the Medico-Political Committee said that the Council had recommended the Representative Body to take into consideration the proposals with reference to the College of Nursing.

Mr. E. J. Domville (Exeter) said that the Bill as now drafted was practically in accordance with the Bill approved by the British Medical Association in 1913. The promoters had agreed to adhere to the principle that the British Medical Association should nominate representatives on the Nursing Council, and provision would be made for that in the Bill, but the other constituencies appointing the remainder of the one-third of the Council were not yet definitely agreed upon. In all other respects there was every prospect of an agreed Bill being put before Parliament, in which the principles approved by the British Medical Association in 1913 would be substantially maintained.

In reply to Dr. Robertson (Glasgow), Mr. Garstang said that the College of Nursing had undoubtedly been started in a manner the Association did not quite approve, but it had now got rid of a good many of its obnoxious features.

Dr. T. Jenner Verrall outlined the nature of the negotiations which had so far been carried out between the Association and the College of Nursing. The great principle on which the College of Nursing and the Association were agreed was that there should be registration of nurses on lines that the nurses themselves could accept and approve. The Association was working loyally with the Central Committee for State Registration of Nurses, of which it was a member.

At the suggestion of the Chairman, the motion was amended and agreed to in the following form:—

"That the Representative Body instruct the Council to take into consideration the possibility of establishing by means of the proposed Bill now under consideration by the College of Nursing and the Central Committee for the State Registration of Nurses the general principles desired by the Association in respect of the State registration of nurses, and whether the Association would be justified in supporting the Bill."

A NURSES' REGISTRATION BILL.

We print below the fourth draft of the Bill promoted by the Council of the College of Nursing, Ltd., and approved by it on July 27th. It is satisfactory to note that several of the principles advocated by the Central Committee for the State Registration of Nurses have been incorporated since the Bill was first drafted. It is, however, not an agreed Bill. It will be seen that the Constitution of the Council under Clause 5 is not defined, and as the Central Committee will not meet again before September, further negotiations on this point cannot take place before then.

The nurses to be registered have a right to have the authorities nominating the persons to govern them defined in their Bill, as is provided both in the Medical and the Midwives' Acts.

A BILL TO PROVIDE FOR THE REGISTRATION OF NURSES.

Be it enacted by the King's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

SHORT TITLE.

1. This Act may for all purposes be cited as the Nurses' Registration Act, 1916.

THE COLLEGE OF NURSING.

2.—(1) The name of the College of Nursing, Limited, shall be changed to "the College of Nursing," and it shall be entitled to bear that title without the addition of the word "Limited."

THE GENERAL NURSING COUNCIL.

(2) The College of Nursing shall for the purposes of this Act act by the Council thereof (which shall be entitled "The General Nursing Council" and is hereinafter called "the Council") as regulated by this Act and by Rules made thereunder.

(3) Every nurse registered under this Act shall be entitled to a vote at elections of the Council, and, if registered on the General Register, without further fee to become a member of the College of Nursing.

REGISTER OF NURSES.

3. It shall be the duty of the College of Nursing to form and to keep a General Register of Nurses, a Supplementary Register of Male Nurses, and a Supplementary Register of Mental Nurses, and each such Register is hereinafter in this Act included in the term "the Register." The Register already formed by the College of Nursing, Limited, shall be the first Register under this Act.

RULES.

4.—(1) Rules shall be made under this Act:—
(i) regulating the constitution and proceedings and the mode of election and of retirement of the

Council and providing for the representation thereon of the Privy Council and any Government Department, of the Nurse Training Schools, of the medical profession, and of the nurses on the Supplementary Registers; provided that

(a) not less than two-thirds of the Council shall be elected by the nurses on the General Register under this Act;

(b) the election of representatives of the nurses on General Register and on any Supplementary Register shall be by voting papers to be transmitted through the post in the prescribed manner, and each person voting shall be entitled to give one vote for each of any number of candidates not exceeding the number of members of the Council to be elected to represent the nurses on the General Register or on a Supplementary Register as the case may be;

(c) the first Council to be elected under the rules shall come into office on the expiration of a period of two years after the passing of this Act;

(i) regulating the issue and cancellation of certificates of registration and the conditions of admission to the Register;

(ii) regulating the course of training and the examination of nurses intending to be registered and the appointment of examiners;

(iv) regulating the admission to the Register of persons already in practice as trained nurses at the passing of this Act;

(v) regulating the admission to the Register of persons registered in any British Possession in which a Nurses' Registration Act is in force subject to such conditions and qualifications as the rules may prescribe;

(vi) providing for the publication of the Register with such particulars as the rules may prescribe;

(vii) providing for the temporary or permanent removal from the Register by the Council of any nurse for such causes or offences and after such enquiry as may be prescribed but subject to the appeal provided for by this Act;

(viii) regulating the procedure for the restoration to the Register of any nurse so removed;

(ix) providing for the establishment of and for regulating the powers of Local Boards for any parts of the United Kingdom for the purposes of this Act; and

(x) otherwise for the purposes of this Act.

(2) Rules under this Act shall be made by the Council, but shall have no effect until they have been approved by the Privy Council, and the Privy Council may approve the rules subject to such modifications as the Privy Council think proper.

PROVISION AS TO THE FIRST COUNCIL.

5.—1/ On the passing of this Act and for a term of two years the Council shall consist of the following forty-five persons so long as they may be willing to act:—

"N.B.—The Bill is left blank here for the insertion of names.—ED."

(2) Casual vacancies may be filled up by co-optation.

PROVISION FOR EXISTING NURSES.

6. Any person who within three years from the passing of this Act claims to be registered thereunder shall be so registered, provided such person is at least twenty-one years of age and is of good character, and is qualified for registration under the conditions laid down by the College of Nursing, Limited, until and unless modified by rules under this Act.

WHO MAY BE REGISTERED.

7. At the expiration of the said term of three years any person who claims to be placed on the General Register under this Act shall be entitled to be so registered, provided that such person is at least twenty-one years of age and is of good character, and has had the training under a definite curriculum prescribed by the Council in a Nurse Training School or Schools recognised by the Council. Any nurse whose name is placed on the General Register and who holds a certificate of the Fever Nurses Association, or its equivalent, granted under conditions approved by the Council, shall be entitled on payment of a registration fee to have the words "also trained in fever nursing" added to her record in the Register.

8. A male nurse may claim to be placed upon the Supplementary Register of Male Nurses provided that such person has had the training under a definite curriculum prescribed by the Council in a Nurse Training School or Schools recognised by the Council, or holds a certificate of similar training as a nurse authorised by the Lords Commissioners of the Admiralty for the sick berth staff of the Royal Navy, or as a nurse authorised by the Army Council for soldiers of the Royal Army Medical Corps, on satisfying the Council that he is twenty-one years of age and of good character.

9. An asylum trained nurse, who holds a certificate of the Medico-Psychological Association, or its equivalent, granted under conditions approved by the Council, or who has qualified as a mental attendant in the Royal Army Medical Corps, may claim to be placed upon the Supplementary Register of Mental Nurses on satisfying the Council that he or she is twenty-one years of age and of good character.

FEES.

10. Every candidate for examination or registration shall pay to the College of Nursing such fee as may be prescribed by the Rules.

PENALTY FOR PRETENDING TO BE REGISTERED.

11. From and after the publication of the first Register no person shall be entitled to take or use the name or title of registered nurse, or of registered male nurse or of registered mental nurse (either alone or in combination with any other word or words or letters), or any name, title, addition or description implying that he

or she is registered under this Act, or is recognised by law as a registered nurse, or as a registered male nurse, or as a registered mental nurse, or to use any badge or uniform appointed by the Council as the badge or uniform of a registered nurse, or of a registered male nurse, or of a registered mental nurse, or any colourable imitation of such badge or uniform, unless that person is registered as such under this Act, and, if any person knowingly takes or uses any such name, title, addition, or description or uses such badge or uniform or imitation thereof in contravention of this section, he or she shall be liable on summary conviction to a fine not exceeding ten pounds.

COPY OF REGISTER TO BE EVIDENCE.

12. A copy of the Register certified to be a true copy by the secretary of the College of Nursing shall be evidence in all Courts of Law that nurses whose names are therein specified are registered under this Act, and the absence of the name of any nurse from the Register shall be evidence that such nurse is not registered under this Act.

Provided always, that in the case of any nurse whose name does not appear in the Register a certificate under the hand of the secretary that the name of such nurse has been entered on the Register shall be evidence that such nurse has been duly registered under this Act.

PENALTY FOR OBTAINING CERTIFICATE BY FALSE REPRESENTATION AND FOR FALSIFICATION OF REGISTER.

13. Any person—

(1) who procures or attempts to procure a certificate under this Act by making or causing to be made or produced any false and fraudulent declaration, certificate, or representation, either in writing or otherwise; or

(2) who wilfully makes or causes to be made any falsification in any manner relating to the Register, shall be guilty of a misdemeanour, and shall on conviction thereof be liable to be imprisoned, with or without hard labour, for any term not exceeding twelve months.

PROVISION AS TO PROSECUTIONS.

14. A prosecution for any of the offences in this Act mentioned shall not be instituted by a private person without the consent of the College of Nursing, but such prosecution may be instituted by the College of Nursing.

APPEAL FROM DECISION OF COUNCIL.

15. Any registered nurse, or registered male nurse, or registered mental nurse, aggrieved by a decision of the Council removing his or her name from the register may, within three months from the notification of such decision, appeal therefrom to the High Court of Justice in England and Wales, or to the Lord Ordinary, officiating on the Bills in the Court of Session in Scotland, or to the High Court of Justice in Ireland, and such appeal shall be final.

NO AUTHORITY TO PRACTISE MEDICINE.

16. Nothing contained in this Act or in any rules made thereunder shall confer any authority to practise medicine, or to undertake the treatment or cure of disease.

LAYING OF RULES BEFORE PARLIAMENT.

17. Rules under this Act shall be laid before both Houses of Parliament as soon as may be after they have been approved by the Privy Council.

THE COLLEGE OF NURSING, LIMITED.

We have received the following notice from the Secretary of the College of Nursing, Ltd.:—

The Council of the College of Nursing, Ltd., in order to meet the convenience of Matrons, Sisters and nurses on Active Service, has waived the obligation of Candidates for Registration to forward, with their Application Forms, copies of the Certificates they hold from their Nurse Training Schools. These Certificates, however, will be required later, that they may be filed.

It is felt that this will be a great convenience to nurses abroad, also those serving in Military Hospitals at home will be glad to be relieved of the difficulty of procuring their Certificates, which in many cases are stored, with other personal possessions.

The Council would like the nurses who have sent in their Application Forms, and who may not yet have received any further communication, to know that the delay has been in consequence of some necessary alterations in the Articles of Association, that the formalities of registration are being proceeded with, and as soon as possible will be completed.

IN AID OF STATE REGISTRATION.

The President of the Society for the State Registration of Trained Nurses acknowledges with thanks a donation of 10s. from Dr. E. W. Goodall.

MARYLAND NURSES' REGISTRATION ACT.

We hear from the States that Maryland has this year put through the most progressive Bill that has yet gone on the Statute Books and the nurses are delighted. It requires the completion of the high school course for admission to a nurse-training school, three years' professional training, and of an inspection of the schools by a nurse.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

The following promotions have been made in the above service:—

Sen. Nursing Sisters to be Lady Superintendents.
- Miss Helen A. Macdonald Ruit, R.N.C.; March 25th, 1915. Miss Christian E. Hill; December 12th, 1915. Miss Lallah B. Dunwoode; March 20th, 1916.

Nursing Sisters to be Senior Nursing Sisters.
- Miss Violet L. Lamb; March 25th, 1915. Miss Ethel M. Cunningham; December 12th, 1915. Miss Jeanne S. R. Wilson; March 20th, 1916.

APPOINTMENTS.

MATRON.

Royal Infirmary, Oldham.—Miss Mary Mackintosh has been appointed Matron. She was trained at the Royal Southern Hospital, Liverpool, where she has held the position of Assistant Matron.

Ogmore and Garw Isolation Hospital, Blackmill.—Miss Esther Phillips has been appointed Matron. She was trained at the Italian Hospital, having charge of enteric and diphtheria wards, and has also held the position of Sister in the same institution, and at the City Hospital, Leeds.

Bootham Park Mental Hospital, York.—Miss Marie Christophersen has been appointed Matron. She was trained at the Derby Borough Mental Hospital and the Edinburgh Royal Infirmary.

SISTER.

Royal Hamadryad Seamen's Hospital, Cardiff Docks.—Miss E. A. Roberts has been appointed Sister. She was trained at Bolton Infirmary and has been staff nurse at the Sailors' Hospital, Holyhead, for two years, and Night Sister at the Rhymey Cottage Hospital.

Red Cross Hospital, St. Moritz, Eccles.—Miss Boothroyd has been appointed Sister. She was trained at Rochdale Infirmary, and had subsequent experience at Leeds.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Harriett Buckley is appointed to Accington; Miss Emma E. Cox to Swanley; Miss Harriette Fowkes to Worthing; Miss Helen Nixon to Woodlands; Miss Emma A. Pasheld to East London (Stepney); Miss Elizabeth Powell to Gillingham; Miss Gertrude A. Weston to Bushey.

NATIONAL UNION OF TRAINED NURSES.

The following appointments have been made through the N.C.T.N. :—

Cyngfeld V.A. Hospital, Shrewsbury.—Miss K. Johnson (Sister-in-charge).

Midsoner Norton V.A. Hospital.—Mrs. H. Rogers (Matron).

American Hospital, Highgate.—Miss D. Yarborough (Sister).

Notfolk War Hospital.—Miss E. Roberts (Sister).

Tonleys Military Hospital.—Miss K. Davies (Sister).

THE PASSING BELL.

We regret to record the death, at the Birmingham No. 2 Military Hospital, of Miss Nora Dugan, second daughter of Mr. Matthew Dugan, Barmouth, Castlerock, who died, after a few days' illness, from pneumonia. She had only been three weeks in the hospital as a volunteer under the St. John Ambulance Association. The funeral took place at Coleraine and was largely attended, the members of the local branch of the V.A.D. attending in uniform.

NURSING ECHOES.

The Hon. Secretary of the Catholic Women's League Nurses' Guild wishes it to be understood that although the original scheme for a Nurses' Residential Club has not so far matured, the proposal has not been abandoned; it is merely in abeyance.

The first general meeting of the St. Bartholomew's Hospital Nurses' League, Rochester, is to be held at the hospital on St. Bartholomew's Day (August 24th), at 2.30. The meeting will be preceded by a short service in the hospital chapel. The Secretary of the College of Nursing will present a paper, and at four o'clock the meeting will resolve itself into a garden party. All former nurses of the hospital will be welcome.

Mr. Ernest A. Dench, of Brooklyn, N.Y., discusses in the *American Journal of Nursing* the effect of motion pictures on the insane. This is best summed up in the words of a famous asylum superintendent:—"It makes life comfortable, both for the afflicted and for those who have the care of them." Several institutions have proved the above statement by actual experience. In all cases comedy has had the most beneficial effect upon feeble-minded folks, who are apt to give way to brooding, so since their minds can be diverted to the merry side of life, much has been accomplished. Drama is not appreciated, for it seems too involved for the insane to understand; yet, on the other hand, educational subjects are followed with interest, and after the performance it is not unusual for patients to ask all sorts of questions pertaining to the same. The intelligence, however, has to be worked up on a gradual scale. First simple comedies are shown, the next step being the educational.

It is not long before the patients develop into motion picture enthusiasts. They anticipate the shows far in advance; watch the screen intently and applaud every picture. Not all patients are in the same condition; it has been found best to try the pictures with those least affected.

At the Central State Hospital of Lakeland, Ky., for instance, a motion picture entertainment is given in the large auditorium every Tuesday evening, when white patients constitute the audience. Coloured patients are regaled with a similar program each alternate Wednesday night. At the Eastern Oregon State Branch Hospital, performances are given twice weekly. The orchestra which accom-

panies the pictures is formed of hospital employees.

Mr. R. Scott Liddell, in his book "On the Russian Front," speaks most appreciatively of the work of the nursing sisters. By the kindness of the editor of *The Gentlewoman*, we are able to reproduce the charming picture of a Russian Sister of Charity gathering flowers for soldiers' graves, which is one of the illustrations in this book.

graduates, and afterwards find it difficult to get appointments. Dr. Masina was the first to initiate the proper nursing of patients in the Parsi wards of the Sir Jamssetjee Jeejeebhoy Hospital, and he has now projected a scheme for training Parsi women graduates as nurses, which will be put into execution if, to begin with, about half a dozen Parsi women graduates come forward to take advantage of the scheme. Dr. Masina thinks that if a few educated ladies will serve as nurses old prejudices will die out,



A RUSSIAN SISTER OF CHARITY GATHERING FLOWERS FOR SOLDIERS' GRAVES.

"When plague first broke out in Bombay," says the *Lancet*, "a number of Parsi ladies volunteered their services as nurses in Dr. Bahadurji's plague hospital. Their services were very useful and greatly appreciated at the time by the Parsi community, but since then nursing as a profession has not made any substantial advance in the community, because the recruits are not from the right class. While there is at present a distinct want of educated and trained Parsi nurses, a number of Parsi ladies turn their attention to becoming

and their success should give a great impetus to other women graduates to take up the profession. Dr. Masina lays great emphasis on the fact that the proper practice of the profession improves the moral tone of those outside the profession in the same way as, or even in a better way than, missionary work. To induce Parsi women of university education to learn nursing Dr. Masina has prepared a graduated scale of honorariums. After their full training exceptionally good nurses will be sent to Europe or America for higher training.

PROFESSIONAL REVIEW.

"NERVOUS DISORDERS OF WOMEN."

Concluded from page 120.

In this illuminating book, Dr. Hollander discusses the causes of nervous disorders in women, including Nervous Exhaustion, Loss of Mental Control, Headache, Neuralgia and other Pains, Insomnia, Nervous Dyspepsia, Nervous Disorders of the Heart, Circulation and Respiration, Loss of Muscular Control, Emotional Instability, &c.

The author states that "nervousness is the trouble of the age. Many men and women are never really ill, nor well either—that is to say, they are never ill enough to be confined to bed, and never well enough to enjoy either work or pleasure." They may not complain of their 'nerves' at all, nor do they always suspect that their nervous system is at fault; but they think that some particular organ is diseased, for which they seek treatment. Some suffer from dyspepsia without any recognisable disease of the stomach; some from cardiac trouble with an apparently sound heart; some from muscular weakness or spinal pain without suspecting their nervous system to be at fault; and others from altered secretions from organs apparently in a normal state.

There may be no local disturbances, but only general debility and depression—a state in which the patient can do nothing so well as formerly, and finds every little exertion a trouble. And often this is accompanied by a feeling of insecurity and self-distrust, the patient becoming nervous, easily agitated, over-sensitive, emotional and timid. The ills of these people are neither imaginary nor invented; and while they do not necessarily confine them to bed, they often prove the source of such serious disturbances as to make them very miserable. . . .

"Some women are pre-occupied with matters upon which no amount of taking thought can be of the slightest avail, and with regard to questions which are not deserving of the anxiety bestowed upon them. They are born 'worriers.' Their minds are engrossed with small points that irritate them, or filled with apprehension of what is about to go wrong. To those on the look out for something to trouble about, there is usually no dearth of material; yet, sometimes, it does seem to the onlooker that the subjects on which they seize betray by their far-fetched character the fact that life near at hand must be singularly free from real sorrow."

Dr. Hollander points out that "whereas the sufferings of man arise chiefly from exhaustion, those of the woman arise, above all, from restricted energies. Girls brought up for marriage only

have their nervous system upset by the uneasy time of waiting. They attend balls which disappoint them, go into company which bores them, take part in family intercourse which leaves them weary. If they remain spinsters the want of congenial occupation—sometimes loneliness, neglect, disappointment and anxiety as to the future—tend to produce an unhealthy state of mind which is a primary condition for the development of nervous disorders. Therefore sensible women look about them for something which can give their idle days a purpose, the emptiness of their existence a meaning. . . .

"Marriage frequently is an episode in the life of a man, but it is nearly always an epoch in that of a woman's, hence the problem of happiness or unhappiness of marriage is of much greater consequence to women than to men. Marriage is a lottery in which men stake their liberty and women their happiness."

The author says that "one of the commonest forms of nervous disorder is nervous exhaustion. The first sign is usually a 'tired' feeling without adequate cause. The least exertion, such as a short walk, produces an inordinate sense of fatigue and weariness, even in women who to all appearances are in good muscular condition. They can make strong single or brief exertions, but cannot continue to apply their forces. The weakness lies not in the muscles but in the nerve centres that control them, which are too readily exhausted. The nutrition of these nerve centres is defective, and the fatigue experienced is only a sign of it."

In the chapter on Headache and Neuralgia, Dr. Hollander also refers to "noises in the head," a most distressing complaint, and says that "In many cases these are due to variations in the quantity, quality and pressure of the blood, either in the ear itself or in the brain, such as are induced in adults by worry, excitement, fatigue, debility or indigestion. These noises are either ringing, whistling, hissing, cracking, pulsating, blowing, continuous or intermittent. All these sounds may be absent, and yet the subject may still be greatly annoyed by hearing the beat of the pulse in her ear when the head is on the pillow. Nothing more painful or harder to bear can be imagined than continual noises in the head. They are apt to depress the tone of the mind and of the whole nervous system of the unfortunate sufferer. The enjoyment of life is destroyed, the temper soured, and the power of work greatly reduced."

A very interesting chapter is that on "Insomnia." Dr. Hollander says that "Sleep is like a pigeon. It comes to you if you have not the appearance of looking for it, it flies away if you try to catch it. The patient must lose all fear of insomnia. . . . It is only when the mental vibration ceases that sleep comes of itself."

The book is full of wisdom and should find a place in all nurses' libraries. They cannot fail to be better nurses if they absorb its teaching.

*By Bernard Hollander, M.D. 3s. 6d. net. Keegan Paul, Trench, Trubner & Co., Ltd., Broadway House, 68-74, Carter Lane, E.C.4

SPHAGNUM MOSS.

Sphagnum Moss, which in the various Sphagnol Preparations supplied by Peat Products, Ltd., 18 and 10, Upper Thames Street, E.C., is being so successfully used for dressing wounds, sore feet, insect bites, &c., is greatly appreciated by the men at the Front, as the following letter from a private in the Worcester Regiment demonstrates:—

"I do not know how to thank you for the ointment; it was truly a godsend, for it has acted like a charm upon my feet, which have been so sore and blistered. I never knew ointment to give such relief to one's feet. After each day I rub my feet with it, and it stops that burning feeling. Thank you ever so much; I cannot express my thanks."

The campaign for the collection of sphagnum in the North of Scotland has now assumed enormous proportions, and is under the direction of Miss Ogston, daughter of Sir Alexander Ogston, of Aberdeen, the eminent surgeon.

BOOK OF THE WEEK.

"THE DIARY OF A NURSING SISTER AT THE WESTERN FRONT."*

If you are not desirous of having tears in your eyes and a big, big pain in your heart, if you are afraid of being alternately thrilled with pride and cast down in self contempt, we strongly advise you to have nothing to do with this book. It is a first-hand, simple record of the daily experience of what we judge to be one of the pick of the nursing profession in charge of an ever-changing convoy of wounded men on a hospital train. Such experiences! Such men! The chronicle gains much from the fact that it was not originally written for publication, but is in the form of a diary kept for the friends of the Sister at home. And it was published without alteration.

Its literary style is good, and the lady has evidently considerable talent in this direction. In the short daily entries an appealing bit of scenery, a humorous incident, the mingled pathos and laughter of Tommy, silent heroism, glorious fortitude are expressed vividly and convincingly. The book is full of priceless, deathless records of otherwise unrecorded valour.

And the Sister jots them down along with her own personal experiences, without any appeal to the gallery, without any strained sentiment, and just because of this it goes straight home.

We will simply quote briefly just a few of the entries.

"They were bleeding faster than we could cope with it; and the agony of getting them off the stretchers on to the top bunk is a thing to forget."

Speaking of wounded Indians she writes: "One compartment of four lying-down cases got rest all with the pain in their arms, and I found them all

sitting up rocking their arms and wailing. 'Aie Aie, Aie.' Poor pets."

"Seems funny, 400 people, of whom four are women and about sixty are sound, all whirling through France by a special train. Why? Because of the swelled head of the All Highest."

"By the time these men reach the Base these men are beyond complaining, each stage is a little less infernal than the one they have left; and instead of complaining they tell you how lovely it is."

Of the Sikhs, "Their great disadvantage is that they are alive with 'Jack Johnstons' (not the guns). They take off all their underclothes and throw them out of the windows, and we have to keep on supplying them with pyjamas and shirts. All the cushioned seats are now infected, and so are we. I love them dearly, but it's a big price to pay."

"A wounded officer told me he was giving out the mail in his trenches the night before last, and nearly every man had a letter or a parcel. Just as he had finished a shell came and killed both his sergeant and his corporal; if they hadn't had their heads out at that moment for the mail neither of them would have been killed. The officer could hardly get through the story for the tears in his eyes."

"Five muffers went on a little isolated station on the way here. When I said to the first boy, 'Have you got a muffer?' he thought I wanted one for some one on the train. 'Well, it's not a real muffer, it's my sleeping cap,' he said, beginning to pull it off his neck, 'but you're welcome to it if it's any use.' What do you think of that?"

"A man whose arm was smashed got as far as a man 'to tie his torn muscles up' and then started to crawl out dragging his arm after him. After some hours he came on one of his own officers wounded, who said, 'Good God, sonny, you'll be bleeding to death if we don't get you out of this; catch hold of me and the chaplain.' So 'e cuddled me and I cuddled the chaplain, and we got as far as the doctor."

"I have a boy of 22 with both legs off. He is dazed and white and wants sitting very often. Each time you fix him up he says 'That's Champron.'"

"My boy with the dressings on his head has not the slightest idea he has no eyes, and who's going to tell him?"

"Later, doing duty in a field ambulance. 'Can't face the graves to-day. I found a boy who brought his officer in from between the German line and ours on Sunday night, crying this morning over the still figure under a brown blanket on a stretcher.'"

"Nine officers have 'died of wounds' here since Sunday, and a tenth will not live to see daylight."

"One boy said suddenly when I was attending to his leg, 'Aren't you very foolish to be staying up here? Oh, sorry, I was dreaming you were in the front line of trenches bandaging people up.'"

* Messrs. Wm. Blackwood & Sons, London.

There is a great deal of the lighter side of her experience that we should like to quote if we had space, but for the sake of those who are unable to get the book we have given the foregoing incidents. For those who are so able we advise them not only to get this volume, but to keep it, not only as a record of the heroism of our dear brave men, but also of the women who, with such cheerful, devoted self-sacrifice, are midst cold, discomfort, weariness and "Jack Johnsons," ministering to them.

Don't miss reading it on any account.

H. H.

An American tribute has been paid to the memory of Rupert Brooke in the award for distinction in literature of the Howland Memorial of 1,500 dols. (£500). The announcement of the award is in these words:—"On an isle in the Aegean under olives by the sounding sea lies buried a young Englishman, poet and soldier, dead on his way to Gallipoli. To Rupert Brooke, the patriot poet, the Howland prize is this year given."

GALLIOLI.

The clang of war has ceased, and in its stead
Are the winged cries of birds, and stars that
sing,

And evermore the lone pine's murmuring
Uncomforted about the quiet dead—
The unmindful dead, who sleep forgetfully,

Heirs to the infinite spaces of the light,
The laughter and the music of the night,
And for their more content the eternal sea.

Only in dusks of spring when pale stars gleam,
And young winds creep about the silent hills,
Within the whispering earth one dreams a dream
Of English nights filled with the sound of rain,
And English woods ablow with daffodils,
And stirs and smiles and sighs and sleeps again.

K. M. Podson.
(*The Observer*.)

OUR PRIZE COMPETITIONS.

August 10th. Enumerate the signs and symptoms of acute tonsillitis. What disease may it resemble? How would you nurse such a case?

August 20th.—Give three instances of eruptive fevers. Describe the nursing care of one of them and state what precautions you would take to prevent infection.

[We regret that no competition papers were received this week, but, as the services of nurses are everywhere in such great demand, this is not surprising.]

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, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

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 BEAUTIFUL SOUVENIR.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—You have been so very kind to us so often, helping the Red Cross in its work, that I hesitate to trouble you again, but I wish particularly to draw your kind attention to the very beautiful souvenir which has been produced by the Red Cross through the kind services of Messrs. Raphael Tuck & Sons, of the late Lord Kitchener.

The whole of the proceeds are being divided between the British Red Cross Society and the Kitchener Memorial, and Messrs. Raphael Tuck & Sons are giving their valuable services without any profit to themselves.

If you could see your way to draw attention to it in your paper it will be aiding materially the funds of the sick and wounded.—Yours truly,

CHARLES RUSSELL,

Chairman of the

Headquarters Collection Committee.

British Red Cross Society,

The Order of St. John of Jerusalem in England,
Room No. 99. 83, Pall Mall, London, S.W.

CONSPICUOUS HEROISM.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—To "rejoice with those that do rejoice" is an easy command to fulfil, and I am sure nurses are always glad to learn of members of their profession receiving the award of the R.R.C. for deeds of heroism and distinguished service on behalf of the sick and wounded sailors and soldiers. But while I gladly rejoice with the recipients of this honour, I feel very disappointed and angry when I see those who have shown conspicuous heroism passed over. That this has been a great omission during this war there can be no doubt. When I saw the sweet face of Sister G. Metherell in the current issue of the JOURNAL and read of her heroism and beautiful selflessness on the occasion of the troopship *Marquette* being torpedoed last autumn, when New Zealand nurses on board called out "fighting men first," even after they were actually thrown into the water, and then looked in vain for R.R.C. after her name, I could hardly believe it. Who is to blame for this omission? And what has become of the others who were saved—equal heroines. Have they likewise been forgotten? It is time this matter was looked into.

BEATRICE KENT.

REPLIES TO CORRESPONDENTS.

M. F. J. (Wimbleton).—It is necessary before we can deal with your question that you should comply with our rule to send full name, not for publication, but as a guarantee of good faith.

The Midwife.

THE CAMPAIGN AGAINST INFANT MORTALITY.

DR. HALL'S SCHEME APPROVED.

That Plymouth does not mean to lag behind in the campaign against infantile mortality is shown in the following scheme drawn up by its Medical Officer of Health, Dr. Hall, and approved by the Sanitary Committee at a meeting held on Thursday, July 20th.

In 1915 the births were 2,258, deaths 281. The number of births was less by 304 than in 1914, and there were 48 fewer deaths. The principal causes of deaths were: Respiratory diseases, 129; premature births, 63; atrophy, 71; diarrhoea, 67. The large number of deaths from respiratory diseases demands special notice. They are for the most part due to eccentricities in clothing, and other causes over which the Sanitary Authority can exercise no control except through the medium of its health visitors. If these diseases are eliminated from the total number of deaths, the results of preventive measures employed can be more accurately gauged.

In the case of premature births it should be clearly understood that the deaths are due not to diseases attacking a healthy child, but to causes chiefly inherent in the mother. Here sanitary control is again limited. The employment of oxytocics is without doubt a dominant factor in the causation of prematurity. Atrophy and diarrhoea are usually associated with errors in food or diet, and it is here that our intervention can be of the greatest service.

The diarrhoea referred to is not diarrhoea in the ordinary sense, but a distinct type which is the most prominent manifestation of an epidemic disease belonging to the zymotic group. The large number of deaths in certain areas from this disease in 1914 called for special action on the part of the Sanitary Department. The results achieved (not a single death from diarrhoea in 1915) demonstrate the practical efficiency of the work done by the staff. The industrial employment of pregnant women does not affect the infantile death-rate to any great extent.

Overcrowding has been promptly dealt with. It should be noted that it is not so much the aggregation itself as such associated factors as poverty, intemperance, and bad hygiene that produces high mortality. The question of illegitimacy as likely to affect the death-rate has not been overlooked. Having briefly reviewed the causes, it remains to be stated what action has been taken and what further action is necessary to reduce infantile mortality.

A free dissemination of literature to combat the ignorance of many of the mothers by interesting and educating them in the laws of health and

hygiene and the successful rearing of infants. Under the Notification of Births Act cases have been visited by a fully trained nurse, advice given on clothing, feeding, &c. Three Health Visitors are already working in the town, and the Council have sanctioned the employment of two additional Health Visitors.

Recognising the unique opportunities of the midwives for investigating pre-natal conditions and for imparting knowledge to the mothers, their co-operation has been enlisted. Those lacking the knowledge have been instructed in the essential features of their work; the principles of hygiene of the home, pregnancy, &c. Supplementary to this measure, a course of lectures will be given at the Town Hall on ante-natal hygiene to expectant mothers, sanitary inspection. Removal of unwholesome conditions, printed leaflets on the dangers of the fly, the dangers of manure heaps, stable refuse, inspection of dairies, cowsheds, milk shops, bacteriological examination of all milk, discouraging the sale of milk in general shops, insisting on the covering of all milk in proper storage vessels are some of the things we have been doing. These are by no means our final efforts for dealing with this important subject. The scheme submitted by Dr. Hall and approved by the Committee is as follows:—

1. The supervision of midwives.
2. Visitation of infants and expectant mothers.
3. A consultation centre, accessible for those mothers and infants referred to it for advice and treatment by midwives and health visitors. The staff of such centre to consist of a medical officer (who would act also as assistant medical officer of health), the Corporation health visitors, all working under the direction of the Medical Officer of Health.
4. A post-natal clinic, having for its object the medical supervision of infants and young children, to be conducted by the same officers at the consultative centre, but on a separate day. Here also the mothers may receive hygienic and other advice concerning themselves and their children, and suitable cases might be granted codliver oil, dried milk, &c., and tickets given for hospital treatment.
5. Provision to be made for the treatment of complicated cases of labour, preferably in the existing hospitals and maternity homes.
6. Skilled attendance in home confinements by an arrangement between the local authority and these existing maternity training institutions.
7. A continuity of hygienic and medical supervision until the child reaches school age, when it is handed over to the Education Authority.

It is suggested that this continuity be preserved by making children below school age the subjects of home visitation and according them the advantages of the consultation centre.

THE ROYAL SANITARY INSTITUTE.

CENTRAL MIDWIVES BOARD.

EXAMINATION FOR MATERNITY AND CHILD WELFARE WORKERS.

The Local Government Board and the Board of Education have recently issued Memoranda on Infant Welfare Work; and at the present time, when there is particular importance attaching to the rearing of a healthy population, a great deal of attention is being devoted to the various methods and agencies by which this may be ensured.

For the effective carrying out and administration of the measures designed, there is a need for workers well trained and with a high standard of qualification. In order to assist local authorities in the selection of suitable workers, the Royal Sanitary Institute have established an examination in sequence with the present standard examination for Health Visitors and for Inspectors of Nuisances, but requiring a wider experience and a more developed knowledge of the subjects pertaining to child welfare, including ante-natal conditions and the laws and regulations relating to and the organisation necessary for such work.

The examination will be supplemental to the Health Visitors' examination, the certificate for which is one of the qualifications named in the General Order of the Local Government Board (1009), relating to the office of Health Visitor and School Nurse.

The first examinations will be held in London on December 8th and 9th, 1916.

SYLLABUS.

Candidates will be expected to show a high standard of knowledge and a wide experience in all subjects relating to Child Welfare and Home Management, particularly those stated below.

Ante-natal work and after-care of the mother and infant.

Hygiene of infancy and childhood; children's ailments.

Principles of infant feeding; infants' foods; dietaries.

Home visiting and the advice that the infant welfare worker should be qualified to give.

Domestic economics.

Organisation and management of infant welfare centres.

A general knowledge of the agencies and institutions dealing with child welfare and relief.

Duties of Superintendent of Midwives.

Acts and Regulations relating to infant care and the protection of children, and Official Regulations and Memoranda having reference to maternity and child welfare centres, and duties of Health Visitors and other workers. The Midwives Act and Rules of the C.M.B.

A thorough knowledge of the sanitation of the home and its surroundings will also be required.

For regulations and further information, apply to the Secretary, Royal Sanitary Institute, 90, Buckingham Palace Road, S.W.

A Special Meeting of the Central Midwives Board was held at Caxton Hall, Westminster, on Friday, August 11th, for the purpose of hearing the charges alleged against two certified midwives. Sir Francis Champneys presided.

The first case taken was that of Mrs. Ellenor Strange (No. 4882), a midwife working in the area of the London County Council. Mrs. Strange was present, and was defended by her solicitor, Dr. Mawroy, the inspector, and other representatives of the L.C.C. were also present. The charges were mainly in connection with neglecting to explain that medical help was necessary in cases of ophthalmia neonatorum. The charges were admitted in two of the cases, and denied, or withdrawn in others, but in one the baby was blind and in another practically so.

Mr. Matthews, who defended the midwife very ably, took up, in our view, an unfortunate line of defence when he addressed the Board on his client's behalf. The Board, he contended, had to deal with two sets of people, the first coming from an intelligent class, who were able to pass a stiff examination, and the second derived from a class whose experience and manipulation was good, but who would never be able to pass an examination. The first mentioned midwife would send for a doctor at once and place the responsibility upon him. The latter often had a conscientious feeling that, having been paid for a job, she must go through with it. That, he believed, was the motive actuating his client.

The Board decided to remove Mrs. Strange from the Roll, but the Chairman informed her that if the L.C.C. were persuaded later that she was thoroughly trustworthy she might apply to be reinstated.

The second case was a curious one. The charges against the midwife were (1) that she did not explain that medical help was needed in a case of serious hæmorrhage, and (2) that the patient, having died, she did not notify the Local Supervising Authority. The case against her broke down completely. It was proved that two medical men in succession were sent for when urgent symptoms arose, and that the second arrived within about thirty-five minutes of the call. The post-mortem disclosed a partially adherent placenta, and hæmorrhage behind it from the placental site. There was also a broken cord, which the midwife had tied at the end nearest the child and preserved for inspection.

It was alleged against the midwife that at the request of the mother she had taken the baby, which was crying, down into the kitchen to bath it, leaving the patient in charge of a relative. The chairman held that the rule of the Board did not require the midwife to remain in the patient's room.

The Board, after deliberating, found that no offence against the rules had been proved against the midwife, and the case was dismissed.

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EDITORIAL.

REST.

Rest is one of the oldest words within human cognizance. "In the beginning" in the early dawn of time, the race was enjoined to take rest, one day in every seven. Rest therefore is imposed by Nature, it is a human necessity. The need for it is clearly indicated in a hundred ways. Our physical limitations and needs are precisely the same now as they were "in the beginning." Whether it is an easy or a difficult matter to obtain the required rest, the stubborn fact remains, that in the weakness of our human nature, we require rest, over and above that which we take nightly in sleep.

Even for those workers who are not over-worked, there is still the necessity for "downing tools" at least once a year. The more important and valuable the work is, so much the greater is the necessity for a rest, for the sake of the work and for the sake of the worker. In this supreme hour of our Country's need, men have discovered the powers and intelligences of women! and have been glad and eager—as all discoverers are—to make the fullest use of the thing discovered, namely the manifold services so patriotically offered by women. Our Country must stand before every other consideration. It would not be fair to make any comparison between the patriotism and unselfishness of men and women who are working for her at the present time; all have worked, and are working nobly towards the one great end, and it is because of this fact, that the question of rest—used in its more comprehensive sense of holiday—has resolved itself into one of the many problems of the war.

Sir Douglas Haig, in the interests of the Country, demands that there shall be no general holiday while the war lasts. This applies principally, as we know, to muni-

tion workers. Their need for a holiday must of necessity be great, and we trust that employers realizing the vital necessity of preserving the health of their employees, will find some means of giving "days off" to the workers.

No war work, not excepting that in munition factories, is of more vital importance to the Nation than that of trained and experienced nurses, seeing that the war could not be prosecuted without their aid. For their own sakes, in the interests of the sick and wounded, it is wise that each nurse should, as opportunity offers, be given facilities for taking a holiday sufficient to recuperate herself, and to re-vitalise her flagging energies. The war is not over, and she will need all her strength for the task that still lies before her. No nurse worth her salt would wish to take her holiday in a time of exceptional pressure, but slack times occur in most hospitals.

The work of the civilian nurse is almost of necessity being eclipsed by that of her military sister, but, if less conspicuous, it is scarcely less arduous. In fact in some cases of private nursing it is rendered infinitely harder and more trying to the temper by the exacting and astonishing inconsiderateness of the patient or his friends. A case has recently been brought to our notice, in which a devoted and unselfish nurse, in sole charge of a chronic invalid, has not had seven consecutive days' holiday in six years! As she speaks of it, the tears, which she cannot control, well into her eyes and overflow, and she adds with unaccustomed fretfulness, "I am sick of it, I am worn out." The fact is painfully obvious. In another similar case, inexorable but patient Nature exacted payment in full, in the form of a severe breakdown.

Nature, common-sense, economy, aye, even patriotism, combine in requiring reasonable rest for the worker.

OUR PRIZE COMPETITION.

ENUMERATE THE SIGNS AND SYMPTOMS OF ACUTE TONSILLITIS. WHAT DISEASE MAY IT RESEMBLE? HOW WOULD YOU NURSE SUCH A CASE?

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, Gillespie Crescent, Edinburgh.

PRIZE PAPER.

Tonsillitis, as its name implies, indicates an acute inflammation of the tonsils, the two small masses of lymphoid tissue guarding the entrance to the back of the throat, and incidentally the alimentary and respiratory systems. It may occur in two forms, the diffuse and the follicular, the latter being considered distinctly infectious to those exposed to the breath of a person ill with it.

Acute tonsillitis is evidenced by the local signs and symptoms of a feeling of constriction and pain in the throat, the tonsils becoming red and enlarged; in the follicular form covered with little vesicles exuding a cheesy-looking mass; in the other form it may present a smooth shining appearance, the inflammation extending to the uvula, and causing great discomfort. The patient's breath is foul. The muscles of the sides of the neck have a feeling of stiffness, owing to the swelling of the glands in the proximity of the tonsils. Systemic symptoms are a high temperature (103° to 105°), violent headache, and a feeling of general prostration and aching in the limbs. The acute form of follicular tonsillitis, when the vesicles coalesce and form a coating over the tonsil, may resemble the false membrane characteristic of diphtheria. In severe cases the diagnosis can be only satisfactorily ascertained by the bacteriological examination of swabs taken from the throat. Two points of difference are usually noticed in contrasting the two diseases. In tonsillitis the exudate is not so dark in hue as the diphtheric membrane, and can be removed easily in comparison to that of diphtheria, which is exceedingly difficult, and leaves a raw, bleeding surface. The membrane in diphtheria also spreads very rapidly, while in tonsillitis the tonsillar swelling is most marked. Owing to the severity of the general systemic symptoms in comparison with the local form of inflammation in tonsillitis, one is often at first led to suppose the condition may be the initiatory stage of some specific disease, of which the throat condition may be only a symptom, and it is wise to be on the look-out for any progressive symptoms until diagnosis by a medical practitioner is assured.

The nursing treatment consists in isolating the patient in a warm, well-ventilated room,

where he should be kept at rest in bed until the symptoms subside. The bowels should be kept open and regular, and the diet fluid at first, owing to the pain and difficulty in swallowing. The mouth must be kept clean, and washed out with a simple gargle before and after taking food. Dr. Gee's mouth wash is one of the pleasantest, though Sanitas, Condy's Fluid, bi-carbonate of soda, or boracic lotion may be used, as is most suitable. The specific local treatment aims at arresting the process and relieving the pain. For this purpose painting the surface of the tonsil with an antiseptic and astringent is generally ordered. Sometimes pure guaiacol is applied during the first twenty-four hours, which, though causing great pain at the moment, is most effectual in its after effects. Mandl's paint is also commonly used, or tannin and glycerine may be used for some time after the onset. In an adult, douching the throat may also give relief, using an ordinary throat spray, the patient leaning forward, so that the fluid may run out of the mouth into the receiving basin. Swabs and linen rags used for cleansing the mouth should be burnt immediately. For depressing the tongue, a metal spatula is generally used which can be boiled and then placed in a tray of boric lotion to cool it before use. An electric torch is also useful to the physician while examining the throat, if one has not a head mirror. External applications may be given either hot or cold. For the former a "Priessnitz compress," *i.e.*, a piece of lint wrung out of boiling water and covered with protective, then bandaged round the neck, is often comforting. For the latter a small ice bag is often applied, the external treatment being as a rule kept up continuously for a few days. Salol or salicin is sometimes ordered in large doses. Other medicines usually given are potassium bi-carbonate or citrates, with plenty of water to flush out the kidneys, which are sometimes affected.

When the patient is subject to frequent attacks of tonsillitis, and the tonsils become chronically enlarged, their removal is often advised. Many children and young people have been greatly improved in health by this simple operation.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss F. Sheppard, Miss K. Kohler, Miss S. Simpson, Miss H. M. Springbett, Miss L. M. Moffitt, Miss J. Robinson.

QUESTION FOR NEXT WEEK.

Give three instances of eruptive fevers. Describe the nursing care of one of them, and state what precautions you would take to prevent the spread of infection.

THE VOICE AND ITS INFLUENCE.*

By WALTER B. SWIFT, M.D.,
Boston, Massachusetts.

The training of the nurse in the medical care of patients lies for the most part in methods and tasks that change from patient to patient, but I wish to present a few ideas that can be used in every case and at all times. I shall not attempt to present the old material of the nurse's training in novel garb, but to offer something new which can be employed on all occasions with equal profit and success.

In a splendid school for nurses which I have had the privilege of watching minutely for one year, there was never a word of instruction upon the important subject of the nurse's voice. The same is true of many other schools with which I have had a more distant connection; yet my subject is of great importance to the nurse, and has not been mentioned only because it has been unknown.

A brief review of brain physiology will be helpful as an introduction to my more immediate subject. In the middle of the left hemisphere of the brain, as you know, lies the important fissure of Rolando. The convolutions just in front of and behind this fissure are very important. The one in front is the motor area, where the cells regulating muscular motions are located. Behind the fissure of Rolando lies the sensory area, which registers sensations received from the body. Now, the motor region controls the larger motions, such as grasping, reaching, holding, but not the much more delicate and complex motions, like writing. These are controlled by nerve cells near the motor area, but outside it. This specialized function and control by a higher center is found also in the sensory area. Just back of the arm area in the sensory field is an area where the cells interpret sensations sent up to the great sensory arm area, guiding arm sensations over into conclusions, interpreting nerve sensations, acting as a seat of final judgment as to what things are. This function of recognizing external objects is called stereognosis. We know of the existence of these higher controlling centers because when they are destroyed these functions no longer exist. Destruction of the higher refined motor area causes loss of the writing faculty known as *agraphia*. This construction of higher centers for control and interpretation of lower centers is a favourite method with the architect of the

cortex. To give one more example out of many, visual sensations pass to a part of the cortex known as the cuneus and are registered there as gross sensations, but outside that area is a higher center which, when human beings are seen, classes them as acquaintances or strangers, or, when letters are seen, puts them together into words. Pathologic lesions may destroy these functions also, and lead to psychic blindness and word blindness.

We see, then, that it is the rule for sensations reaching the brain to branch out into correlated centers for interpretation, and for motor impulses passing from main centers to be guided by more refined, discriminating, and highly specialized parts.

With these higher interpreting centers in mind, let us turn to the voice, and see whether there is anything analogous in its perception and production. For our purpose, no centers need be named or located. If, in the mere outward expression of voice we find clear evidence of the control of higher, more discriminating centers, then we may safely conclude, upon the analogy with the action of the arm and eye centers, that corresponding anatomical divisions, ranging in size from a cell to nuclei and larger areas, do actually exist. If I can show that the voice is capable of making fine and delicate discrimination analogous to those of the hand in writing or of the eye in recognizing a friend, then I may safely assume that there is a higher center of voice control like those in the arm and eye areas. Wherever there is a function, there must be an organ to perform that function.

Let us consider first the voice as heard—that is, the sensory side. A neighbour says to me, "At nine o'clock this morning I saw Mrs. Jones enter her car with her dog. The dog went first and sat on the seat. Then Mrs. Jones followed, and the chauffeur took his seat and drove away." The whole meaning of these words is in their denotation. No more is meant than what the words themselves, in their simplest sense, convey. There is nothing suggested by them, nothing insinuated or connoted, nothing logically implied.

But let us take another case. A friend tells me about a patient who is known to exaggerate her symptoms. "Your patient is complaining severely," I reply; "I should worry." The connotation of these words of mine is the exact opposite of their denotation. Or suppose a man tells me he has accomplished a feat which seems to me impossible. I say to him, "Yes you did!" It is clear that my reply is only a politer way of saying, "You did not. I don't believe

* From *The American Journal of Nursing*.

you." The implication of the words is just the opposite of the sense which the words themselves convey.

Again, someone asks, "What makes the baby cry?" The answer comes, "She just slipped and fell." Here the obvious intent of the answer is to lead the listener to infer from the fact as stated that the baby cried because she fell, but the words do not say so. She may have been punished an instant before she fell. In this instance, the words play for an inference upon the mind of the hearer, and he passes through a logical process to the reason he asked for and did not receive.

From these three examples you see that the hearer may get the meaning of mere words or may get an idea opposite to the meaning of the words, or may be led to infer a fact from a statement. In other words, so far, the higher sensory centers that have been called into action to interpret these three cases have had to deal (a) with the ordinary meaning of words, (b) with a previously learned connotation of some set phrase, and (c) they have had to draw a logical inference.

But now, setting these matters aside, let us take up an entirely different set of cases, which are not to be explained by the simple understanding of mere words, by a familiar connotation superimposed, or by a logical inference. I say to my dog in a kindly voice, "Come here, poor puppy," and he comes. I say to him, "Get out of here" in a rough voice, and he departs at once. But if I keep the voices the same and transpose the words, the dog goes at the first order and comes at the latter. It is the sound of the voice and not the words to which he reacts.

"Yankee Doodle" is a light, lilting jingle, and is commonly recited in a joyous rollicking rhythm, and at a swift pace. But suppose that Yankee Doodle's mother had just died, and that he was coming to town solely to attend her funeral. If one recites a verse of the song with this interpretation in mind, the corners of the mouth are drawn down, the voice is low and mournful, one prolongs the vowel sounds, and dwells upon the broad, open sounds that are capable of producing a lugubrious effect. Or take the first ten lines spoken by the witches in "Macbeth." No two readers would recite these lines in just the same way, because each individual feels a different emotional content in them.

All these illustrations conclusively show that we habitually depend in our speaking upon an extremely delicate and complex capacity in our hearers for the higher interpretation of the

spoken word. In other words, the sensory side of voice perception is highly developed in all educated persons, and the greater the culture and refinement of the individual, the more delicate and discriminating this faculty is found to be. This is the sensory perception of vocal expression. It is hearing deeper than the mere words. It is becoming delicately sensitive to a high vocal content. In medical terms it is development of new cortical centers above the low and gross hearing center which can interpret from previous experience what the lower centers register. I feel an object in my hand. Then I say, "That is a nickel." The center of stereognosis has acted. I listen to words and say, "He is commanding." Those who cannot interpret the voice should not say, "There is no such center," but should modestly say, "In me it is yet undeveloped."

Those who hear mere words and react upon their meaning as such, or those who hear words and react upon connotations established by custom, or those who hear and act upon the logical implication of words and who sense no more in the voice, have the vocal interpretation center as yet undeveloped.

Thus much for the sensory side of voice and its interpretation. More details seem uncalled for. Clearly, it behoves you to pay some attention to the voices of your patients, to read their meaning, see their intent, sense the whole background of their voices. There are several steps to be taken in doing this. First, get the individual's vocal norm; then study usual variations under normal conditions; then look for his pathological vocal changes. Thus you will be ready to judge and interpret a voice in any mood.

The nurse should develop her powers along these two channels: first, she should train her ear and mind to catch the most delicate, half-hidden shades of meaning that words can be made to carry, in order that she may more quickly understand the needs and feeling of her patient; secondly, she should train her imagination and her voice to such a degree that she will be able instantly to place an intense content, a great weight of added meaning, upon the mere words that are uttered. The sympathy and understanding expressed in the tones of a finely modulated voice are more effective in gaining a patient's confidence than any mere words uttered in a careless tone can ever be. But it is only the trained voice, with the keen, alert brain back of it, that can accomplish this.

We advise our readers to follow Dr. Swift's advice, and to take trouble to cultivate their voices.

NURSING AND THE WAR.

We are informed that the War Office is appealing to civil hospitals to permit some of their probationers who have had a certain amount of training to take up service in military hospitals.

The appeal of the British Red Cross Society for Nurses for the military hospitals has resulted in several thousands of applications from women with various qualifications. Applications from trained nurses at 83, Pall Mall, S.W., and from women willing to work as V.A.D. nursing members, at Devonshire House, Piccadilly, W., are still welcome.

Miss Swift believes that there is still a *clientele* to be drawn upon in trained nurses who have retired or married, but who may be willing to serve in the present emergency.

Miss B. Atkinson, who came to England last August from Western Australia, to join the Q.A.I.M.N.R., is now returning by the hospital ship *Marathon*, accompanied by Sister Griffiths. She was recently awarded the Royal Red Cross, but was unable to receive it from the King on account of illness. Miss Becher, Matron-in-Chief, went to Netley to make the presentation; and amongst those present were Col. Reid, Major Russell, Major Bramby, the Rev. Mr. Bemford (chaplain at Netley), Miss Reid (matron at Netley), Miss St. Quinton (matron at Brockenhurst), Sisters Findlater, Moxon, R.R.C., Epton, R.R.C., Tyrrell, R.R.C., Brace and Griffiths.

Miss Mary C. Stewart, R.N., Matron of the Queen's Canadian Military Hospital, Beachborough Park, Shorncliffe—the country seat of the late Sir Arthur Markham, whose death is so much regretted—and recently elected a member of the Matrons' Council, graduated from the Toronto General Hospital, Toronto, Canada, and afterwards held the post of head nurse at the Pavilion, Genealogical Department, for a period of seven

months. She resigned to accept the superintendence of hospital and nurses at the Marian Sims Hospital, Chicago, Illinois, and held the latter position for ten years, at which time the Marian Sims Hospital affiliated with the Chicago Polytechnic Hospital and the Henroftin Memorial Hospital. Her position was then that of Superintendent of the Henroftin Memorial, and Superintendent of Nurses for the Henroftin Memorial and the Chicago Polytechnic. This latter position she resigned on August 4th, 1914, to take a much-needed vacation,

which was spent in Canada and California. She came to England in December last to accept the post of Matron at the Queen's Canadian Military Hospital.

Miss Stewart is a Charter member of the Illinois State Association of Graduate Nurses, and of the Illinois Nurses' Education League, and a permanent member of the American Nurses' Association, and of the National League of Nursing Education.

Mrs. Furse, the Commandant-in-Chief of the Voluntary Aid Detachments, who has just returned from a tour of inspection in France, writes in her report, published in the *Red Cross* :—

"V.A.D. members run the Nurses' Clubs in several places, and here again is real generosity. In one which we visited two members had been on duty solidly for a year or more. The Club is composed of huts set on a sand dune by the sea. The members sleep in tents pitched on the sand near the huts. This sounds ideal in weather such as we have had lately. But they faced it through last

winter, when storms were blowing off the Atlantic across the sand dunes. There is but little glamour and no apparent heroism, and certainly no advertisement in such work; but it competes nobly with the work of the members who are doing dressings.

"A little garden had been created in the sand. Nasturtiums, heliotrope and niggonette were growing round the club, to greet the tired nurses



MISS MARY C. STEWART, R.N.,
MEMBER MATRONS' COUNCIL.

from the hospitals. If ever anything would win the confidence of trained nurses in V.A.D. members, it is work like this—devotion to the sick and wounded shown in the kindly care of those who are faine to tend them.

"Forgive me for not having worked this up better. We have been very busy at Devonshire House lately, and we are all tired. We are also disappointed and discouraged, because we have 500 vacancies in military hospitals which we cannot fill. Had anyone told me two years, or even one year ago, that any English women would allow English wounded to remain neglected because they were reluctant to give up their time to waiting on them, I should have denied the possibility. Yet this is now the case. They tell me that in some places girls who are independent are still playing tennis by day and dancing in the evenings. If any V.A.D. members who read this know such women, I beg that they will send me their names and addresses, in order that I may appeal to them.

"No work is too menial, no sacrifice too great for the men who are giving all they have to give for the women of the Empire.

"Will any women fail to make the sacrifice when they are told of the necessity?"

"THE BED OF MY LADY NICOTINE."

Mrs. Soutar, Collector for "The Bed of My Lady Nicotine," in the Scottish Women's Hospital at Ajaccio, has sent to the Press the following letter containing an account of its occupant sent by Mr. J. Simpson, Orderly.

"A very interesting case lies here—an old man of 55—not old in reality, but I call him old, because he looks much older than his years; he has gone through such terrible times. His name is Zexeme Bexevitch, and he sits cross-legged on his bed smoking cigarettes like a Turk. He likes to be questioned about his past life, and it has, indeed, been an eventful one.

"He was a Serbian Comitadjii—a sort of brigand—and in 1904, when Serbia and Turkey were at war, he was taken prisoner, and remained a captive in Turkey three long years, during which time he was subjected to horrible tortures. His teeth were extracted one by one, his arms bound behind his back, he was beaten, and he was burnt with hot irons, all this to make him tell the Turks the hiding place of the Comitadjis; but in vain, for nothing they could do would make him betray his comrades. He speaks five languages—Serbian, Greek, Armenian, Albanian and Hebrew—and when well enough he hopes to go to Salonika, and act as an interpreter to General Sarail.

"Before the present war he was employed in Macedonia as a Serbian propagandist, and he received a pension from the Serbian Government. His great grandtather and the present King of Serbia's grandtather (George Karavitch) were employed together as waggons. When war broke out he left his home and walked to Salonika, a long way for a broken-down man. It took him three days, and then he came to Ajaccio with the refugees."

JOINT WAR COMMITTEE.

HOME HOSPITALS.

Under the auspices of the Red Cross Society and Order of St. John of Jerusalem in England, the following Nurses have been deputed to service in Home Hospitals:—

Holborn Red Cross Hosp., Holyhead.—Miss Hannah J. Williams.

Thorney Hill Aux. Hosp., Brauns Grove, Hants.—Miss Gwendoline Daly.

The Hatchlands, E. Clanton, Guildford.—Miss Katherine Wilkinson.

Brabyn's Aux. Mil. Hosp., Maple Ridge, Cheshire.—Miss Edith J. Macgregor, Miss K. O'Keefe.

Red Cross Hosp., Hale End, near Woolford, Essex.—Miss Louisa J. Paine.

Northwood F.A.D. Hosp., Middlesex.—Mrs. N. M. Jennings, Miss Katherine Farrington.

Homestead Hosp., Lynton, Hants.—Miss Lydia Lauphler.

Red Cross Hosp., Tewkesbury.—Miss Charlotte Becton.

F.A.D. Hosp., Strool, Kent.—Miss Mary Green, Miss M. Gordon.

Cungfeld F.A.D. Hosp., Kingsland, Shrewsbury.—Miss Minnie T. Wordsworth.

Red Cross Hosp., Nelly Abbey, Nelly.—Miss Violet M. Kirby.

Chivley Park Hosp., N. Market.—Miss E. E. Skimmer.

F.A.D. Hosp., Urmston, Blackwater Road, Eastbourne.—Miss Amelia Murray.

Red Cross Hosp., Wincanton, Somerset.—Miss E. K. Good.

F.A.D. University Hosp., 23, Banbury Road, Oxford.—Miss A. E. Andrews.

Amphill Park, Amphill, Beds.—Miss Clara Moore, Miss M. Coward.

Maesteg Cottage Hosp., Bridgend, Glam.—Miss E. M. Jones.

Aux. Mil. Hosp., Burage Lane, Levenshulme, Lanes.—Mrs. A. Murray, Miss E. Heald.

Bowood Red Cross Hosp., Cadre, Wilts.—Miss Hilda Stewart, Miss Besie G. Read, Miss B. C. Grant.

F.A.D. Hosp., Weymouth.—Miss Eleanor Slane. *Cliff House Hosp., Caversham, Reading.*—Miss C. L. Travis.

No. 5 Temp. Hosp., Exeter.—Mrs. D. Unwin. *Tappington Grange, Red Cross Hosp., Wadhurst, Sussex.*—Mrs. T. Brothie.

Red Cross Hosp., Wymonham.—Miss Olive Attridge.

Gifford House, Rochampton.—Mrs. A. L. Pywell. *Holnest Hosp., Sherborne, Dorset.*—Miss S. A. Prickett.

West Hall F.A.D. Hosp., Tunbridge Wells.—Mrs. E. France.

F.A.D. Hosp., Woodside, Dardington.—Miss Annie Bridges.

Coombe Lodge Hosp., Great Warley, Essex.—Miss Susan F. Hassis.

- Aux. Military Hosp., Nethercote, Ramsgate* — Miss Lillian Humphreys.
- Regent's Park Hosp., Southampton.* Miss T. Nora O'Brian.
- Laverstoke House Hosp., Whitechurch, Hants.* — Mrs. Clara Elwell.
- The Michie Hosp., 184, Queen's Gate.* — Miss L. M. Hudson, Miss E. M. Sheard.
- V.A.D. Hosp., Northchurch, Berkhamstead.* — Miss Alice T. Gibson.
- to, The Avenue, Broudesbury.* Mrs. May P. Brown.
- The Infirmary Hosp., Ashington, Northumberland.* — Miss E. G. Hobbs.
- The Highlands Hosp., Shothoath, Farnham.* — Miss Lucy Wilson.
- St. Chad's Red Cross Hospital, Grange Road, Cambridge.* Miss E. Harrison.
- Brooklands, Weybridge.* Miss B. Grant.
- Duchess of Somerset's Hosp., Westminster.* — Miss F. F. S. M. Wiggins.
- V.A.D. Hosp., Spalding Hall, Hendon.* — Miss M. Meadby.
- V.A.D. Hosp., Horbling, Lanes.* — Miss M. P. G. Brough.
- Aux. Mil. Hosp., Brook House, Levenshulme.* — Mrs. C. Buglass.
- Seely Red Cross Hosp., Gatecombe House, Isle of Wight.* — Miss R. Ferguson.
- Old Mansion House, Cardiff.* Miss F. K. Ferrest.
- V.A.D. Hosp., Abbotstead, Rock Ferry.* Miss W. Flintham.
- The Wardell Mil. Hosp., Stanmore, Middlesex.* — Mrs. Ann Gill.
- Theydon Towers Hosp., Theydon Bois, Epping.* — Miss M. C. M. Delahere.
- Waterley Abbey Mil. Hosp., Farnham, Surrey.* — Miss Winifred Woods-Mansey.
- Etal Manor V.A.D. Hosp., Cornhill-on-Tweed.* — Miss S. A. Wiggin.
- Aux. War Hosp., Goodlands, Southgate.* — Miss A. Wood.
- The Tower Aux. Hosp., Rainhill, Lanes.* — Miss B. M. Gray.
- V.A.D. Hosp., Mere, Wills.* — Miss G. G. Dean.
- Red Cross Hosp., Hawkestone, Farnham, Hants.* — Miss E. Blake-Foster.
- V.A.D. Hosp., Moor Green, Moseley.* — Miss A. C. Reid.
- Cawston Manor Red Cross Hosp., near Norwich.* — Mrs. Anna Conalty.
- V.A.D. Hosp., Mayfield, Woodston.* — Miss Carter, Miss E. M. Seabrooke.
- St. Matthews Hall, Williston.* — Miss E. Garland.
- Aux. Mil. Hosp., Clitheroe, Lanes.* — Mrs. Clara Elwell.
- Fairlawn Aux. Hosp., Honor Oak Road, Forest Hill.* — Miss Anne E. A. Hunt.
- Mil. Hosp., Marstham.* — Miss R. Brennan.
- Mill Don Hosp., South Shields.* — Miss K. Wright.
- Harborne Hall Aux. Hosp., Birmingham.* — Miss O. T. J. Langhorn, Mrs. Bond.
- Hospital for Facial Injuries, 78, Brook Street, W.* — Miss A. Aspley, Mrs. M. R. Wilenau.
- V.A.D. Hosp., Cirencester.* — Miss E. M. Brown.
- Milton Hill Saction Hosp., Stevenage.* — Miss E. M. Waight.
- Hendon House Hosp., Crookham.* — Mrs. C. M. Fisher.
- Red Cross Hospital, St. Anne's.* — Miss T. Daly.
- Red Cross Hospital, Harlow.* — Mrs. B. Moberley.
- Coylathene Park Hosp., Foully, S. Wales.* — Miss D. Davies.
- Voluntary Hosp., Rust Hall, Cambridge Walls.* — Miss E. Helmore.
- Abarday and Merthyr V.A.D. Hosp.* — Miss C. Geoghegan.
- Hevon Court Aux. Hosp., Christchurch.* — Miss L. M. Hughes.
- Old Mansion House, Cardiff.* — Miss M. E. Crocker.
- Clayton V.A.D. Hosp., Wakefield.* — Miss M. Leed.
- Dunsdale Hosp., Westham.* — Miss E. Charters.
- Red Cross Hosp., Harlow.* — Miss M. E. Suckling.
- Red Cross Hosp., Chalmersford.* — Miss C. C. Trounce.
- The Chalet, Hoylelake, Cheshire.* — Miss M. B. D. Matheson.
- Hackney Red Cross Hosp., Stormont House, Clapton, N.E.* — Miss M. M. Toddie.
- Hook Bank Hosp., Chester.* — Miss Kelly.
- St. John Aux. Hosp., Porthcawl, S. Wales.* — Miss D. Gear.
- Arnol Hall, Daybrook, Notts.* — Mrs. Nellie Barton.
- Red Cross Hosp., West Ham House, Basingstoke.* — Miss A. Williams.
- Bulford Manor, Bulford, Salisbury.* — Miss A. M. Hore.
- Kings Weston, Bristol.* — Mrs. E. M. Egerton.
- to, Bruton Street, Hosp. for Officers.* — Mrs. A. L. S. Lovell.
- Red Cross Hosp., Studley Court, Stourbridge.* — Miss E. C. Randall.
- Aux. Mil. Hosp., Isleworth.* — Miss E. Gladys Williams.

ABROAD.

- Port Said Government Hosp.* — Miss N. Cromie, Miss A. A. Grennan.
- Lady Murray's Hosp., Fyfeport No. 10, France.* — Miss M. H. Wilson, Miss M. Heady.
- Boulogne Head Quarters.* — Miss C. Burd.

HOSPITAL DEFECTS IN MESOPOTAMIA.

In a letter home, quoted in *The Times*, an officer with the troops in Mesopotamia writes:—

June 25th, 1916.

"The accommodation here for getting sick men to hospital is shockingly bad; in fact hopeless. The field ambulances are acting as hospitals, looking after 500 patients instead of a maximum of 120, and for a period of from a week to three weeks instead of a few days. The field ambulance has lost one-third of its staff through sickness now, because they won't send up transports with proper personnel. The patients suffer agonies in an uncomfortable tent instead of being looked after properly in a hospital. It makes us fairly boil with righteous indignation."

CARE OF THE WOUNDED.

The Queen, on Monday last, visited the Military Hospital at Edmonton, where over 1,000 wounded are at present being cared for, when 500 of the patients formed a guard of honour. It will be remembered that we recently published a description of this fine hospital, which is the new Poor Law Infirmary at Edmonton, which the War Office took over and adapted. The Matron of the Infirmary, Miss Dowbiggin, who is a member of the Military Nursing Service Reserve, remained on as Matron. Her Majesty, who remained two hours in the Hospital, and was keenly interested in all that she saw, before leaving thanked the Edmonton Guardians for placing the institution at the disposal of the War Office.

A number of London journalists have had the opportunity of visiting some of the military hospitals in the Metropolitan area, and have been shown by Lieutenant-Colonel Woodwork, the Assistant Deputy Director of Medical Services, some of the work which is being done for the sick and wounded. Nothing could demonstrate more clearly the indispensability of modern surgery and nursing in the prosecution of a great war. The toll taken at the present time in life and health is sad enough, without the aid and healing that they bring the holocaust would be indescribable. Amongst the show cases was one of the repair of a nerve, four inches of which had been destroyed. A surgeon, finding this condition telephoned to other hospitals and learnt that an amputation was to take place that afternoon in one of them. He arranged that the limb should be put in a saline bath and brought to him forthwith in a taxi cab. Placing his own patient under an anæsthetic he dissected out of the amputated limb the required four inches of nerve and grafted it into the severed nerve of the patient with the best result.

The removal of a piece of shrapnel embedded in the muscle of the heart was another triumph of modern surgery demonstrated. The patient is now making a good recovery.

The Special Committee of the Balmiological section of the Royal Society of Medicine appointed to consider the treatment of disabled soldiers by physical remedies have drawn up a statement on the question, in the course of which they say:—

The reduction of crippling from wounds is a matter of national concern. Nothing which can be effected to lessen the permanent damage which wounded men have to face should be left undone while it can be efficacious. Public attention should therefore be drawn to a system of "combined physical treatment," for which remarkable success has been claimed, yet which hitherto has been given no adequate trial in this country. Capital injuries such as loss of limbs, do not, of course, come within its scope.

What is actually a combination of different forms of physical treatment has been in use for nearly eighteen months at the Grand Palais in Paris. This familiar building has been converted for this purpose into a *hôpital complémentaire* under the military government of Paris. It has now become a very large centre or clinic for the out-patient treatment of wounded men by means of physical remedies. Several similar institutions, following the same methods, have been set up in and around Paris, whilst in the provinces at least seven fully-equipped and four more or less complete establishments have been opened for the use of soldiers.

The object of this physical treatment of the wounded is threefold, and may be thus stated. In the first place it hastens the return of the wounded to their units at the front. Secondly, it effects an economy to the State by reducing the disabilities for which pensions and gratuities are granted. Lastly, it minimises the impairment of civil industry after the war occasioned by the numbers of seriously and permanently crippled men.

The elements of this combined and systematic treatment are some of them familiar, whilst some are but little known in this country. It must be clearly understood that it is a system, and depends for its success on the completeness and regularity with which it is carried out and under expert supervision. Six essential departments are enumerated by Dr. Camus, the Director of the "Corps de Rééducation Physique" at the Grand Palais. They are as follows:—

Preparation by heat in some shape or form, moist or dry, but especially by moving water, as in the *Eau Courante* Bath.

A thorough course of manipulation and massage.

Mechanical treatment by means of apparatus.

Electrical applications.

Re-education of the affected muscles by special exercises and training.

And lastly, a system of careful mensuration of the defect in each case. This is carried out before the commencement of treatment, at weekly intervals throughout the treatment, and at its termination. The results are therefore checked not by personal impressions, but by recording and measuring apparatus designed for the purpose.

The Wounded Allies Relief Committee, of Sardinia House, Kingsway, has presented to the Russian Red Cross Society a second fleet of motor ambulances, and the presentation was made to the Grand Duke Michael of Russia at Whitehall Court, on Tuesday, the 8th inst. Representing the Committee were the Right Hon. Lord Swaythling (Chairman) and Lady Swaythling, Sir Lindsey Smith (Hon. Secretary), and M. Paul May. The ceremony was rendered specially interesting by the presence of eight Russian soldiers, escaped prisoners from Germany, who acted as a guard of honour; and, at the suggestion of the Grand Duke, took a short drive in one of the gift ambulances.

As the disabled Belgian soldiers who have been under the care of the W.A.R.C., at the Home for Disabled Belgian Soldiers, 45, Courthold Gardens, Kensington, are now able to support themselves, through the help of the Committee in providing them with artificial limbs and in training them in various industries, this particular Home has been closed; and the furniture, bedding, &c., are about to be presented by the Committee to the Italian Red Cross, for the benefit of a new "Home of Rest for Sick and Wounded Italian Soldiers."

The Duchess of Devonshire, at Buxton, on Friday in last week, performed the opening ceremony of a great new Canadian hospital in the presence of many notable Canadians, including Major-General Sir Sam Hughes. Colonel Hod-

clera in Damascus and about one hundred and fifty from spotted typhus and other diseases. The province of Galilee and the summer health resorts in the Lebanon are also infected by plague.

It is reported that the typhus epidemic in Asia Minor everywhere gains new impetus, and a great number of the Turkish Army doctors have succumbed to it. Many of the civilian prisoners, mostly British, have contracted the disease, and at least twelve Englishmen have been ill with it, but recovered.

SPOTTED TYPHUS BACILLUS.

The Russian newspapers give great prominence (says the *Globe*) to a communication from the chief



V.A.D. NURSING ORDERLIES AT THE WELSH HOSPITAL, NETLEY.

gets, Commissioner of the Canadian Red Cross, presided.

At No. 34 (the Welsh) General Hospital at Netley no male nursing orderlies are employed. The illustration which, by the courtesy of Mr. Cyrus J. Evans, the Hon. Secretary, we are able to publish, shows the V.A.D. Women Nursing Orderlies approaching the hospital with a patient. On arrival they remove the stretcher from the wheels and carry the patient in.

Plague is reported to be increasing in Syria. There have been over a hundred deaths from

of the Russian Red Cross on the Western front, Count Benjensen, stating that Professor Nedigajeff and the Russian woman Doctor Burowa have discovered the bacillus of spotted typhus.

Spotted typhus is a malignant form of typhus found in Eastern Europe, but only occasionally in the United Kingdom, notably in Lancashire and Ireland. The claim to have discovered the virus of spotted typhus has been made several times since the outbreak of war, and research is actually being conducted in London with material brought back from Serbia. The Petrograd announcement is one of considerable medical interest, but should be received with caution.

THE KING'S MESSAGE.

In the General Order issued by the King to the Officers, N.C.O.'s and Men at the close of his recent visit to his Army in France His Majesty said:—

"I have realised not only the splendid work which has been done in immediate touch with the enemy—in the air, under ground as well as on the ground—but also the vast organisations behind the fighting line, honourable alike to the genius of the initiators and to the heart and hand of the workers. Everywhere there is proof that all men and women, are playing their part, and I rejoice to think their noble efforts are being heartily seconded by all classes at home. . . .

"I return home more than ever proud of you.

"May God guide you to victory."

NURSING UNDER THE AMERICAN RED CROSS.

In reply to enquiries on up-to-date organisation of the American Red Cross, we have received the following information from Miss Jane A. Delano, the Chairman of the National Committee:—

"Our nursing service was organised seven years ago, and was based upon the affiliation of the American Nurses' Association with the American Red Cross. A National Committee was appointed, representing both organisations. They were made responsible for the appointment of State Committees on Red Cross Nursing Service from nominations submitted by the State Nurses' Association. The State Committees on Red Cross Nursing Service are responsible for the appointment of as many local committees as may be necessary in each State to take charge of the enrolment of Red Cross nurses; the local committees in turn are nominated by the local organisations or organisations of nurses representing the majority in the locality. In this way we place the responsibility directly upon the nurses' organisations. The local committees are responsible for securing the necessary credentials for applications and for all investigation relative to the standing of the nurse, and forward their applications to Red Cross Headquarters with recommendation regarding their appointment. The papers are finally reviewed in my office, and if approved by me, appointment cards and badges are sent to the individual nurses and their names are kept on file both with the local committee and at Red Cross Headquarters. Red Cross nurses are expected to hold themselves in readiness for service in time of war and may volunteer in local disasters or for service in relief stations established by the Red Cross Chapters in connection with celebrations, parades, or at other times where conditions make these relief stations desirable.

The local committee is responsible for calling out nurses, but is not allowed to do so except with authority of the National Committee.

"We are now developing base hospital units for service in the event of war, grouping these units around our large hospitals and training schools, such as Johns Hopkins Hospital, Baltimore, Massachusetts General Hospital, Boston, the Presbyterian Hospital and Bellevue Hospital, New York City, and many others in various sections of the country. In most instances the Superintendent of the Training School, or her assistant, is the chief nurse of the unit, and selects from among her own graduates a well-balanced personnel of 50 nurses, with a reserve of 15. All must, of course, be enrolled in the usual way. They will take charge of base hospital units as established, while the nurses selected through our local committees would go direct to the military hospitals and serve under the direction of the chief nurses of the Army and Navy Nurse Corps.

"Realising that, in the event of war, it would be absolutely impossible to control a volunteer service of women without some definite organisation, I suggested several months ago that the service of lay women be placed under the nursing service of the Red Cross, and that to each base hospital unit organised we should definitely assign twenty-five lay women who would be called upon for service in the event of war. It seemed far better to me to have this personnel placed under the chief nurse, making her responsible for the women selected, their instruction and their supervision if called upon for service, than to wait until an emergency arose and then be unable to control the situation. The chief nurse of each hospital unit has been left entirely free in the selection of the lay personnel, except for the supervision from this office. We have arranged not only for their theoretical instruction, but, if the chief nurse desires, they may be taken into the wards of the hospital for a period not to exceed three hours a day, six days in a week, for one month, and work under the direction of a nurse connected with the unit. From the very beginning this gives them the benefit of working under the direction of the nurses, and should we be so unfortunate as to find it necessary to call out our base hospital units, we shall be in a position to state definitely to the thousands who will volunteer for service that our selections have already been made and that we have a long waiting list as each chief nurse is requested to carry a reserve of twenty-five lay women whom she has selected in addition to the twenty-five assigned to the unit. I believe that this will prove a practical and satisfactory arrangement, but we can judge better after it has been tried out.

"I am sure that you will agree with me that nothing presents greater difficulties than the control of volunteers in time of war, and I shall be very glad of your opinion in regard to the plan which we have worked out. I have watched with much interest and sympathy the situation in England."

APPOINTMENTS.

MATRON.

St. Dunstan's Hostel for Blinded Soldiers, Regent's Park.—Miss Hughes has been appointed Matron. She was trained at University College Hospital, where she was afterwards Sister. In 1914 went out to France as Matron of a Red Cross Hospital, and last year was appointed Matron of the Red Cross Hospital for Officers, in Portland Place.

Beckett Hospital, Barnsley. Miss Annie Louisa Burkhill has been appointed Matron. She was trained at the Royal Infirmary, Manchester, and has been Assistant Matron of the Infectious Diseases Hospital, Manchester, and Matron of the Beverley Dispensary, East Yorkshire.

Eastry Sanatorium, near Skipton.—Miss S. E. Hutton has been appointed Matron. She was trained at the Children's Hospital and the Royal Infirmary, Edinburgh. She has had experience of district nursing in both Edinburgh and Hull, and has been Matron of the Howden and the Kirkburton Isolation Hospitals.

NURSE MATRON.

Cricklade and Wootton Bassett Isolation Hospital.—Miss Mary E. Arnott has been appointed Nurse-Matron. She was trained at the Mopsall Fever Hospital, Manchester, and the Leeds Maternity Hospital, and has been Charge Nurse at the Ruchill Fever Hospital, and amongst other appointments has held the position of Health Visitor at Normanton, Yorkshire. She has had experience of private nursing and is a certified midwife.

SISTER-IN-CHARGE.

Stirnesdale Sanatorium, Oldham.—Miss Eleanor May Harding has been appointed Sister-in-Charge. She was trained at the St. Marylebone Infirmary, and has held the position of Assistant Matron at the High Carley Sanatorium, Ulverston.

HOME SISTER

Ecclesall Bierlow Union, Miss Edith Anne Walker has been appointed Home Sister. She was trained at the Bagthorpe Infirmary, Nottingham, where she has held the position of Sister.

NIGHT SISTER.

Darlington Hospital, Darlington, Miss Richardson has been appointed Night Sister. She was trained at the Chelmsford Hospital, and has been Staff Nurse at the Stockton and Thornaby Hospital, Night Charge Nurse at the Victoria Hospital, Manchester, Sister at the Cumberland Infirmary, Carlisle, and Night Sister at the General Hospital, Merthyr.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Kate Bell is appointed to Headington; Miss Sarah A. Stack to Tunbridge Wells; Miss Edith M. L. Watkins to Bath, Miss Elizabeth Whitton to Darlington.

FEVER NURSES' ASSOCIATION.

EXAMINATION.

At a meeting of the Executive and Education Committees held on July 31st, it was decided to hold the next written examination for the Association's certificate on Wednesday, October 11th.

The question was raised as to whether candidates who had entered for the examination and were unable to sit should have their fees returned. After discussion it was resolved that in such cases the fee should not be returnable, but that the candidates might sit for a future examination without further fee.

IN AID OF STATE REGISTRATION.

"A Bart's Nurse" writes from China enclosing a donation of £1 18 to the Society for State Registration of Trained Nurses, and says, "A friend sends me the JOURNAL regularly, and though so far away I follow with great interest the fight you are making at home for all that is best in the profession. In China one soon learns what it means to have a thorough training, and one can never be grateful enough for the years of so-called drudgery spent in work at home."

A donation of 5s. from Miss Purvis, Middlesbrough, is also gratefully acknowledged.

DON'T BOTHER.

Grateful patient to nurse. *—He* Let me tell you all that my heart contains.

She: "Don't bother; I know." Two auricles, two ventricles and a few valves.

—*Gazette of Third London General Hospital.*

OVERHEARD IN THE WARD.

A visitor asked a patient where he had been wounded. "A piece of shrapnel went through my chest," replied the man. "Is that all?" asked the old lady, in surprise. "So your legs are all right and still you lie in bed!"

—*First Eastern General Hospital Gazette.*

THE CROIX CIVIQUE.

The King of the Belgians has conferred the Croix Civique, which is given for acts of conspicuous courage and devotion to humanity, on Miss Kate Parmenter, Miss Mary Vizard, Miss Clara Williamson, and Miss Meta Stack, hospital nurses, who, since the commencement of the war, have served the sick and wounded devotedly.

IN MEMORY OF NURSE M.F.A.

Lance Corporal Cyril H. Matthews contributes to *The Gazette* of the Third London General Hospital the following lines in memory of a member of the Nursing Staff.

Hers the sweetest of sweet faces,

Hers the tenderest eyes of all;

In her hair she had the graces

Of a heavenly coronal.

Bringing sunshine to sad places

Where the sunshine could not fall.

NURSING ECHOES.

On Tuesday, Miss Haughton, Matron of Guy's Hospital, visited Leicester, and spoke, on the invitation of Miss Vincent, Matron of the Royal Infirmary, on the College of Nursing and the Nurses' Registration Bill which it is promoting. Colonel Bond presided at the meeting, which took place in the Lecture Room of the Nurses' Home, and urged the necessity for nurses to set their house in order now, so that after the war there might not be a state of disintegration, and the position of nurses worse than it is at the present time.

Miss Haughton said that the College of Nursing, Ltd., was not first thought of in connection with State Registration, but as a voluntary movement for the registration of trained nurses; but it was found that registration apart from the State was practically useless, and its first object now was to obtain State Registration for Nurses, and a Bill had been drafted with this object.

The College was very largely an educational movement, therefore they wanted the governors of hospitals to take an interest in it, because the education of probationers lay mainly in their hands. The Council of the College wanted nurses to register themselves voluntarily now. If they registered now they would pay the fee of £1 1s. for always. The College had made the rule that two-thirds of the Council under the Bill must be trained nurses. The Hon. Arthur Stanley had much political power, and could get the nurses' Bill through if only the nurses would support him.

It was quite clear that the fee of one guinea would not cover expenses, but all big educational bodies were endowed, and they were going to ask the public to endow the College. They would need at the least £100,000. There was still money in England, and Mr. Stanley thought it ought to be forthcoming.

At the annual meeting of the Grantham Victoria Nursing Association, when the Vicar (Canon W. I. Carr Smith) presided, the Committee reported that the work of the Victoria Nurses had gone steadily on during the past year, and their services had been greatly appreciated. Their senior nurse, Miss Footner, left them in December, to take up military work in Plymouth, but the Association was fortunate in securing Miss Scott, who came to Grantham with the highest credentials, and she was ably assisted by Miss Dorothy Forder. The districts had been inspected twice since their last annual meeting, and both times excellent reports were sent in.

A discussion took place as to the position of the nurses in regard to cases to which a doctor had not been summoned.

The Rev. H. E. Stancliffe asked whether or not a doctor had to be in attendance at a case before they could have one of the Association's nurses?—The Chairman said that a doctor should be in charge. Miss Hardwick said every patient must be under the care of a qualified medical practitioner. She understood the senior nurse that if she was asked to visit a case, and no doctor was in attendance, she suggested to the patient that a doctor should see the case. It was no part of a nurse's business to diagnose. The Rev. H. E. Stancliffe said there was another nurse at work in the town. The idea was she should nurse those people who had not got a doctor. He rather wanted to know what the position was. The Chairman said he thought they had always felt it was not fair to the nurses to make them responsible for a case. It was neither fair to the nurse nor the patient. People were careless often about having a doctor, even in some cases which were serious, and in the interests of nurse and patient it was desirable that a doctor should see every case.

Mr. Williamson inquired whether in an urgent case with which a nurse was acquainted, she was justified in saying she would not attend unless a doctor had been? Dr. Poole-Berry replied in the negative. She would go, but would not undertake continual treatment of the case. Mr. Williamson instanced a case where a nurse was called upon, and she said she could not possibly go unless a doctor was in attendance. It was urgent, and the old lady died. Miss Hardwick said she should like those sort of things authenticated, otherwise it was difficult to get to the bottom of matters. Sometimes they had a great deal of hearsay, and when it was inquired into there was found to be no ground for it. She did not doubt Mr. Williamson's word, but people spoke so inaccurately, and they put interpretations upon things which were not intended. The Executive Committee held their meetings once a month, and they were quite glad to investigate anything of that kind, and have it put right. If Mr. Williamson knew of that case, it would have been a kindness if he could have sent it in and let them investigate it.

We quite agree with this point of view.

Honour to whom honour is due. Recognition of good work is sweet, and the Matron and staff of the Stockton and Thornaby Hospital must have appreciated the generous recognition

of their good work by Sir Frank Brown, J.P., the President, at the annual meeting. Sir Frank Brown said it reflected great credit upon the Matron and her staff that in spite of the high cost of provisions, &c., and the increase in the number of patients, the general expenditure of the hospital had not been much greater than it was; considering all the circumstances the staff must have been kept working at a very high pressure.

Ten district nursing associations were represented at a recent meeting of the Merioneth County Nursing Association, when the President, Lady Williams, occupied the chair, and the Hon. Secretary, Mr. D. White Phillips, explained that the principal business of the meeting was to consider the combined scheme of health visiting under the Notification of Births Act and the establishing of infant welfare centres within the county.

The County Council had adopted the scheme, and it had been approved by the Local Government Board. By this scheme the district nurses were to act as part-time health visitors and superintendents at infant welfare centres where established. One whole-time health visitor was about to be appointed by the County Council to act as county superintendent and to do health visiting in the few remote districts not now served by district nurses. The remuneration of the part-time health visitors was fixed at 6d. per visit in urban districts, and 1s. per visit for rural districts. The estimated total payable in the district associations would amount to £150. The second part of the scheme was the setting up of infant welfare centres in the county. Centres were set up at Blaenau Ffestiniog (now in operation), Bala, Barmouth, Corwen, Dolgelly, Penrhynchdaraeth, and Towyn. For the first year the whole portion of the expenses falling on the County Council would be borne by Mr. and Mrs. Joseph Davies, of Dinas Powis. The district nurses would receive £5 for their services as superintendents at infant welfare centres. The combined scheme of health visiting and infant welfare centre would be managed by a central committee of twenty-one members, seven to be nominated by the County Public Health Committee, seven by the Education Committee, and seven by the County Nursing Association.

Miss A. W. Goodrich, R.N., writes concerning "The New Patriotism" in *The Modern Hospital*:—

"Militarist or pacifist, whichever we may be, on one thing we shall be agreed to-day—namely, that physical fitness is a prerequisite for efficient citizenship, through whatever avenue the citizen may render his service.

Furthermore, to the citizens of a democracy, or indeed to any intelligent person, the system no longer commends itself that concentrates its health efforts on a selected group whose ultimate end is to be sacrificed in the full bloom of a physically perfected manhood on the altar of the country, and neglects the great industrial army on which the country's prosperity, even its life, depends in times of peace, and not less in times of war.

"It is not strange, therefore, to find growing up side by side with the medical and nursing corps of the United States Army the corps of a nation-wide and now generally nation-supported health movement, whose increasingly comprehensive scope of work would indicate that its ultimate purpose was to provide through all possible means that every citizen should render to the country the most efficient service, extending over the greatest number of years, and with that joy of life and labour that is the priceless treasure of the physically fit. The economic soundness of this health movement, amply proved by the result of its various activities—milk stations, school medical inspection, social service departments in dispensaries and hospitals, &c.—has aroused the interest and enlisted the co-operation of many industrial corporations, and every year sees an increasing number of physicians and nurses installed in industrial plants.

"To those sitting in the watch towers of the nursing profession the ever-increasing demands for nurses in the industrial field—themselves the working body in the new industry of health making—seem to bring closer and closer the realization of their most cherished dreams—the day when each child projected into the universe finds himself the citizen of a true democracy, a State whose paternalism is committed to the fullest protection and the development to its highest capacity of every human life, regardless of social and financial status; where the privileged class is the mentally and physically handicapped, and where the aristocracy is formed from the labourers who have rendered the most conspicuous public service.

"Again, the watchers are concerned to note that not yet does the number of nurse teachers needed begin to meet the demand; not yet does any appreciable number of schools give an adequate preparation for this field; that as sanitarians, hygienists, and workers equipped to cope with the psychological and sociological aspects of its problems, the products of training schools are conspicuously weak when they should be conspicuously strong. An aseptic conscience may be a prerequisite for a nurse, but not an aseptic mind.

"The heavy hand of tradition still holds us

in its clutches; we are still looking backward. To-day in our greatest city an epidemic is demanding in the neighbourhood of twenty potential industrial workers' lives daily, and is crippling, possibly for life, those of its victims that escape death. It is said that about 150 nurses and many physicians are needed. Over 200 nurses are waiting, pledged for from six months to two years, for a service that may be required of them through a possible war, or, more possible, epidemics likely to arise from a protracted residence on the Mexican border while awaiting the war. The inconsistent mountains have yet to be levelled, but those most keen to observe this, finding no way to encompass it, still obediently climb. Let us hope that the twenty-first volume of the march of civilization will record that the next generation caused some of its ranges to be removed."

THE HOSPITAL WORLD.

THE FRENCH HOSPITAL, SHAFESBURY AVENUE, W.C.

It is natural in these days of close friendship between the French and British nations that one's thoughts should turn to the French Hospital, which, for so many years, has been carrying on a good work in Soho, in charge of the Sisters of the Sacred Heart.

The hospital, which has a fine entrance hall, is quite up to date in its arrangements and equipment; the corridors are lined with white and green tiles, with most pleasing and eminently hygienic effect.

On a recent visit, when I had the pleasure of seeing the Sister Superior, she told me that the Sisters who nurse the hospital are trained at Versailles before they come to this country. The hospital, which contains some seventy beds, is not a training school, but is nursed entirely by the Sisters, who also have charge of the linen and the kitchen.

The wards for both men and women are very cheerful, and one notices in the women's ward the rods on which pretty washing curtains are suspended, which can be readily drawn at will, thus obviating any necessity for the use of screens. In this ward was the French wife of an English husband. "You are English now," said the Sister; but the woman smiled, shook her head, and demurred. She evidently did not see why because she changed her name she should change her nationality, and she was French through and through.

In the top wards the patients are at present not French, but clothed in the familiar blue hospital suit of the English soldier, for thirty beds

have been put at the disposal of the War Office by the hospital authorities, and very content do these patients seem with their quarters. One thing, says the Sister Superior, they never do. They never speak about the battlefields of France. They are eager for the daily papers, to see what is going on; otherwise they seem to wish to blot out of their memories the things they have seen and endured.

There is a fine operating theatre, and an X-ray apparatus has been installed in the hospital, which is proving of great use for localizing bullets, pieces of shrapnel, and other foreign bodies. The medical staff of the hospital is English, but its members speak French.

Good feeding, as nurses increasingly realize, is an integral part of good nursing. If, as Napoleon said, an army fights on its stomach, the good recovery of the soldier when *hors de combat* depends largely on the nutritious and appetizing dietary he receives. A visit to the kitchen of the French Hospital will convince the observer that nutritious and appetizing diet is given its rightful place as a remedial agency of the first importance.

On the occasion of my visit we found a Sister, in white overall and veil, at work by the stove. She was boiling the milk supply, and if evidence of her skill were needed, it was to be observed in the omelette which her deft fingers had just concocted. It lay on its plate, an example of all that an omelette should be. Of exactly the right creamy consistency, it was of a pale golden colour, light as a feather, and daintily attractive. One noticed also the cauldrons for making bouillon, and the huge coffee-pots, which would never be seen in an English hospital kitchen, for the valid reason that the patients in such a hospital do not see coffee from the time they are admitted to the time they are discharged.

In the French Hospital the English patients all have coffee for breakfast, and, I was informed, appreciate it, and have taken it into favour. It has more substance than tea, and there is more subsequent sense of well-being when breakfast includes coffee than when urn tea and bread-and-butter form the meal.

We realize that both British and French have much to learn from one another, and as, after the war, there will surely be a further strengthening of the ties which have bound us, let us hope that Madame Economy will take us into her confidence, and tell us how she manages to provide nutritious and appetizing food on a sum on which an English cook would declare it to be impossible to manage.

MEMORIES AND MUSINGS.

*Long, long be my heart with such memories filled,
Like the ease in which roses have once been distilled,
You may break, you may shatter the vase if you will,
But the scent of the roses will hang round it still.*

—E. MOORE.

Who does not enjoy the cultivation of the roses of memory? They always bring solace and pleasure. "The Pleasures of Memory" was written by the banker poet, Samuel Rogers. He wrote many other things, but upon this his fame rests. The inference we draw is that we do like to brood over pleasurable memories and feed the mind upon them, rather than those of sadness and sorrow. Our minds are tuned to a minor key just now. The multiplicity of horrors and sadnesses of this unprecedented war oppress and depress us. We are in danger of becoming morbid. But there are roses of memories even of this war. Sublime courage, quiet discipline, self-sacrifice, and unquenchable cheerfulness are the most conspicuous elements of it; some of the most fragrant roses. To draw our thoughts—or if they won't come easily, *drag them forcibly*—sometimes from the other side, seems to be a positive duty that we owe, not alone to ourselves, but to those among whom we live. When I let my fancies free I frequently bridge over the Atlantic Ocean of space in a moment of time. I transport myself to San Francisco where the great Nursing Convention was held last year under the auspices of the American Nurses' Association. I hear again the able speeches delivered, and the excellent papers read by some of the most distinguished members of the profession. Their professional enthusiasm, their professional idealism thrills me. It is a real thing; it has brought some of them from the extreme East to the extreme West of that great Continent, nearly 4,000 miles! Between six and seven hundred of them from all parts of the States. Just a few foreigners there are who listen, admire, learn. A large number of them are free women. They have the Parliamentary vote which gives them a voice in the Councils of the State. Very many of them bear the dignified title of "Registered Nurse." The profession of nursing has legal status, and its members are free to govern their own profession in their own way, under an authority appointed by the State. They have votes for nurses—the professional franchise—as well as votes for women—the Parliamentary franchise. This means opportunity, of which they are making very good use for the advancement of their country and their profession. Do we envy them? We are members with them of a great spiritual Alliance, namely, the International Council of Nurses, in which envy would be a foreign body. When one member, or many members, rejoice, all the members rejoice with them. That is the spirit of Internationalism. We therefore rejoice with them, and we aspire towards that same state of dignity and freedom.

From the Session Halls my aural body is transported to the houses of some of the kind friends we met there in my companion and I. Now to the crypt of the Cathedral, where Dean Gresham of San Francisco conducts a service of the Guild of St. Barnabas; now to the beautiful reception in the Trinity Hall, where we meet and speak with many kind friends. To the model hospital of St. Luke's. And now we are driving through the Golden Gate Park, with the founndress, in her own motor-car. The next minute I have traversed some 3,000 miles over the world's greatest highway, the famous C.P.R. (Canadian Pacific Railway). I am in the beautiful city of Toronto, with its 52 parks, its 3 Cathedrals, its 80 public schools, its magnificent General Hospital, its very fine Children's Hospital, and its 245 churches. Here I met again a friend of former years, a pioneer in the Canadian field of nursing, one to whom the profession is greatly indebted. "The pleasures of memory" next take me to the city of Mount Royal—Montreal. I greet another friend, the busy editor of *The Canadian Nurse*, one full of professional enthusiasm. In another minute I am in New York city. Now a guest in the famous Massachusetts General Hospital, Boston. Back again in New York, staying in the well-known and famous Presbyterian Hospital.

I must arrest the flight of my thoughts for a moment in order to introduce the reader to one who has done much for the advance of the Profession in the States—another pioneer. She shuns publicity, and cordially dislikes what she calls "hot air," by which she means she dislikes to hear her well-deserved praises sung. I respect her too much to displease her, so I will say briefly that the nurses of the States feel themselves greatly indebted to Miss Anna Maxwell, Superintendent of Nurses of this hospital. She has worked indefatigably as a pioneer and organiser for about forty years. It goes without saying that the training here is excellent. She is of opinion that the value of visiting nursing (district nursing) is so great that it should form part of the curriculum of hospital training. In pursuance, therefore, of this idea she has established a Visiting Nursing Department within the hospital, presided over by a trained District Nurse, who gives a six weeks' course of instruction in theory and practice to every nurse. The principle is that knowledge of the conditions of poverty should be acquired by all nurses. I believe Miss Maxwell is the originator of the scheme, which seems excellent. This does not, I believe, constitute full district training.

In imagination I am living again the pleasant time I spent as her guest. She tells us one day—or implies—that it is our duty to see the East River Homes, so one morning, suiting the action to the word, she sends for a taxi, and we are driven there, all three of us, Miss Maxwell, Miss Hulme and myself. We were indeed glad to do our duty. This magnificent group of apartment buildings was founded by Mrs. W. K. Vanderbilt, senior, the purpose being to provide suitable house accommodation for those of the poorer classes

suffering from or threatened with slight tuberculosis. The hygienic living conditions are such as could only be obtained in an establishment built for the purpose. There are four of these buildings grouped near to one another, and they overlook the East River, hence the name. The management is in the hands of a board of trustees. The scheme is philanthropic and non-commercial. The income received over and above the outgoing expenses is used in the interests of the public in combating the disease. All the staircases are exterior, which makes each apartment—or, as we should say, flat—a unit. The maximum of sun and air is the principle upon which they are built. Glass louvres protect the open staircase from rain and snow.

Electric lighting, heating by a modern hot-water plant and hot-water for domestic purposes are all included in the moderate rent. The roof is built for and serves many purposes. The entire roof space is given up to gardens, play-grounds—covered and uncovered—school rooms and loggias, which are free to all. The architect is to be congratulated for having so well succeeded in providing for the health, comfort and pleasure of the most fortunate tenants. Mrs. Vanderbilt's excellent example might well be followed by many other millionaires in many lands. Miss Maxwell is in some way connected with the management of these magnificent buildings, the like of which I have never seen. It is perfect; the altruism of it is beautiful; the need for it is great. It is a life-saving institution. These are "pleasures of memory"—the distilled roses in the vase.

The scene in my mental vision now changes. I am back again in my poor bleeding country, where lives are not being saved but lost in thousands on the battlefields of sea and land. I thrill at the news of the great naval battle of Jutland—a battle that was a great victory. While our hearts ache over the loss of so many of our bravest and best, they yet throb with pride at the splendour of their self-sacrifice and invincible courage. The price is great, very great, but England is being re-born by the great sacrifice by which a man lays down his life for his friends. Let me terminate my musings by quoting the words of a great optimist—Harold Begbie—which I most sincerely and gratefully endorse: "In the midst of this War there is a spirit at work which will change the whole world. I care not how the War may end. Love does not lie bleeding; never in man's history has love been more glad and enthusiastic. It has risen from the domestic hearth, spread its wings beyond the borders of nationalism, and now hangs in the universal air with blessing and mercy for all mankind. Russia, France, Italy, Great Britain, Belgium, Serbia, India, Japan, Canada, Australia and South Africa, are now nearer to each other than ever they have been in the past; and the spirit which has drawn these many nations into a single brotherhood is the only spirit which can give us real and lasting victory."

BEATRICE KENT.

LEGAL MATTERS.

Under the heading "Red Cross Nurse's Folly" the *South Wales Weekly News* reports that at Kingston-on-Thames on Saturday, August 12th, Margaret Stanger (24), a Red Cross nurse, living at Station Road, Claygate, pleaded guilty to stealing from Mascotte, Imber Park Road, Thames Ditton, a gold, pearl and diamond ring and a blue silk dress, value £7, the property of Mrs. Minnie Frederica Beebe, by whom she had been employed.

Accused, a good looking young woman, appeared in the dock "wearing the uniform of a Red Cross nurse."

Mr. A. H. Beebe, husband of prosecutrix, said that accused entered his wife's service on July 24th and left on July 20th to take up other work on her own accord. After accused had gone the articles were missed. He had no desire to press the charge.

Detective Cooke stated that as the result of inquiries he went to a house at Outlands Park, near Walton-on-Thames, where accused was engaged. She admitted the charge of stealing a dress and ring from "Mascotte," and handed them to him.

The accused pleaded guilty, and in a voice broken with tears said, "I am very sorry to say I am guilty. I don't know why I took them. It was very wrong of me, and I promise never to touch anything again that does not belong to me."

In reply to the Bench, Warrant Officer Richardson said that in 1909 accused and her sister were before the Court for stealing a push-cart and they were then discharged with a caution.

Accused: "I was very young then, and we did it for a lark."

Detective Cooke informed the Bench that accused had been acting as a Red Cross nurse at a local hospital for about a year, but just recently she had been helping ladies while their servants were away on their holidays. Until her arrest accused was with a lady at Outlands Park, who he believed, would take her back into her service.

Accused was bound over for 12 months in the sum of £10 and placed on probation.

WOMEN SHOULD BE REPRESENTED.

The National Council for Combating Venereal Diseases intends to hold in all counties and county boroughs, under the auspices of the county authorities or mayor, a series of conferences to discuss the inauguration of local schemes for dealing with the diagnosis and treatment of venereal diseases. The various committees of the British Medical Association consider it of the utmost importance that in these conferences the medical profession shall be well represented. We consider (says *The Shield*) in addition that it is of the utmost importance women shall be adequately represented on all local or national committees which have to deal with this matter. In the manifesto which the Association for Moral and Social Hygiene sent to the Local Government Board and other officials we laid stress on this point, as these diseases so profoundly affect the rights and interests of women.

BOOK OF THE WEEK.

"BARNACLES."

The quaint style in which this book is written will make it very attractive to many readers. We are reminded of the fantastic writing of Borrow in "Lavengro;" that it is written with a powerful pen is self-evident. We suppose that it must delight many who have the instinct for good literature.

"Benjamin had a complexion studded with little fiery nobs, and from the days of his first trousers was nicknamed 'Barnacles.' He was now very tall, loose knitted and had a gawky air, and went with a stoop. But his eyes behind the spectacles which he wore were blue as the spaces on a red sunset sky."

At an early age he conceived a passion for the violin. He had need of the pound sterling to buy a better fiddle. Wherefore we find this ardent musician attached to one of his father's sheep by a rope, and both about to take the road from the battered gate to the market at Paisley. "Come, come my sheep, I think we have the whole wide world to cross. Foolish sheep! Do hurry. To-day the fiddle, or never. If I fail I will bury my heart in this farm."

Having disposed of the sheep and bought his fiddle, Barnacles had to reckon with his father, and it ended with his being cast adrift in the wide world.

After a while he took refuge with Skelly, the fish hawker, and wee Kitchener, and the old man, his father, Hector, an ancient mariner. The pathetic character of the half-childish old man is one of the most appealing in the book. Two desires he has—one, his old-age pension, and the other a reefer coat with brass buttons.

The old man turned and looked at Barnacles.

"Are ye a scholar?" he quavered.

"I've been at the University."

The old man rose, his body trembling with both age and excitement.

"May be," he quavered, "Ye could win for me my auld-age pension. I'm over seventy," he sighed deeply: "the log's rummin' out fast; ninety degrees West is the Port. Let go the anchor, Mate, ninety West an' the sun goes down."

His proud old spirit longed to be independent of his son's food and shelter, although Skelly was devoted to him.

He looked over his shoulder with the air of a hunted animal.

"I'm no wastin' the fire when I'm sittin' at it. It wad be burnin' onywy." The rain broke and crashed on the window. The old man, almost doubled, made a dart at his son. "It's a wild day, Skelly; I don't think I'll bide at the close mooth the night."

"If ye daur," answered Skelly, shaking a hammer at him. "I'll put the hems on ye."

"Did ye hear thou?" he whispered. "I'll no bide at the close the night; he'll put the hems

on me if I dae; is he no a gud son? I'll just sit down at the fire-en. The coal wad be burnin' onywy."

The burial of the "wee wean," an illegitimate child, is described with powerful and tender appeal.

"You behold Skelly cursing Parochialism and offering his herring box. He will wash it and paint it and lay it fit for a baby in the offertory of the chancel of death."

The girl wheeled from the bed like a tigress.

"Is my bonnie wee wean to be buried in a herra' box? Nancy Fish had a white coffin for her ane. She sobbed and lifted her haggard eyes to the cob-webbed windows as if the patch of visible sky were hung with white coffins."

The terrible threat of the girl, "I'm gawn whaur I'll get the price of a white coffin," drives Skelly and Barnacles to resort to many devices till the price of a white coffin is achieved and deposited in a common grave where already a big black coffin lay.

"It's better so, Skelly. The white coffin is in the arms of a big one. Perhaps a childless woman lies there, and in the Great Day, when she wakens up, she will gather the wee wait to her breast."

The whole of this chapter is a gem.

Wee Kitchener's talks with Barnacles are very charming.

"Are the blue eggs no awfu' bonnie. Wull they be blue birds?"

"No, black."

"Oo't 6' blue eggs?"

There are passages that set this book far apart from mediocrity. H. H.

VERSE.

"And many strokes, though with a little axe,
Hew down and fell the hardest timbered oak."

Henry VI.

WORD FOR THE WEEK.

"The moment you begin a general enfranchisement on the lines of State service, you are brought face to face with another most formidable proposition. What are you to do with the women?"

"... It is true they cannot fight in the gross, material sense, with guns and rifles, but they are doing work that men performed before, they are serving the State, and are aiding in the prosecution of the War in the most effective way possible. And what is more, they say when the War comes to an end, when these abundant and to a large extent transitory conditions cease to be, when the process of industrial reconstruction is to be set on foot, they will have special claims to a voice in the many questions which will arise directly affecting their interests, and possibly meaning to them large displacements of labour."

"I say to the House quite candidly, as a life-long opponent of woman suffrage, I cannot deny that claim."—*The Right Honble. H. H. Asquith.*

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 BILL OF THE COLLEGE OF NURSING, LTD.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—The draft of the Bill promoted by the Council of the College of Nursing, Ltd., to provide for the Registration of Nurses is interesting reading. In many particulars it well safeguard our interest. It cannot, however, claim our confidence till we learn the status, if not the individuality, of the forty-five persons who are to compose its first Council. The constitution of this body is of vital import, for the first Council will have to frame the rules which will subsequently govern our actions, and on it the initial working of the Act will depend. I feel it is our right to be informed of the authorities who will nominate each one of these forty-five persons even if—for possibly some wise purpose—their names are withheld.

Yours faithfully,

ELLEN B. KINGSFORD.

Fallow Corner, North Finchley, N.

A SMALL HOPPING BEG, CRUMPLY ENVELOPES AND V.C.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—But first I must thank you from the very bottom of my heart for the most generous and wonderful way in which you have helped us out of the difficulties we were in when I wrote last.

Last time I wrote—I was frightened—but I don't really believe in being frightened.

No words can say what the people here have been.

It made one want to cry—when one saw some of the crumply envelopes with "one day's wages" in them—which kept pouring in on the 1st of July, and in all they collected £250. No bazaar no whist drives—no anything, just giving one day's wage—or by the help of friends what they would like to be one day's wage!

We had great fun over my stipend—it had to "go in" of course—and the people and especially the children are absolutely delightful over the "Poor Vicar who has no money."

I think the hopping really is worth while in spite of the big things!

I am quite sure it will be worth while—many times over—when the big things are done with.

We shall have glorious workers then—so many of our best are "out there" learning—and we shall, have I feel sure many splendid new ones when it is all over.

Just the other day one came back—he spent half-an-hour talking of hopping plans for "after we have finished the Huns" and then just mentioned that he had "been to see the King" that morning—and it dawned on me that we had forgotten all about his V.C. He is a brave and splendid priest—and what a time we shall have when we have him hopping and many others—besides sisters, matrons, &c., who are in the thick of it out there.

I want to keep things going for them though we have little money and are only taking workers who can pay for themselves—and just The Hospital. It would be a crime to drop that—we had nearly 1,000 out-patients last year and I do not know what the hoppers would do without it—so I want you to help the hopping a bit if you can.

I have as I told you had to part with my White House—Right hand—

But I have put his offices into commission of some of the Lords—

It really was a great delight when it dawned upon me—that I had enough old Whiteousers in regular work and trustworthy to carry on the House of Lords themselves—in the hopes of some day starting the House of Commons again.—

With the ££ which was left by a White House soldier, who fell at the Front, they are making a baking machine to bake clothes—which will be a great comfort.

In spite of bad times we are out of debt!! and with people paying for all sorts of things themselves and with most rigorous economies—things are better! and again one resolves never to lose heart and never to be beaten—

Anyhow it is with that in my heart that I send you a hopping beg—which asks for something for hopping—and everything that you can rightly spare—to help dear old S. Augustine's.

For indeed I think they are doing bravely.

Believe me,

Very, very gratefully, and not done yet,

RICHARD WILSON.

S. Augustine's Clergy House,
Settles Street, Stepney.

OUR PRIZE COMPETITIONS.

August 26th.—Give three instances of eruptive fevers. Describe the nursing care of one of them and state what precautions you would take to prevent the spread of infection.

September 2nd.—In what diseases have you seen marked delirium? How would you endeavour to quiet and obtain sleep for such cases?

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, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

The Midwife.

THE SCOTTISH MIDWIVES BOARD.

MISS ISABELLA LEWIS SCRIMGEOUR.

It is with pleasure that we publish the accompanying portrait of Miss I. L. Scrimgeour, who is, with Miss A. H. Turnbull, a member of the Central Midwives' Board for Scotland.

Miss Scrimgeour was trained at the Royal Infirmary, Edinburgh, and afterwards was engaged in sanatorium work under Sir William Philip in a private hospital in Edinburgh, on leaving which did locum work as Matron of Leith Hospital. She then received Midwifery Training at Queen Charlotte's Hospital, London, and gained the certificate of the Central Midwives' Board and subsequently had a year's experience of District work in the Cannongate of Edinburgh, before her appointment to the position she now holds of Matron of the Cottage Nurses' Training Home, South Avenue, Merryland Street, Govan, Glasgow. During the thirteen years Miss Scrimgeour has been at Govan the Home has been enlarged three times, and the maternity cases number on an average 800 yearly, about 30 nurses being resident in the Home at a time.

There is a Maternity Ward where special cases in the district can be admitted if necessary. The pupils receive a year's training, unless previously trained, and all enter for the examination of the Central Midwives' Board, and have general training in the Elder Cottage Hospital, Govan, which works in connection with our Home.

THERE AND HERE.

We have come to recognise that the initials G. N. S. and standing for Miss Gladys N. Salisbury, at present one of the two women workers in the diocese of Northern Rhodesia under the U.M.C.A., are attached to articles always worth reading. The following most interesting one, which we have slightly abbreviated, appears in the current issue of *Central Africa*:—

February 18th, 1915, 8.30 a.m. In the garden of the Mothers' Home in East London the few

trees were already covered with a multitude of tiny buds, green spikes were shooting up here and there in the brown earth, and the dear, dirty little city sparrows—judging by their chattering—seemed full of joy at the passing of winter. On this spring morning, a nurse set out from the Mothers' Home, carrying her small hospital bag well under her cloak, lest the street arabs, spying it, should cover her with confusion, with their shouts of "Sy, Lidy—got a biby for our 'ouse?"

There were only four mothers and babies to be visited this morning; but the distance to be covered was great, each little home being well away from the other, and two of the patients living in Wapping. So the nurse sped along as well

as she could, for even at that early hour, East London streets are full. Over the bridge into Wapping she went, and then, quite suddenly, she stopped, for from somewhere came the music of children's voices. A policeman was standing on the kerb, evidently listening too, and noticing the nurse's bewilderment, he smiled and remarked, "Sounds well for Wapping, don't it, Lidy? There's no need to look into the river, or at the dock-wall to see where the music's a-coming from. If you have never heard tell of S. Peter's, London Docks, and the children, it's time you did.

Just step along to that hole-in-the-wall business, and I promise you, you will see a sight." The nurse did as she was bid, and very soon found herself at a door, where stood a little

belated child, in a very clean pinafore, with a small newspaper parcel pressed tightly against her chest; it did not need much imagination to be quite sure that cherished parcel contained food of some sort.

As the nurse pushed open the heavy door, quite too heavy for the wee child to move, she saw the sight promised to her by the policeman, and a wonderful sight it was. A big church, almost full of children, rows and rows of girls of all ages on the left, as many boys on the right, and at the altar an old priest celebrating the Eucharist.

Fascinated, the nurse crept into the last seat, as the children sang a hymn. Clear and sweet rang the little voices:—

I worship Thee, Lord Jesu, and kneeling unto Thee,
As Thou'ldst come to Mary, I pray thee—come to Me.



MISS I. L. SCRIMGEOUR,
Member Central Midwives' Board for Scotland.

while each little person reverently made the sign of the cross. More late children came in, and the nurse's heart ached for the little bare knees, thumping down on to the floor, as the children made their reverences in passing the path leading up to the high altar.

But the nurse had her work to do, so refreshed by these short moments in church with the children, she quickly passed out and on to her first case—a young mother living in an attic, in a small crowded court named White Thorn Place—save the mark! The mother had much to say of her husband at the front; the nurse told her of the service she had just seen. Said the mother, "I have heard of that church, it does a deal of good with the children, and though I am a Roman Catholic, I often think I will send my boys there." As the nurse turned over two-days-old Patrick, to fasten his gown, and glanced at John, aged thirteen months, asleep on his mother's arm, she smiled and wondered.

Her work ended there, she sped on to her other cases, all equally interesting, all equally dear to the nurse's heart, till at last she arrived breathless at the Mothers' Home, only just in time to report the morning's work to the sister in charge.

February 18th, 1916, 8.30 a.m.—In the heart of Central Africa, on the border of the veldt, the sun was shining in all its strength. The hour was early, but the air was very hot, all the abundant vegetation was parched, and though occasionally the call of a tropical bird was to be heard, one could imagine that even the birds were feeling the heat this summer's day.

A nurse set out, in answer to a call, brought by two little African lads, to a distant kraal. The boys told her a man was very sick in his foot. He could not walk in to see the nurse as his foot was very fat and full of pain; the person cried all the time, he was so sick.

So the nurse put a few necessaries together, and, armed with a white umbrella, the little party sallied forth. As she followed her guides along a narrow sandy track, where she and her two boys were the only people from the beginning of that three-mile walk to the end, her mind flew back to the day, exactly twelve months ago, when she went out to her cases along the crowded streets of East London. Only, instead of crossing the Thames, she walked over the dry bed of a river; instead of her destination being Wapping, in this case it was the kraal of Hajisofu. There was no need to look out for budding trees, for the trees were out in full leaf, the maila stems and pampas grass met overhead and, between the stems, strange and beautiful flowers smiled at travellers as they passed by.

Presently the kraal of Hajisofu was reached, and to the nurse's joy, the people shouted "Sister, Sister," as she approached. That would not have happened three months ago!

It was the great man, Hajisofu, himself, who was sick and in pain. There he lay, in the middle of

the kraal, surrounded by men, women and little children, under the shadow of a tall bare tree, with a branch stretching out on either side, for all the world like a rude cross.

The poor man was moaning and swaying his body, his foot tied up with bark string and shells to show that it was the afflicted member and the whole foot plastered thickly with red clay and bad fish.

There was great excitement while the nurse washed the foot, made an opening for the pus to escape, put on a fomentation, and bound up the foot very firmly, stitching on the bandage, and placing the foot on a stool. The patient fought freely with his hands and feet; some of the women buried their faces in their hands, and rocked their bodies to and fro, others disappeared into their huts; the children fled screaming.

When all was done, the nurse sat down on a little stool, and tried to talk to her patient and his friends. The people are very courteous, and very quick at catching what white people flatteringly try to tell them. Anyhow, Hajisofu and his friends understood the nurse and she understood enough to make their conversation very interesting to her. One by one the women came back, produced their long pipes for a comfortable smoke, and joined in the conversation. Very slowly the little children returned, and drew up close, laying their small hands on the nurse's dress, her hands, her hat, and even her hair; and as they knelt down beside her, thump went the little knees on the bare earth. It was getting late, already the sun was high in the sky, and the heat was intense. The nurse's work was done; but as she pressed the little brown bodies of the children against her, and promised to come again soon, the remembrance of S. Peter's Church, as she had seen it a year ago that very day, rose up in strange persistency before her.

Instead of the great church, it was only a big native kraal; a gaunt bare tree in the form of a cross, on the arms of which hung fish, and the carcasses of wild beasts drying in the sun, instead of the cross on the high altar; heathen men, women and children, instead of the little white children of the Church—the little brown knees thumping on the earth, in the efforts of the children to get close to their "Sister" instead of the white knees at Wapping, making their reverences before the altar, where one day they will come close to their Lord.

And yet may not that whole scene be a foreshadowing, a parable, of a day that is coming in Mapanza when, not only the score or so of Christian boys on the station, but children from the kraals all round will gather together in the Cathedral Church of S. Bartholomew, and sing with the children of S. Peter's Church, only in the Chila tongue:—

Nda kulambila Mwami, Ndaku sun Tamina,
Undiswaye bubona, ✠ Wamuswaya Maria.

G. N. S.

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EDITORIAL.

A VOICE FROM THE DEAD.

*I was ever a fighter, so—one fight more,
The best and the last!*

When it became known that Sir Victor Horsley was in Mesopotamia we realized that the right man was in the right place, that his clear insight, logical argument and fearless exposition of shortcomings would do much to obtain better conditions for the sick and wounded.

The eloquent, incisive, sympathetic voice, marshalling facts in convincing array, to which it was always a delight to listen, is, alas, silent for ever in this world, but, under the heading "A Voice from the Dead," the *British Medical Journal* reproduces the facts and opinions expressed in a letter written to the editor by Sir Victor Horsley from the front on July 5th—some ten days before his death.

The three main points of the letter, says that Journal, are first that it was written so that the case of responsible medical officers in Mesopotamia should not be prejudiced, as he feared it might be, through the report of the Vincent Commission; secondly, that the appalling failures in the medical arrangements were due to the utterly defective transport; and, thirdly, that the failure was bound up with the question of the present extremely unsatisfactory relations between the Financial Department of the Indian Government and the Medical Services.

Sir Victor Horsley stated in his letter that last March the Commander-in-Chief in India told him that he had appointed a "Medical Commission." This, says our contemporary, turned out to be this commission of three—a retired member of the Indian Civil Service, with judicial experience, an Indian staff officer, recently appointed Quartermaster-General of the Army in India, and a London business

man. . . . "Must it ever be in the case of medical matters that only those who know nothing about them should be appointed judges? But this is what first the Government of India and now the Imperial Parliament has done."

Our contemporary emphasises the fact that when considering allegations of defects in the medical arrangements of a military force it must be remembered that the Medical Service does not supply its own transport. It is, in fact, responsible only for personnel—surgeons, orderlies, and nurses—and for the supply of drugs. . . . As to the work of the executive officers, the medical officers actually engaged in the treatment of the sick and wounded and in minimizing their sufferings during the purgatory of their transport down the Tigris, there is only one opinion expressed by all the officers and men who have passed through their hands—namely, that they have worked in the most splendid way, entirely forgetful of self, constantly striving not to be discouraged by the want of drugs and appliances, the absence of anticholera outfits, or the need to give an intravenous saline injection out of a teapot—deficiencies all due, as Sir Victor Horsley wrote from Amara on June 7th, to "financial terrorism in times of peace."

As to the failure of the transport arrangements Sir Victor Horsley wrote that the whole of the terrible failures in Mesopotamia "are due to the non-provision of transport. There never has been in this country adequate transport for food, and there never (until March, when our solitary hospital steamer arrived) has been any medical transport whatever; nothing but the foulest store barges and steamers used on their return journey to the base to carry the sick and wounded."

Let us hope that his letters offered to Parliament by Lady Horsley will be submitted to the Statutory Commission.

ALIMENTARY ENZYMES.

The Physiology of Digestion, and the mechanical, chemical, and vital processes concerned, have of recent years been the subject of much study, resulting in discoveries of interest and importance; and a clear knowledge of the question of food values, and of the reasons underlying the diet of a patient, which is now frequently prescribed by the physician, should be part of the equipment of every nurse.

In this connection a book on "Alimentary Enzymes," in theory and application, with special reference to their use and application, published by Benger's Food, Ltd., Otter Works, Manchester, though intended primarily for the medical profession, is also of considerable interest to nurses.

Pioneer work in connection with digestive enzymes was done by the late Sir William Roberts, M.D., F.R.S., Professor of Medicine at the Victoria University, Manchester. These researches formed the subject of his addresses on Dietetic Preparations and Digestive Ferments, delivered before the Royal College of Physicians, as Lumleian Lecturer, and of papers which appeared in the proceedings of the Royal Society, and other scientific and medical publications.

In the practical work connected with his

researches, Sir William Roberts was assisted by the late Mr. Benger, and Benger's preparations of digestive enzymes and their food products were the practical outcome of this pioneer work.

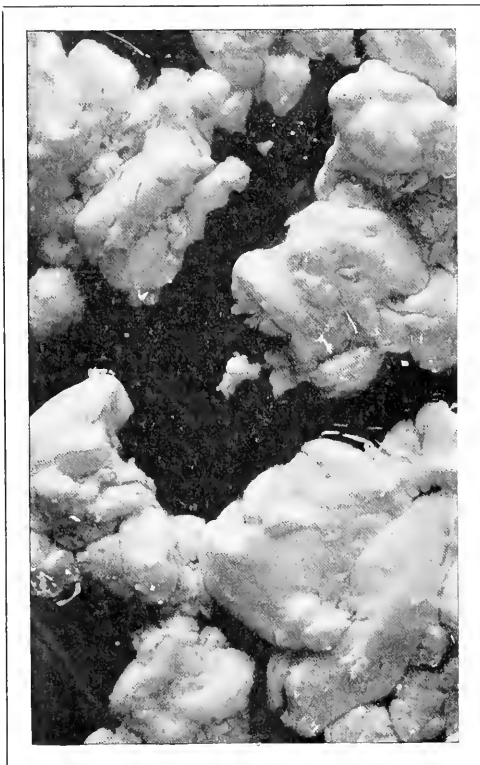
THE PHYSIOLOGY OF DIGESTION.

Concerning this important subject we are told that "under the term digestion are included

all those processes to which the food is subjected in the alimentary canal, and which have for their object the conversion of solid, insoluble, indiffusible food substances into soluble, diffusible food bodies, which are capable of being absorbed by passing through the wall of the alimentary canal into the blood or lymph.

"Broadly speaking, these processes are either mechanical or chemical in nature, the mechanical factors in digestion being essentially due to muscular action, and having for their objects:—
(1) The breaking up of the solid or semi-solid particles of food; (2) the incorporation of the food with the digestive juices; (3) the propulsion of the digesting food along the alimentary tract.

"The motor mechanisms include such actions as mastication, insalivation, deglutition, and peristalsis &c., and are in some cases under the control of the will, in others involuntary and reflex. Roughly one may say that the food at the commencement and end of its journey



Benger's Food, Ltd.

**COWS' MILK SETS IN SOLID CURD, AND HAS TO BE
BROKEN WITH GLASS ROD.**

[Copyright.]

through the alimentary canal is more or less under the control of the will, while, during the middle part of its course, it is quite beyond all voluntary control. Furthermore, one has to remember that even this voluntary control of certain of these 'mechanical' actions is only partial, and the result of education.

"The chemical changes involved in digestion result from the action of the digestive juices formed by the epithelium of the alimentary canal, and by its glands.

"The different digestive juices act in virtue of ferments (enzymes) which they contain, some of the juices containing several enzymes, and so being capable of acting on several classes of food substances. The enzymes set up hydrolysis, *i.e.*, split up the substance on which they act into two or more simpler bodies with the assumption of the elements of water, the whole object of the chemical factors in digestion being to convert insoluble, indiffusible bodies, such as proteins, starches, or fats, into soluble, diffusable bodies, such as peptones, sugars, and fatty acids."

Most nurses have a working knowledge of the processes of salivary, gastric, and pancreatic digestion, and these need not now be entered into in detail.

MILK DIGESTION IN INFANCY.

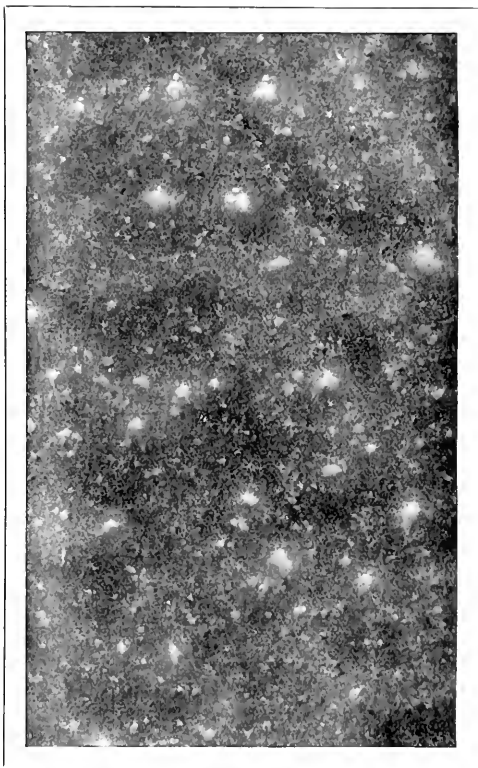
Concerning milk digestion in infancy, we read that "it is probable that during infancy milk is

digested in a slightly different way, but the ultimate effect is the same. The caseinogen from the milk of one animal may be readily digested in the stomach of another animal of the same species, but may be difficult to digest in that of an animal of another species. For example, cows' milk is readily digested by the calf, but in the stomach of an infant the curds

produced are so large and dense that their solution is 'difficult,' and at times impossible. A study of the process of coagulation (as illustrated in this article), is very striking. The illustrations show the effect of an artificial gastric juice on milk, &c., at 98° Fahr. In the first instance cows' milk sets in a solid curd, and has to be broken with a glass rod, as shown in the illustration on page 167. In the second the cows' milk has been treated with Benger's Food, and does not set in a solid curd, but can be poured out easily from the test glass."

It will readily be realized, therefore, that though milk passes into the stomach in liquid form, under the influence of the gastric juice, it there becomes a large mass of curd. For this

reason it is important, more especially where infants are concerned, that it should be treated with some agent which prevents the formation of solid masses of curd. Such an agent is to be found in Benger's Food, a mixture of wheat flour and pancreatic extract.



Benger's Food, Ltd.

[Copyright

COWS' MILK TREATED WITH BENGER'S FOOD, SHOWING THAT IT DOES NOT SET IN A SOLID CURD, BUT CAN BE Poured OUT EASILY FROM A TEST GLASS.

OUR PRIZE COMPETITION.

GIVE THREE INSTANCES OF ERUPTIVE FEVERS. DESCRIBE THE NURSING CARE OF ONE OF THEM, AND STATE WHAT PRECAUTIONS YOU WOULD TAKE TO PREVENT THE SPREAD OF INFECTION.

We have pleasure in awarding the prize this week to Miss A. C. Knight, North-Eastern Hospital, St. Ann's Road, Tottenham.

The eruptive fevers mentioned by the various competitors are small-pox, typhus, typhoid, scarlet fever, measles, chicken-pox; and the papers sent in include those on the care of small-pox, typhus, typhoid, and scarlet fever.

PRIZE PAPER.

Instances of three eruptive diseases: (1) small-pox, (2) scarlet fever, (3) measles.

NURSING CARE OF SMALL-POX.

As small-pox is a most contagious disease it should not be nursed in a private house, but should, if possible, be isolated in an infectious diseases hospital. The room should be well ventilated, as bad cases have a very offensive odour; and also to minimize the infection.

Warmth is also essential, on account of the liability of lung complications.

The diet should be light and as nourishing as possible to maintain the patient's strength.

Absolute cleanliness is most necessary. Clothing and bed clothing should be changed frequently. Warm baths are sometimes ordered to be given night and morning, except in very severe cases, and the patient dried with warm soft towels.

Sponging the skin with water and eau-de-cologne or spirits of lavender tends to relieve the itching. Starch powder, oxide of zinc, or boric acid powder dusted over the skin in the early stage of eruption is found to have a soothing effect.

Tepid sponging is resorted to when the patient is restless or delirious. Iced compresses are useful when there is much pain or swelling of the hands or face. The pocks should be dressed with antiseptics to prevent pitting. Wet boracic dressings applied to scabs hasten their separation. When the scabs have been removed, an antiseptic ointment should be applied. The face of a small-pox patient should be masked, and the hands should be wrapped up in cotton-wool and lint to prevent him scratching himself. The hair and nails should both be cut short.

The nurse should be strong enough to control her patient should he become violently delirious, which is not unusual in this disease. A sheet

passing loosely over the chest and fastened to each side of the bed is a good plan to adopt in restraining a delirious patient.

Great care must be taken of the eyes of a small-pox patient, as serious eye complications may arise if not prevented by scrupulous cleanliness. The eyes should be frequently bathed with boracic lotion or weak perchloride lotion if the conjunctiva is inflamed.

Bedsore are likely to arise, and therefore the nurse should not allow her patient to lie on his back for long, but should gently move him from one side to the other.

The mouth should be carefully attended to and kept as clean as possible. Soft rag or wet wool should be used to wipe away all discharges, and burnt at once.

TO PREVENT INFECTION.

(1) Isolation of patient; (2) vaccination or re-vaccination of everyone who has been in contact with the patient. Disinfect the rooms occupied by the sick person, including the furniture and bed. Burn everything possible.

The nurse who is in attendance on the patient should have a bath, wash her head, and change all her clothes before leaving the hospital to go outside.

The patient remains infectious until all scabs have fallen off and all sores are healed. On the palms of the hands and the soles of the feet the pustules dry up into hard "seeds." These are picked out by cutting through the skin. It is important that all seeds be gone before the patient is released from isolation.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss J. G. Gilchrist, Miss A. E. Reddock, Miss L. M. Moffitt, Miss Gladys Tatham, Miss F. Sheppard, Miss P. Robertson.

Miss F. Sheppard writes that in small-pox acute delirium may occur in the first twenty-four hours, not remaining over three days. Lachrymation and salivation are often early symptoms; a papular eruption—hard, round, isolated—appears on the third day on the forehead, neck, mouth, hands, then on the trunk, and lastly on the lower extremities. If the papule remain separate and distinct it is termed simple small-pox, or variola discreta. If they are more numerous they coalesce, and we have confluent small-pox, or variola conflens.

QUESTION FOR NEXT WEEK.

In what cases have you seen marked delirium? How would you endeavour to quiet and obtain sleep for such cases?

Competitors are reminded that they are limited to 750 words.

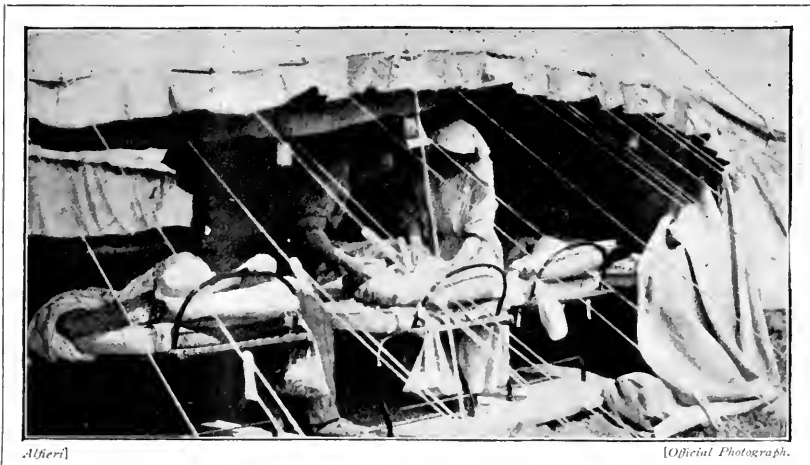
NURSING AND THE WAR.

At Buckingham Palace on August the 18th, when the King received a number of officers and invested them with the insignia of the Companions of the Orders into which they have been admitted, his Majesty decorated Miss Violet Kiddle, Sister in Queen Alexandra's Imperial Military Nursing Service, with the Royal Red Cross, first-class.

Ever since the beginning of the war trained nurses have shown the greatest courage and heroism in exposing themselves to danger when duty and the interest of their patients so demanded. In the casualty list of August 16th, under the heading "Officers Wounded," the following names

just behind the line, and showing the nurse and doctor working together to give skilled treatment and care to the wounded. The picture is from an official photograph issued by the Press Bureau (of which the Crown Copyright is reserved) taken during the British Advance in the West.

In a question put in the House of Commons on August 8th, Major Sir C. Hunter asked if the medical authorities at the War Office would take steps to provide rubber gloves for the nurses who do dressings in the military hospitals at home in order to prevent cases of septic poisoning? Mr. Forster, who answered the question on behalf of the Secretary of War, said every demand made by Medical Officers for rubber gloves for the use



[After]

[Official Photograph.]

A PEEP INTO A CASUALTY CLEARING STATION.

appeared:—Matron M. M. Tunley, Queen Alexandra's Imperial Military Nursing Service; Sister K. A. Easby and Sister K. A. Allsop, both of the same Service; and Sister J. S. Whyte, Territorial Force Nursing Service. We do not doubt that they will bear these honourable wounds with the same fortitude and uncomplaining courage as the men of all ranks in the Army. We wish them a speedy and complete recovery.

Trained nurses have always claimed that wherever the sick and wounded are, there their place is, but it is a claim that those in authority have been very slow to admit, and in past wars their work has for the most part been limited to base hospitals. The illustration which we print on this page is therefore specially interesting, affording a peep into a Casualty Clearing Station

of nurses in military hospitals had been met. If the hon. and gallant Member had had brought to his notice any case where such gloves were not available, all that was necessary was for those responsible to make an indent.

Mr. Stanley Washburn, the Special Correspondent of the *Times* with the Russian Forces, writing from Lutsk, as seen from his balcony, says:

"As far as one can see both up and down the street, the surging masses of khaki figures with their fixed bayonets swing with their long stride, roaring out their marching songs at the top of their lungs, those wonderful songs to the cadence of which hundreds of thousands of men have died these past two years.

"The pavements, too, are crowded with those who have their part in war. Sisters of Mercy,

tired, dirty, and covered with dust, lean wearily against doorways watching with us their Empire in review—for, humanly speaking, every quarter of Russia is represented here. And these devoted sisters! Surely nothing is too good for those who have left homes of luxury and comfort to serve the humble *migh* soldier in the hour of this greatest sacrifice for his Emperor and Holy Russia. Again and again have I seen these splendid women on the road, in dressing stations and at bases, and one never fails to feel a thrill of admiration for them. Their faces peeling from the blistering sun, their hair filled with dust, and their gowns too often, alas, deep stained with blood, they go about their daily tasks of service. These women, too, represent the nobility and aristocracy of Russia, who never before in their lives have known what hardship means. Thus is the war bringing together closer than ever before the extremes in Russian life."

TERRITORIAL SISTERS.

"IN GRATEFUL RECOGNITION," BY "A TOMMY."
"Sister," how we all adore thee, here we thank thee for thy care;

Thou who nursed us and who clothed us, "May God bless thee" is our prayer.

"Sister" is the name we call thee, "Mother" is just what thou art;

Rays of hope and loving kindness shed on many an aching heart.

Can you wonder, Tommies love thee, when thou eapest all their pain,

With a touch as soft and tender as the gentle falling rain?

Like a mother, thou hast nursed us, kept us safe from every ill,

Shared our troubles, eased our burdens; given us many a lift uphill.

When the road seemed dark and dreary, thou didst shed a ray of light,

Which brought comfort to the suffering, lying sleepless in the night;

Gently comforted the dying, ere the unknown path they trod;

And the lifeless body cared for, when the soul had gone to God.

So once more we humbly thank thee for thy kind and gentle care;

For thy sweet and loving kindness, pure as diamonds and as rare.

'Tis to thee and such as thou art—members of a gallant band,

Who have bravely done their duty both in home and foreign land,

That we tender our thanksgiving, and with heart and voice we'll sing

To the Territorial Sisters, to our Country and our King.

Lewis Crescent Hospital, Brighton.

JOINT WAR COMMITTEE.

HOME HOSPITALS.

Under the auspices of the British Red Cross Society and Order of St. John of Jerusalem in England, the following Nurses have been deputed to service in Home Hospitals:—

V.A.D. Hosp., *W'ycham-on-Tyne, Northumberland*.—Miss F. L. N. Pettigrew.

Relief Hosp., Brankesmere, Southsea.—Mrs. M. E. Ganard.

Heath Lodge Aux. Annex, Petersfield, Hants.—Mrs. E. Barclay Thomas

Clayton Court Aux. Hosp., East Liss, Hants.—Miss A. Flood.

Brooklands, W'cybridge.—Miss T. K. Macdonald.
Red Cross Hosp., Hauckhurst, Kent.—Mrs. E. Robinson.

Hosp. for Facial Injuries, 78, Brook St..—Mrs. B. E. Gillingham and Miss M. Clague.

Red Cross Hosp., W'ymoutham, Norfolk.—Miss E. A. Clark.

Red Cross Hosp., Christchurch, Hants.—Miss L. T. Kidney.

V.A.D. Hosp., *Dorset House, The Halve, Trowbridge*.—Miss F. Gralton.

Hoole Bank, Chester.—Miss B. Ward.

Aux. Hosp., Hamfstead Garden Suburb, Golder's Green.—Miss G. Welb.

Clarendon Park, Guildford.—Miss F. Oates and Miss T. Overall.

Red Cross Hosp., Ross-on-W'ye.—Miss M. E. Haynes.

Gastwyche Hosp., Cambridge Road, Colchester.—Miss E. A. Cockburn Hughes.

Pavilion House Hosp., Rugby.—Miss J. M. Aitken.

The Grange, Halesowen, W'orcestershire.—Miss E. Needham.

V.A.D. Hosp., *St. Anselms, W'almer*.—Miss G. Gillman.

Aux. Mil. Hosp., Belgrave House, Littlehampton.—Mrs. A. A. Inспен.

St. Mark's Mil. Hosp., Tunbridge Wells.—Miss K. G. Mursby and Mrs. P. Huggins.

Harborne Hall Aux. Hosp., Birmingham.—Miss M. Abram.

Broadwater Hosp., Ipswich.—Miss M. K. Burton.

Red Cross Hosp., Bramsgore, Christchurch, Hants.—Miss E. Green.

V.A.D. Hosp., *Corsham, W'ilts*.—Miss M. C. Woods.

Causton Manor Red Cross Hosp., nr. Norwich.—Miss E. Shipsey and Miss W. Soussaint.

Aux. Mil. Hosp., Uppingham.—Miss S. Weldon.

Aux. Hosp., W'ych Cross, Forest Row, Sussex.—Mrs. T. L. Abbey-Williams (née Wilby).

Caepphilly Red Cross Hosp., Glamorganshire.—Miss E. Williams.

Aldford House, 26, Park Lane, W'.—Miss F. A. M. Quance.

Kimpton and Sarbiton and District Red Cross Hosp., New Malden.—Miss F. Maguire.

Rhydd Court, V.A.D. Hosp., Hanley Court, Worcester.—Miss M. C. Brown.

Red Cross Hosp., Downham, Norfolk.—Miss N. P. Wheeler.

Regent's Park Hosp., Southampton.—Miss E. Lampen.

Hill House Hosp., Warwick.—Miss R. Defries.

V.A.D. Hosp., Leigh, Kent.—Miss H. F. Pullen.

Red Cross Hosp., Oaklands, Clevedon, Somerset.—Mrs. A. Conalty.

Countess of Lytton's Hosp., 5, Nottingham Place, W.—Miss K. Farrington.

The Rest Mil. Hosp., Porthcawl.—Miss E. A. Crummack.

FRENCH FLAG NURSING CORPS.

The accompanying illustration shows a "Bâtiment" of a French Military Hospital where French Flag Nursing Corps Sisters are working, and so near the front that it is within sound of the guns, and one day a Sister counted no less than 13 Taubes, which dropped a considerable number of bombs. A "caserne" has now been made into which the patients can be taken should occasion arise. The Sisters say that no one who has not talked with the soldiers who fought at Verdun could understand the heroism of the French in withstanding the terrific onslaught of the enemy.



A BÂTIMENT IN A HOSPITAL NEAR THE FRENCH FRONT. PATIENTS AND STAFF.

ABROAD.

Boulogne Head Quarters.—Miss M. R. Wilson and Mrs. Alexander.

Lying in Fort Pitt Military Hospital, Chatham, is a wounded soldier with a broken crucifix about his neck. The cross is intact, but the figure of the Christ is shot away. It saved his life.

A request has been made to Germany and Austria by the American Red Cross for permission to re-establish units in those countries in order to fulfil the conditions laid down by Great Britain for allowing the dispatch of hospital supplies to the Central Empires.

The French were delighted when the British offensive began, as they have great faith in the British Army, and when the patients in this hospital heard that the German lines were being pierced they clapped their hands and shouted "Vive l'Angleterre."

It should be noted that a "Bâtiment" is a section of the hospital containing 100 beds, 500 being the full number.

A F.F.N.C. Sister who has recently returned for a brief holiday to this country passed through the district of the Marne where French women are now cutting the corn, and the only evidences of the fierce fighting there are the graves of the men who fell, over which the reapers had placed miniature sheaves of corn.

CARE OF THE WOUNDED.

Queen Alexandra, attended by the Countess of Gosford and the Hon. Charlotte Knollys, visited the sick and wounded soldiers at the Military Hospital, Endell Street, W.C., last week.

Mr. Forster, in reply to a question in the House of Commons last week by Captain Ormsby-Gore (Denbigh Dist., U.), said it was impossible to provide for hospital ships in Egypt to meet the Indian hospital ships, and patients from India had to be transferred to hospitals in Egypt until they could come on. There had been a shortage of hospital ships in the Mediterranean lately owing to the heavy requirements arising from the operations in France, but this had now been remedied.

The Y.M.C.A. Recreation Hut at No. 1 City of London Base General Hospital at Camberwell has proved a great success. It is, however, exclusively for the rank and file. The officers who are patients there have no sitting-room, or lounge, or any place of rest or recreation. The Lord Mayor is making an appeal for the sum of £700 for this purpose and has already received some substantial sums towards this amount. Donations can be sent to the Mansion House.

The cinematograph trade has raised a fund of £36,876 for the sick and wounded. This sum they have expended, partly in the purchase of 58 cars to be handed direct to the R.A.M.C. for use in Mesopotamia, and the balance of £7,353 they have handed to the British Red Cross and the Order of St. John.

Mr. Davis MacLaren Morrison, of Queen Anne's Mansions, has presented to the New Zealand General Hospital at Brockenhurst a 'bus for the use of convalescent soldiers.

Lord Northcliffe, in a vivid letter in the *Times*, writes from the Trentino front:—

"On my way back from the outer edge of the wood, well within the fire zone, I visited one of the Italian surgical mobile hospitals with an operating theatre that can be folded and carried by motor. It is used only for urgent stomach and head wounds that cannot bear delay or removal. A portable X-ray apparatus, a motor water-wagon carrying 500 gallons, four nurses, four surgeons, physicians, and orderlies complete the equipment. During the last two months 240 urgent operations have been performed. The hospital has 200 beds. It was given by the city of Milan and works under the Italian Red Cross.

"I have visited several other hospitals. All are in every respect modern, well staffed, and well equipped. The complete absence of flies is a remarkable feature of the Italian hospitals. I wish to call attention to the splendid work done by the British Red Cross hospitals near Cormons, to which are attached 24 ambulances. This and

other ambulance sections are highly spoken of by the Italians, who regard the British Red Cross activity as a pleasing manifestation of Allied sympathy.

"Lord Monson is in charge and Sir Courtauld Thompson is now on a visit of inspection and is highly satisfied. Much good work has also been done by the Fourth Section of the British Red Cross, which has a travelling X-ray car under the management of an English lady, Countess Helen Gleichen. Owing to hard work during the battle of Gorizia one car has been put out of action, but I suggest the provision of another car specially constructed for mountain climbing, such as is made by the Italian Fiat Company. The value of the work of the Fourth Section can be gathered by the fact that as many as 60 urgent cases have been radiographed, often under fire, in a single day. All the Red Cross work here presents unusual difficulties, owing to the heat and the lack of water."

An officer in France writes home in a letter, published in the same paper:—

"We live in exciting times now, and all that I experienced before is as nothing as compared with this. It is quite impossible for you at home to get any conception of what is meant by the newspaper phrase 'Terrific bombardment along the whole front.' The effect both to the ear and eye is such that the man is not born who could commit to paper an adequate description of it. . . ."

Here follows an account, and the writer continues:—

"An hour or so after what I have described above, the sound of wheels is heard, and we stand to know that our first batch of wounded is arriving. One by one the cars come up and discharge their pathetic cargoes—you cannot begin to understand what is meant by 'men broken in the wars' until you see these heroes as they come red-hot from the fray to have their wounds dressed before they are passed on to a casualty clearing station, and from thence to the base and 'blighty.'

"A crowd of wounded men in London with their white bandages and blue uniforms has inspired pictures entitled 'Broken in the Wars,' but until some genius arises who can produce on canvas the scene at an advance dressing station or field ambulance when an attack is in progress the people at home will have little idea of the true significance of the phrase.

"A few hours before all this they swing past us with a smile on their faces and a song on their lips, their bodies the picture of life and energy, and their uniforms clean and smart; and now they have come out again with bodies maimed with shot and shell, and with their khaki stained with the mud and blood of battle.

"Sad, pathetic, ghastly! Yes, it would be but for one thing, and that something so gloriously British. All the horrors of the fight and the agony of the wounds have not broken their spirits, or taken the smile from their faces and the cheery words from their lips. They are magnificent, even

more so in their weakness than in the strength in which they went out. The only time the smile leaves their faces is when they inquire anxiously whether their comrades are holding the ground and whether the regiment is upholding its proud traditions. It is just the same as their wounds are dressed. No complaints, no peevishness, no regrets. It strikes the onlooker as something more than human, and he feels that there is something almost divine in a race that can produce such men as these from factory and office, field and market-place.

"The R.A.M.C. is just as wonderful. All the livelong day these splendid men work on without rest or food, they have a smile and a cheery word for each, and they are as gentle, in spite of the rush, as the gentlest woman."

THE SHORTAGE OF V.A.D.'S.

Mrs. Milnes Gaskell, Lady of Justice, and Vice-President under the Military for District 10, of Thornes House, Wakefield, is appealing in the press to young women to offer for nursing work in the large military hospitals. They will receive a salary of £20 and £4 for uniform, but must be willing after a month's probation, to sign on for six months if they hold certificates from the St. John Ambulance Association or British Red Cross Society, or for one year if they hold no certificates. Members of St. John Ambulance or Red Cross must be willing to go where required, and to submit to the rules of the hospital, and to consider themselves absolutely under the control of the Matron where they are sent, and they will have to take the duties of ordinary probationers.

A V.A.D. in a letter addressed to a contemporary, referring to the appeal of the Joint War Committee for more V.A.D. volunteers for service in military hospitals, as the demand for them exceeds the supply, states that if the Joint War Committee would "procure fairer conditions for V.A.D.'s serving in military hospitals they would have no difficulty in getting the right kind of women to volunteer. As it is now, when a V.A.D. enters a hospital she has to fight the antagonism of the trained staff, from the matron downwards, alone, it being perfectly futile to appeal to Devonshire House for support of any kind. One of the conditions of signing on for six months is that the V.A.D. may be discharged at a moment's notice without any reason being given. Obviously this makes it perfectly easy for a ward sister, jealous perhaps of the success in nursing of the V.A.D., to bring her career to an abrupt termination. Devonshire House has refused to re-appoint many a capable and experienced V.A.D. because of an indifferent report of a vindictive matron. For this reason there are V.A.D.'s of nearly two years' actual nursing experience doing nothing. And yet they are calling for more women." She concludes by saying, "If Devonshire House will not or cannot procure us fairer conditions, they should not be surprised if volunteers are not forthcoming."

"WAR LETTERS OF AN AMERICAN WOMAN."

The Outlook of August 9th publishes some interesting "War Letters of an American Woman."

The writer says in part:—

No wounded from the Verdun front have been brought here; they all go to the Midi. The only echoes of the combat we have had were the coming of one hundred-and-fifty men from one of the hospitals near the front, evacuated to make room for the more seriously wounded, and little groups of men marching away. These latter are laden down with their accoutrements, their blankets in a long roll under one arm and over the other shoulder; and the tramp they make is heavier than that of soldiers out for only a day's march. You learn to know it, and you run to the window to see them pass. The other day some went by, and by their sides ran many peasant women in their white *coiffes*—the mothers and sisters and sweethearts. One old woman held her son's hand, as far as my eye could follow, and though she was just in front of the officer commanding (he was by the side of the column), he did not in any way interfere. It was very pathetic. But the men's faces were all cheerful, and once in a while one would give a farewell nod or salute to some face in a window. Their courage seems to me the greater because they know now to what they are going; while those who went in the beginning were borne up by the unknown. But that they go like whipped animals, as the Germans would have you believe, is too absurd to refute!

Every day I admire the straightforward and quiet way in which the news is given to the public. If a position is lost, it is frankly admitted; if it is gained, that, too, is stated, but without exaggeration. One feels that one can rely implicitly on the bulletins from the front, and I have no doubt that the general calmness that I see in notices at this very moment regarding Verdun] is due to the confidence those bulletins have inspired.

Brittany, March 28th, 1916.

You will realize how busy I have been in my new work of delivering bales, re-addressing many which must go by local railways to tiny towns, and hunting for others that have gone astray. I usually deliver the bales for the small towns in person, since to some there are no railways whatsoever, and to others the communication is very uncertain. The bales for the hospitals in large towns and cities are now delivered by the military authorities themselves, as it is becoming more and more difficult to find gasoline for private use, whereas the military authorities always have it. Their delivering the bales does not prevent my going afterwards to the various hospitals to see whether the *midcon-chefs* have received what they should. You can imagine that I am received with open arms! Such pleasure, such almost embarrassing gratitude!

Recently I was staying in a hotel where were also the *médecin-chefs* of five of the hospitals. On my arrival four of them bowed and smiled when I entered the dining-room as if I were an old, old friend returned. The fifth looked quite unhappy. After dinner, when they met me standing over the only radiator in the entrance hall, the fifth made haste to explain that he had received nothing, "*mais rien, rien!*" and his *confères* had had such beautiful presents! Poor little man, I found that all his bales had gone astray. He had wondered if I personally had not liked his hospital, or if I had not thought it needy. "But we are the poorest in the town," he said. "You may ask all of the gentlemen here if it is not so." Having assured him that there would presently be something for him too, I left him thoroughly cheered and content. Next day I found his two bales—the first, in fact, which had arrived—black as the coal-dust which lay around them, overlooked in a corner of the freight *dépôt*. I felt as if I had found a lost lamb for the shepherd!

Recently I had the opportunity to be present at the giving of the medals for valour to a group of men just able to be up and about, though still under hospital treatment. The soldiers from the garrisons of the town and those from various hospitals, headed by drum and fife corps, began to march through the town, with banners waving, almost an hour before the ceremony began. Wounded men hobbled in twos and threes, others rode in autos loaned for the occasion, peasants came in their two-wheeled carts, and all the population of the town was out, including hundreds of small boys—for it was Thursday afternoon, the school holiday. When I arrived at the Champs de Mars, the militia had already surrounded it on three sides, standing in close rank, at attention. We squeezed into the front row on the fourth side. For some time the square itself was empty, save for a drum corps and one or two officers, including the colonel, who was to present the medals.

By and by a bugle sounded, the soldiers presented arms, and there marched into the square in a long, wavering line thirty-eight men, poor crippled creatures, with canes or crutches, pale, hobbling, legless or armless, in faded uniforms of every description. At the end of the line was a man of about fifty in civilian clothes who was to receive his dead son's medal. The little procession would have been comic had it not been so fearfully tragic. They formed in line, facing the crowd. There was a fanfare of trumpets and every one became very still. The colonel unsheathed his sword and, pointing it directly at the first man of the row, read aloud the man's name and recited the act or acts of bravery for which he was being decorated. Then, dropping his sword into the hand of an aide, he pinned upon the man's breast two medals, the *Croix de Guerre* and the *Médaille Militaire*. While he was attaching them he talked to the man in a quiet, informal way, and the man's face flushed

and wore an expression of mingled embarrassment and pleasure. The medals once fixed, the colonel put a hand on each shoulder of the soldier and kissed him in a fatherly fashion on either cheek. I can tell you it was touching!

It was pretty to see the way in which the officer went down the line, one by one, bringing a blush to this one's cheeks, and a smile to another's face, and receiving himself always a kiss in return—a timid salute or a hearty snack. The ceremony was long, and more than once I saw a man waver from side to side from weakness or lean heavily on his crutches. Some were so pale that I held my breath. Finally, when one had collapsed upon the shoulder of the next in line and was carried away, orders were given for the others to fall out of the line and to sit just in front upon a couple of benches. The man who was to receive his dead son's medal did not have it pinned upon his coat, but given in a little box. Nor did he receive any kiss. Poor man! as he stood there with bared head in the rain I felt as if he was the most pathetic of them all. And then the ceremony was over and the crowd surged into the square to shake hands with and congratulate their heroes.

Before I close this long letter I must tell you of one hospital in the vicinity that I visited two days ago. If you speak of this, don't say where it is. I wouldn't hurt the nice surgeon or the equally charming *directeur* for all the world. They were so delightfully friendly, and seemed to find my sympathy and understanding so welcome. Somehow I thought them more friendly than ever when I said I was an American. Apropos of a gift I am making through some of the money sent me by our kind American friends, the surgeon wrote me: "*Notre hôpital est probablement un des plus humbles et des plus modestes que vous ayez visités, mais je sais que c'est pour vous une raison de vous y intéresser davantage.*" One of the humblest and the most modest! It was an abandoned factory of the most primitive sort; most of the staircases are open like ladders; the ground-floor is still a sort of lumber and storage place; in some of the wards (if they can be dignified by that name) the windows are high up in the wall, as if to give the workmen who were once there light upon their machinery; ceilings are in places upheld by rough, unpainted posts; the floors are uneven, worn away, and without a vestige of polish or surface; I saw no electricity or lighting anywhere save in the little operating-room; I need not describe the beds to you—you know what they were like from others I have described. The only water is a tap in the lower entry. In one place, to close up an open loft, the *directeur* had begged of a theatre in a neighbouring town a drop-curtain upon which were painted a castle and moat and a wonderful cascade. He was very proud of this piece of ingenuity—and I was proud, not only of his ingenuity, but of his courage everywhere. He said he had been discouraged when he first saw the building, but that he had begged and borrowed, and they had cleaned and painted, and that now

it was really very homelike. The walls in one corridor were covered with life-size figures of soldiers, cannon, scenes from trench life. One of their *blancs* had been a real artist, and had tried to do his part to render the place gay during his days of convalescence. The two little operating-rooms and bandaging-rooms were bright with green paint, and as clean and orderly as heart could desire. This is a hospital of one hundred and twenty, of serious operations for eyes and ears and nose and trepanning. Only that morning they had had an operation for double-trepanning. But, oh, it was a pathetic place! And all the more so because they were so bent on pointing out what they *did* have, and on showing how happy their men were. I saw man after man from Verdun, many poor fellows with eyes and heads bandaged, many who would never see again. The *administrateur* and the *médecin-chef* were so dear with their men. It was "*mon brave*," or "*mon garçon*," or "*mon petit*"—or a little pat on the shoulder, or a word of admiration for this one and encouragement for that. It is astonishing how quickly you know the character of the surgeon by the atmosphere the men live in. That tumble-down old place was full of smiling faces! For an instant I myself forgot it all. And then I felt as if I *must* do something for them, and I was so glad to feel that I could. I don't believe you can begin to realise what it means to have some money in the face of such desperate needs. It is the very greatest happiness I have ever known. So then we went back to the little operating-room, sat down on three-legged stools, and there we planned like children! I am going to put in running water for them, and linoleum on the operating floor, and give some tables and chairs to the wards (they have practically none); and the Fund is to be asked for clothing and pillows (they have *none*) and some instruments. Somehow, when I came in to-night and found a letter already waiting to welcome me from the *médecin-chef*, thanking me and my compatriots so genuinely and sincerely for what we were to do, I felt as uplifted as if I were walking on air. I wish every one who has helped me to give these things could know it.

THE RE-EDUCATION OF THE BLIND.

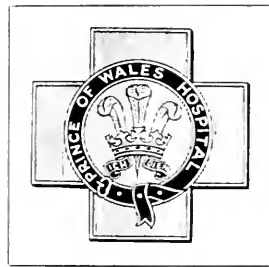
It is one of the peculiarities of this war (says a contemporary) that a comparatively large number of soldiers are rendered permanently blind from the explosion of projectiles. All the belligerent nations have to make special provisions for the re-education of these unfortunate men. The Institute for the Blind in Milan has established a special division for blind soldiers. All are first taught to read by the Braille system. Each one is then permitted to select a trade, in which he receives careful instruction. To furnish the poor men some distraction, the people of the city have sent canaries, mocking birds, and other song birds to the institution, and each man takes great pride in taking care of one of these little songsters.

THE PRINCE OF WALES HOSPITAL, STAINES.

War has its bright as well as its dark sides, and when the history of the present War comes to be written there will shine forth in its pages, in letters of gold, the story of the loyalty of the Princes of the great Indian Empire to the Throne. They have not given only personal service with the combatant forces, but have lavished their wealth in providing for the comfort of the sick and wounded.

An example of this is the princely gift of the Maharajah of Nawanagar, better known as Prince Ranji—a name beloved of British sportsmen—who placed his beautiful house at Staines at the disposal of the King as a hospital for British officers, equipping it with everything that can be needed for its humanitarian work.

Associated with the Maharajah in the upkeep of the hospital are the Maharajahs of Kashmir and Patiala. Together they are financing it for the period of the War, and for as long after as



THE BADGE OF THE STAFF.

may be required. By the King's wish, the hospital has been placed under the control of the War Office, and bears the name of the Prince of Wales. The Medical Officer-in-charge is Dr. Batchelor, and the Consulting Surgeon, Mr. J. O. Skevington of Windsor.

The Matron of the hospital is Mrs. Barton, trained at the Adelaide House, Dublin, and the General Hospital, Hampstead, where she afterwards held the positions of Ward Sister and Assistant Matron. She is also a certificated masseuse—a very desirable qualification, when the use of massage in the treatment of so many of our sick and wounded is being attended with such good results. The hospital is supplied with the very latest devices for electrical treatment and ionization, and the results obtained are excellent.

Before the outbreak of War, Mrs. Barton belonged to St. John's Territorial Force Nursing Association as a Trained Lady Superintendent of V.A.D. Middlesex 30, and wears the uniform of her rank, which is optional, not compulsory.

Indoors it consists of a dress of black mercerized poplin with the distinctive military cape also in black, with a red border, to which the letters "T.N." are affixed. A soft white collar is worn with the cape and an Army cap of spotted muslin. The Sisters of the hospital wear a grey uniform with scarlet epaulettes and belt, a soft flat muslin collar and the Army cap. All members of the nursing staff wear the distinctive badge of the hospital reproduced on page 175, which is carried out in red and blue enamel with a narrow gold border. The rich colouring is effective but quiet, in excellent taste, and the decoration a charming one. Those nurses who serve the hospital for six months or more are permitted to retain it permanently.

The hospital has accommodation for about forty officers, and for those who are received into

its hospitable care the line must have fallen in pleasant places. One realizes it on arriving at the front door, and gets, across the hall and through the wide set windows of the ward beyond as a vista of emerald green, a glimpse of the beautiful Thames valley, through which, cool and serene, the silver river threads its way. The view from the balconies on to which one steps from the wards is typically English, and a fairer scene it would be hard to find. Walk out at the garden gate and you find yourself on the tow-path. You can sit on the bank and try your luck with a fishing rod, or commandeer a boat, and float away to dreamland.

Surrounding the hospital are some ten acres of well kept gardens, and glass houses. If you are fortunate, as I was, you will be taken through the latter by Mr. Swan, who reigns supreme in the outdoor domain, and see the glorious blaze of begonias of all sizes, colours and shapes—single ones with corrugated borders, some even having a kind of cock's comb running inwards to the centre, or in another house the orchids, delicate, fantastic in lovely colourings, though they have passed their prime beauty just now—there must be a time for growth, as Mr. Swan observes.

Inside the house Mrs. Barton is fortunate in having the services of Kanuji, the Maharajah's personal attendant as butler—he will do "any-

thing for the war," and those who realize the value of loyalty will find it here exemplified. His master has been away in India, but "Highness wishes it," is the working law of Kanuji, and, as, before he left, the Maharajah gave him instructions that the Matron was to be obeyed Kanuji does his best, and a very good best too, to see that this direction is carried into effect.

Within the hospital everything has been well thought out. The kitchen has gas cookers as well as the range, in charge of a good cook, and indeed it is largely on the cook that the success, and certainly the popularity, of a hospital depends.

In the ward devoted to massage cases, one notices the bedsteads of unusual height, provided so that the masseuses do not have to tire their backs by bending over the patients, well-stocked stores cupboards are in evidence, and a good

number of bath rooms are provided. The former billiard room is now used as a mess room for those of the patients who are able to come down to meals. Let us hope that with all the care and consideration they receive, the patients received in the hospital may be speedily restored to health and to the service of their King and country.
M. B.



MRS. BARTON, MATRON, PRINCE OF WALES HOSPITAL.

In memory of Miss Edith Cavell a stained glass window, designed by Mr. Herbert W. Bryans, is to be placed in Swardston Church, Norwich, with an alabaster tablet on the wall adjacent, bearing the following inscription: "This window was given by many friends and admirers to commemorate the devoted life and tragic death of Edith Louisa Cavell, Head of the First Training School for Nurses in Belgium, who was born and brought up in this parish, of which her father was Vicar from 1863 to 1909, and who died for her Country on October 12th, 1915, aged 49 years, being shot by order of a German Court Martial in Brussels, for having rendered help to fugitive British, French, and Belgian Soldiers. The artist who designed the window, and the craftsmen who made it, gave their services as their contribution to this Memorial. A.D., 19—"

There are many memorials to Edith Cavell, but none more appropriate than this.

STATE REGISTRATION OF NURSES.

The *British Medical Journal* of August 10th, publishes a succinct review of the movement for the State Registration of Nurses and its present position. One item we may draw attention to, namely, that the amendment proposed by the Central Committee for State Registration of Nurses, to the Nurses' Registration Bill promoted by the College of Nursing, Ltd., defining the authorities to nominate the members of the first General Nursing Council, has not yet, as stated, been incorporated in the College Bill. But the Bill does give registered nurses the power to elect direct representatives.

THE COLLEGE OF NURSING, LTD.

We are asked to state that the Articles of Association of the College of Nursing, Ltd., have now assumed their final form, and registration on the Voluntary Register of the College has begun in earnest. Copies of the Articles can be obtained from the printers, Messrs. Eyre & Spottiswoode, price one shilling, and members of the College can obtain them free from the Secretary, 6, Vere Street, W., by sending 2d. for postage.

Nurses will facilitate the work of the office, which is now very heavy, if they will take special care to fill in their application forms correctly. Much trouble is given, and time lost, when the forms have to be returned for corrections.

Copies of certificates, *not originals*, are required in every instance, except when the candidate is on Active Service at home or abroad. *Copies of testimonials are not required.*

All application forms must be signed, the signature witnessed and dated.

The Council wish to explain that the certificate of the Central Midwives' Board is not a qualification for registration, although the holder may have acted in the capacity of a general nurse. It should be remembered that this certificate is already registered under an Act of Parliament. So many nurses write on this subject that it is felt necessary to give this explanation.

It is the intention of The College of Nursing, Ltd., to promote the introduction of a State Registration Bill at an early date.

An informal meeting was held at Chelsea Infirmary on Saturday, August 10th, to which members of the Poor Law Matrons' Association, Matrons from neighbouring hospitals, and nurses from the third London General Hospital had been specially invited.

Miss Barton, who presided, said the object of the meeting was to wish good luck to the College of Nursing Ltd.. She then read some questions which had been sent in and invited Miss Haughton to answer them.

Miss A. C. Gibson expressed the view that the College would help poor law nurses to take the place they deserved, and Miss Lloyd Still spoke

of the educational advantage which would accrue to the nursing profession.

Miss Cox Davies said that 12,000 had been subscribed but that at least 750,000 was needed for the ideal building which was in their minds.

APPOINTMENTS.

MATRON.

Royal Hospital for Diseases of the Chest, City Road, E.C.—Miss Helen Arabella Hamilton has been appointed Matron. She was trained at the Royal Infirmary, Glasgow, and had further experience at the Memorial Hospital, Midway Park, and the Military Families Hospital, Devonport, and as Holiday, Out-patient, Home and Night Sister, and Deputy Matron at the Royal Hospital for Diseases of the Chest, and holds the certificate of its Tuberculosis Training School. She has the Health Visitors' Certificate of the Royal Sanitary Institute, and is a Certified Midwife.

Corbett Hospital, Stourbridge.—Miss Lillian E. Hicks has been appointed Matron. She was trained at the Royal South Hants Hospital, Southampton, and for five and a half years has been Ward Sister and Assistant Matron at the Hospital for Women, Showell Green Lane, Birmingham.

SISTER.

Royal Hospital for Sick Children, Aberdeen.—Miss Margaret M. Brown has been appointed Sister of Surgical Wards. She was trained at the Children's Hospital, Glasgow, and the Royal Infirmary, Dundee, and has been surgical and Theatre Sister at the Glasgow Hospital for Sick Children.

HOME SISTER AND NIGHT SISTER.

Royal Berkshire Hospital, Reading.—Miss Grace Hooper has been appointed Home and Night Sister alternately. She was trained at the General Infirmary, Bolton, and has been Staff Nurse at the Women's and Children's Hospital, Leeds, and the Clayton Hospital, Wakefield, and has been Sister at the County Hospital, York.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Edith Deadman is appointed to Chalfont St. Peter; Miss Theodora Harding to High Wycombe; Miss Ethel Heap to Elloughton and Welton; Miss Theresa O. Leonard to Weston-under-Penyard; Miss Matilda Proudfoot to Leeds (Central Home).

THE ROYAL RED CROSS.

His Majesty the King, during his recent visit to the Belgian headquarters, decorated Her Majesty the Queen of the Belgians with the Royal Red Cross (First Class).

It will be remembered that the Royal Warrant of 1915, relating to the Royal Red Cross, provided that the decoration might be conferred on "The Queens or Princesses of foreign countries who may have specially exerted themselves in providing for the nursing of the sick and wounded of foreign armies and navies."

ST. JOHN OF JERUSALEM.

The Grand Priory of the Order of the Hospital of St. John of Jerusalem in England announces that the King has been graciously pleased to sanction the following promotions in, and appointments to, the Order of the Hospital of St. John of Jerusalem in England:—

AS LADIES OF GRACE.—Lady Hadfield, Mrs. Wynne, Lady Wynne, Mrs. Dennis, the Duchess of Devonshire, Mrs. Lees, Viscountess Errington, Lady Portal, and the Countess of Onslow.

BEQUEST TO A NURSE.

Miss Margaret McNally, an Army Nursing Sister, and the daughter of a miner at Barrington, Northumberland, who was recently decorated by the King with the Royal Red Cross, has received intimation of a legacy of £4,300 from a former patient. Miss McNally, who hopes to return to France as soon as she has fully recovered from an illness, has informed a press representative that she intends to found an orphanage for children whose fathers have fallen in the war.

OUR ROLL OF HONOUR.

We greatly regret to record the death at Salonika of Nursing Sister Jessie Ritchie, of the Queen Alexandra Imperial Military Reserve.

Sister Ritchie was trained at the Royal Infirmary, Dundee, and for four years subsequently held the position of Sister there. She then joined the Nurses' Co-operation, London, when it was located at 8, New Cavendish Street. She served during the Boer War, and when the present War broke out, she was called up by the military authorities and went out with the Expeditionary Force to France, whence, after a year's service, she was transferred first to Egypt and then to Salonika, where she worked for a year and had signed on for another year.

During the Boer War she was placed in charge of a hospital in a concentration camp on the Orange River. It was there that General Smuts disbanded his commando, and on that occasion Miss Ritchie entertained him at tea. At the time of her death, which took place after a brief illness, she was Matron of the military hospital at Salonika. She possessed much character and energy, and her work was much appreciated.

We also greatly regret to record the death of Nurse Alice M. Blacklock at Basra, Mesopotamia, as the result of an attack of dysentery. Miss Blacklock was the daughter of Captain Blacklock, Warbreck Moor, Aintree, and received her training at the Brownlow Hill Infirmary, Liverpool, remaining there until 1913. She then joined the nursing staff of Fazakerley Hospital, and was there for some time after it was made a military hospital. A few months ago she proceeded abroad, and had made two voyages in a hospital ship to the Dardanelles, after which she took up an appointment in a British hospital in Bombay. Later she went to Mesopotamia, where she died a few days after her arrival.

NURSING ECHOES.

We have to thank Miss E. Horton (Glasgow) for a donation of 10s. to the fund for Nurse X., making the total amount received £24 2s.

The Executive Committee of the Nightingale Fund report that, owing to the war, it has been found useless to proceed with their tentative scheme to apply a portion of the income of the fund in providing scholarships for fully trained nurses, to give a year's course of instruction in subjects dealing with household, domestic, and social science. The scheme, therefore, remains in suspense. The Matron, Miss Lloyd Still, states that they have been able to retain the continuity of their system of training and lectures and examinations for the Nightingale probationers without any disturbance from war conditions.

All nurses, especially school nurses, whose work is concerned entirely with children, will be on the alert as to the precautions taken as to acute poliomyelitis in New York, having regard to the possibility of an outbreak in this country.

The official weekly bulletin of the New York City Health Department for July 22nd confirms, says the *Lancet*, the existence in New York of an epidemic of poliomyelitis which the telegrams have already foreshadowed. Attention in this country has been called to the epidemic by the distressing news that the daughter-in-law of the American Ambassador in London has succumbed to the complaint. For the week ending July 15th, 933 cases of poliomyelitis were notified, being considerably more than the sum of notifications of diphtheria, measles, and scarlet fever. During the same week 169 deaths occurred, as against 52 from all other infectious diseases; 143 of these were under five years of age, 25 between five and fifteen, and only one above this age. Of the 169 deaths, 109 were boys and 60 girls. The bulletin contains information for the public regarding the disease, and suggestions how to guard against it. Amongst the latter are contained the injunctions:—"Keep your children by themselves as much as possible; do not allow them to visit stuffy moving-picture shows or other places where there may be a large gathering of children. Children should not be kept in the house; they should be out of doors as much as possible, and not in active contact with other children of the neighbourhood. Do not take your children with you when you go shopping;

do not allow your children to be kissed. Remember that children need fresh air in the summer time, and outdoor life is one of the best ways to avoid disease." The bulletin adds that it is perfectly safe for the children to frequent parks and playgrounds if only two or three of them play together, but that they should not play in large groups, and should not come in contact with children from other parts of the city.

Mr. Walter Long, President of the Local Government Board, replying to an inquiry by Commander Bellairs (Maidstone, U.) in the House of Commons last week as to what immediate steps were to be taken in regard to the alarming outbreak of infectious paralysis in New York in order to prevent its spread to this country, said:—We are fully acquainted with the facts of the case and with the nature and history of this disease as far as it is known, and of the steps which are taken in New York. Cases of this disease have occurred here for a long period. The ordinary administrative machinery for the protection of this country is sufficient, and no special steps are, I consider, called for in respect of this disease.

At a meeting of the Belfast Board of Guardians, at which the Chairman, Mr. John Wilson, presided, the question of the appointment of a successor to the Lady Superintendent, Miss Howlett, was discussed.

It was stated in a special report of the Infirmary Committee that upon Miss Howlett's resignation the committee had conferred with the visiting medical officers on the subject. The clerk pointed out that the Local Government Board had requested that any vacancy which might occur in the Guardians' service offering employees who were on war service an opportunity of advancement, should not be permanently filled during their absence, and if the Guardians decided to adopt that course the Local Government Board would raise no objection to temporary arrangements being made for the discharge of the duties of the vacant office until the conclusion of the war. The committee, after a lengthened consideration, decided to recommend that the appointment of a lady superintendent nurse be deferred, the medical staff having pointed out that a large number of good candidates, now on war service, would not have an opportunity of making application; that the duties in the meantime be discharged by Miss Gray; and that Miss Campbell, assistant superintendent (convalescent department), be temporarily appointed to fill the office of Miss Gray as assistant superintendent.

We have been very glad, says the *South African Nursing Record*, to notice, in glancing through our advertisement columns for the past few months, that quite a number of institutions have adopted the principle of refunding their nurses' railway fares after a period of service. The exact time varies: thus, taking three recent examples, the Cape Hospital Board refunds its fare after three months' service, the Butterworth Board after six, and Oudtshoorn after a year. This does not matter: the essential thing is the adoption of a principle. Some time ago we commented on the unfairness of expecting a nurse to pay her own fare to take up a new appointment. Thus suppose she is appointed Staff Nurse at Pretoria or anywhere in the north of the Transvaal, from Port Elizabeth, at a salary of £6 a month, most of her first month's salary is gone in travelling expenses before she gets there. It is only right that after a certain period of good service her initial expenses should be refunded. In England young medical men seeking positions as house surgeons even have their fare paid to go and interview the committee, whether their application is successful or not.

The Frere Hospital, East London, is to be congratulated on the fact that two of its nurses, Miss Lilford and Miss Orpen, have come out first and second respectively in the list of successful candidates at the recent examination of the Cape Province for Trained Nurses. To the matron, Mrs. Knight, and to Dr. Lounds, who delivered a course of lectures, much credit is due for the successful result.

Miss Mary Ard Mackenzie, B.A., R.N., Chief Superintendent and Inspector of the Victorian Order of Nurses for Canada, in her annual report, incorporated in that of the Committee, says that the report for the year is a good one, "containing the story of splendid work accomplished, and replete with hopeful plans for future activities."

In the course of her remarks, Miss Ard Mackenzie says:—

"I wish to make special reference to the Country Nursing Scheme of the Order. During the last two years the most important developments of the Order have been made in this branch of our work. The plan is too well known to you all to need repeating. There have been and still are many difficulties, but most of them are vanishing. The difficulty of reaching the people in order to interest them has been largely overcome by the splendid help given by the Women's Institutes and the Grain

Growers' Associations. By attending and addressing the conventions of the Home Makers' Clubs of Saskatchewan, the Home Economics Societies of Manitoba, and the Women's Institutes of Vancouver Island, I was enabled to reach hundreds of women representing many localities, most of which are in need of some settled plan for supplying nursing care to their people. The outcome was that many meetings were arranged for in those provinces. Committees were organized, and the nurses are already at work in many of them, and are doing untold good. I should like to quote, in this connection, an extract from a letter from a doctor in the west:—"The people living in the above district (Hyde Park) are many miles from the nearest doctor, and as it is a comparatively new district many of the homes are, to put it mildly, very modest. In some cases, in fact, the nurse is fortunate in having one tin basin for solutions, when conducting maternity cases. It would take too long for me to go into details concerning the work Miss Skuse is doing, and I think one incident will illustrate it fairly well. Last summer I was called out there to see a baby that was ill, and on arriving, I found Miss Skuse there before me, doing all she could for the infant (4 a.m.). After I had finished attending to the baby, I happened to notice that the nurse had a number of contusions on one side of her face and a very black eye. The homesteader informed me that two or three days before she had been pitched out of a buggy in a runaway escapade, while going to see another patient. Most people would have taken a few days' rest to recuperate, but she had gone on with her work as usual, because she couldn't very well be spared, even for two or three days. That is the type of nurse they need out in that country, and I consider them unusually fortunate in having her. Indeed, it is to be hoped before very long all our northern districts may have nurses of that calibre."

"It was difficult to have the people on the whole appreciate the great importance of the preventive side of the nurse's work. So long as people were actually ill and required bedside care, they saw the need of a nurse, but beyond that they did not go. That is, however, changing, and last summer I was surprised at the advance made in a year, as indicated by having such remarks made at my meetings as: 'Let us have the nurse, if only for the school work,' or 'Let us have her, if only for the work with the babies,' and so on. This shows that there are agencies at work spreading the gospel of prevention."

PRACTICAL POINTS.

An Egg-Cup for Single-handed Use.

We reproduce from the *Lancet* the following description and illustrations of an egg-cup for the use of men with only one arm. It has been designed by Mr. Magnus Volk, R.A.M.C., voluntary

worker by appointment at the 2nd Eastern General Hospital, Brighton.

The cup is a wooden disc, 5 inches in diameter, with projecting rubber feet. The essential features are shown in the perspective view, Fig. 1, and the section, Fig. 2, showing rubber feet projecting one-sixteenth of an inch. The cup sits firmly on the tablecloth, even when only one hand is used, and the hollow is deep enough for the contained egg not to tilt. The cup has proved most useful to crippled men in the hospital. The illustrations are one-third natural size.

FIG. 1.



FIG. 2.



An All-Metal Hot Water Bottle.

This is a new hot water bottle, made entirely of metal, described in the *Modern Hospital*, for which the manufacturers claim many advantages over other metal bottles that have been offered in the past. One of the principal advantages mentioned is the convex exterior, which has increased its utility to a remarkable degree, as it conforms to the form of the human body. It is a well-known fact that, as water cools in a metal bottle, a vacuum is formed, and, unless the interior is reinforced, a gradual collapse takes place from atmospheric pressure. On account of the peculiar construction with an internal spring, this bottle at once resumes its normal shape as soon as the stopper is removed. It has been proven that a metal bottle will retain the heat about 50 per cent. longer than the ordinary rubber hot water bottle. The use of such a device, therefore, should not only afford added comfort to the patient on account of not being disturbed so frequently for the purpose of renewing the hot water, but should also lessen the labour of the nurses and attendants.

Another advantage claimed is that it produces the dry, penetrating heat needed in many cases, and that it will stand any temperature attainable, is self-sterilizing, and there is no possibility of leaking or bursting. An air chamber around the neck of the bottle permits of comfortable handling. It is made by A. S. Campbell Company, Boston.

BOOK OF THE WEEK.

"THE TRIUMPH OF TIM."

The vicar's name was White. In Little Pennington, however, everyone spoke of him reverentially as the vicar. Mrs. White died shortly after Tim was born; the vicar never spoke of her, not even to Tim. The room in which his mother's portrait was hung became an inquisitorial chamber. In it Tim was called to account for his incomings, outgoings and shortcomings.

His nurse would say:

"You are wanted, Master Tim, in your pa's study."

"Well, Tim, you are in mischief again; what are we going to do?"

This "we" was terribly disconcerting. It implied fellowship, the warning of a small heart's cockles, implying also a sense of responsibility.

To get into mischief might be, to a healthy boy, a ha'penny matter; to drag a saintly father into the mud of petty peccadilloes became an odious affair.

The atmosphere in which Tim was reared clung to him throughout his life, and though it did not save him from serious lapses, he never quite lost touch with it, and its influence brought him back to himself.

That he was impressionable is borne out by the prayer meeting he held with a village boy in the wood, following on a serious talk with his father.

Tim carried a brown paper parcel tied with string. Ernest Judd stared at it, interrogatively, with a hungry expression. It might contain cake, apples and roly-poly pudding. His face fell when Tim extracted a not too clean night-shirt and a yard of black riband.

"I shall go into the vestry and put on my surplice; you kneel down and pray."

"I'll be danged if I do."

"You kneel down and pray; open your sinful heart."

"Taint more sinful than yours."

"You kneel down or I'll have to punch your head."

Tim was trembling with excitement. Suddenly he remembered a familiar passage in the Old Testament.

"Take off your boots," he commanded, "and socks."

Tim did not remain sinful for any appreciable length of time, although that time lasted longer than was agreeable. For the remainder of the Lenten season he and Ernest vowed solemnly to give up biting their nails; but, as Tim remarked, "Didn't we just make up for it on Sundays."

Tim went to Eton, but the fact that he was a Tug instead of an Oppidan filled him with bitterness.

His boyish love for winsome Daphne would

have proved the inspiration of his life; and the girl, young as she was, would have been true to him but for her worldly mother. The anger that filled the boy's heart at her weakness in yielding to her mother, was followed by an unworthy episode with a village girl.

He had been expelled from Eton for breaking bounds at night. The old vicar, who was heart-broken, then revealed to Tim the secret of his illegitimate birth and the knowledge that he was not his son but the child of his wife, whom he had married to save from disgrace.

Tim's passionate remorse took the form of a resolve to go away until he could make good so far as was possible. He went to Southampton and worked his way before the mast to California. He married the beautiful daughter of a Spanish rancher. His passion whirled him to heights—and depths. Magdalena was a pure maiden. Must he tell her his sordid story; blacken the whiteness of her love? When he had finished, when he stood naked and ashamed before her, she burst into tears. But they were shed for him, not for herself. She said, brokenly, "Oh! you have suffered, you have suffered, but it is nothing—nothing; I shall make you forget Ohé! my love will make you forget, Teen; ah! Dios! but I could strike Ivy; I hate her, because she hated you; and you have given her a child, and still she hate you; God of my soul! is it possible?"

Ivy, of course, was the village girl who had, properly speaking, led the boy Tim astray.

In spite of his enduring love for Daphne, he was ideally happy with his lovely little wife and child. But phthisis claimed them both, and Tim was once more alone. In his loneliness he turned home to the old vicar. "My boy; my dear, dear boy."

"Father!" Tim finds his illegitimate son at the vicarage, cared for by his foster-father. Tim saw that the vicar was counting his sheaves—the corn that had ripened, after long years.

II II.

TO E. L. R. IN FRANCE.

You with the boyish laugh, the sunny eyes

That always smiled when danger threatened worst;

Would you have had things ordered otherwise,

If death could be prevented, Fate reversed?

You were so bright, we brightened 'neath your touch,

So all alive, your silence seems unreal;

Can it be true that you who felt so much,

Lie there alone and can no longer feel.

O comrade, though may be they call you dead,

To us who loved you, *that* you cannot be!

God grant when in my turn I too am sped,

Someone may find as much to say of me.

Soldier, of a Subaltern comrade in France

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 LEGISLATION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I was just delighted to see in the last issue of the JOURNAL the fourth draft of the Bill for State Registration, promoted by the Council of the College of Nursing, Ltd. Now that we have it in print, we can study its provisions. I note with satisfaction that it incorporates some of the principal clauses contained in the Bill which Registrationists have valued and striven for for so many years. Anything less would be a grave injustice to the Nursing Profession. What we Nurses want to know, however, is what professional bodies are going to nominate those forty-five persons who are to constitute the Council, and whose names it is proposed to include in the Bill? That is most important and, indeed, essential. I heartily endorse the opinion expressed in the JOURNAL that we nurses have a right to know what authorities it is proposed shall nominate the persons who are to govern us. Let us have the names, by all means, if Parliament is willing; but the bodies nominating them also. If one or other must be left out, then leave out the names.—Yours, &c.,

BEATRICE KENT.

THE PRELUDE TO PEACE AND SAFETY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—Once more we have to thank the "Keeper of the Door" for so watchfully guarding our Portals.

Our profession seems to me, like little Belgium, compelled to fight on until our position is assured.

Unless Registration becomes law we shall be liable to repeated invasions of our rights and privileges.

How carefully, for instance, those who take up sanitary work are trained, and the public would be deeply shocked were an amateur allowed to inspect or direct the making of their drains, and yet they would debar the finest profession in the world for women the status which it is justly entitled to.

Nothing but State Registration will bring peace and safety, and I earnestly hope you may be permitted to see your many years of strenuous endeavour crowned with success.

Believe me, yours faithfully,

J. MELITA JONES, R.N.

In New Zealand.

Auckland, New Zealand.

P.S.—I yet hope to be able to write—"Registered in Great Britain"

THE VOICE AND ITS INFLUENCE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I was very interested to read in last week's JOURNAL the article on "The Voice and its influence." The great Master, Shakespeare, gave an terse description of the necessary qualities in a woman's voice when he wrote:—

"Her voice was ever sweet, gentle and low,

An excellent thing in woman."

It is this the case with the sex generally how much more in nurses, for the nerves of the sick we know are acutely sensitive, and a voice with an edge on it may make purgatory of the sick room, whereas a voice soft, sympathetic and tender may soothe and comfort and so be a real factor in the restoration to health of the patient.

I wish someone would write an article (illustrated) on "Hands and their influence." I, for one, am a firm believer in it—for better for worse. So much is conveyed by hands. From the touch of some people we shrink. The hands may be shapely—even beautiful, but they are hard and unsympathetic, and repel one by their contact. Others seem to convey healing in their touch, we submit ourselves to their ministrations gratefully, we are sorry when they cease. All of which emphasises the importance of the small things in nursing. I would like to ask probationers if they are sure that their touch is as tender and their voices as sweet as nature and art can make them; if they do not feel assured on this point let me advise them to go and listen to some of our most persuasive speakers—Lady Henry Somerset, Mrs. Fawcett, Mrs. Ormiston Chant, Dr. Flora Murray, and then resolve to become their disciples. I know it would mean comfort for the sick.

Yours faithfully,

SISTER.

DIETARY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I entirely agree with the opinion expressed by your correspondent that British and French have much to learn from one another. I very much hope that one of the results of this war will be that English nurses will leave a permanent mark in the wards of French hospitals, and I should be happy if I thought that Frenchwomen would leave their impress in the kitchens of English hospitals. After all the presentation of nutritious food to a patient in an appetising form goes a long way towards his recovery, and in this department French women can give us points all along the line.

Yours, &c.

ONE WHO HAS EXPERIENCED BOTH.

OUR PRIZE COMPETITIONS.

September 2nd.—In what diseases have you seen marked delirium? How would you endeavour to quiet and obtain sleep for such cases?

September 6th.—What do you know of Acute Poliomyelitis, and the nursing care necessary in cases of this disease?

The Midwife.

CENTRAL MIDWIVES BOARD.

AUGUST EXAMINATION.

At the Examination of the Central Midwives Board held in London on August 2nd, 152 candidates were examined and 115 passed the examiners. The percentage of failures was 24.3.

LIST OF SUCCESSFUL CANDIDATES

LONDON.

British Hospital for Mothers and Babies.—C. S. E. Williams.

City of London Lying-in Hospital.—E. J. Evans, E. E. Miller.

Clapham Maternity Hospital.—E. M. Gripper, A. M. Meredith, L. M. I. Thompson.

East End Mothers' Home.—C. W. Bell, F. M. Foley, A. Mason, M. A. Maxwell, U. M. Mayberry, D. M. Stevens, G. M. Toll, E. M. White, B. M. Wood.

General Lying-in Hospital.—H. Barlow, B. A. Birch, A. Bradshaw, M. E. S. Callwell, M. P. Foudrinier, J. F. Furniss, A. B. Irving, E. Kilby, S. Mackenzie, M. G. K. Read, L. B. Styles, A. E. Watts.

Guy's Institution.—M. Apfel, A. B. Pilkington, K. Shorter.

Jewish Maternity District Nursing Home and London Hospital.—B. Abrahams, C. Hawker.

London Hospital.—E. Beckett, M. B. English, R. Hood.

Plaislow Maternity Charity.—M. Hutcherson, H. W. Keith, G. M. Prance, A. Williams.

Queen Charlotte's Hospital.—B. B. Berry, D. E. Biddell, J. A. Bince, M. R. Cross, M. Ewens, W. M. Sparshatt, E. A. Tait, E. Tipples, S. Undery.

St. Bartholomew's Hospital.—I. M. C. Grant.

Salvation Army Mothers' Hospital.—E. Brougham, A. Fielding.

University College Hospital.—O. M. Denny, A. G. Simpson.

Wandsworth Union Workhouse.—M. E. Dalby, H. D. Gage.

PROVINCES.

Birkenhead Maternity Hospital.—F. Addison.

Birmingham Maternity Hospital.—A. J. Fox, C. Grainger, E. Ings, G. James, A. Jones, M. F. Reynolds, M. M. Todhunter, A. M. Wells.

Brighton Hospital for Women.—C. Wakeheld.

Cheltenham District Nursing Association.—M. Cadmore, K. Hartland, E. A. Jones.

Derby, Royal Derbyshire Nursing Association.—R. Bond, S. E. Morris, A. Phipps.

Essex County Cottage Nursing Society.—E. Crampton, S. A. Hindle, E. F. Hunnabell, L. H. Roberts.

Hastings District Nursing Association.—E. A. Weatherill.

Leicester Union Infirmary.—L. E. Evitt, A. Fairall.

Liverpool Maternity Hospital.—E. A. Smith.

Liverpool Workhouse Hospital.—A. Prytherch.

Manchester, St. Mary's Hospitals.—E. Baker, E. Lewis, M. E. Neild, B. Owen.

Staffordshire Training Home for Nurses.—M. Roberts, E. Wood.

Portsmouth Workhouse Infirmary.—A. D. Bishop.

Walton West Derby Union Infirmary.—G. L. Jones.

Wiltshire Nursing Association.—I. S. Hunt.

York Maternity Hospital.—E. B. Gammon.

WALS.

Cardiff O.F.J.N.I.—T. Giles.

Monmouthshire Nursing Association.—M. E. L. Jones.

SCOTLAND.

Dundee Maternity Hospital.—E. K. King.

Edinburgh Royal Maternity Hospital.—M. Bishop.

IRELAND.

Dublin National Maternity Hospital.—M. Moffett.

Dublin, Rotunda Hospital.—B. A. Tabuteau.

INDIA.

Madras Government Maternity Hospital.—L. J. Green.

PRIVATE.

I. M. Arcott, F. H. E. Bertouille, L. E. Blackburn, M. A. Butterworth, H. S. Hallett, M. Hopkins, A. E. Irvine, E. A. Morgan, G. S. Sharpley.

Kennington Union Infirmary.—E. M. Baker, A. Morgan.

Fulham Midwifery School and G. Ley.—F. Crowe.

Pemberton Nursing Institute and New Hospital for Women.—A. F. Edwards, A. C. Johnson.

Birmingham Maternity Hospital.—M. Levell.

St. Mary's Hospital, Manchester.—M. Lincham, A. Whitworth.

General Lying-in Hospital.—W. Williams.

EXAMINATION PAPER.

1. Describe all that can be seen, felt, and heard on examination of the pregnant abdomen at the end of pregnancy.

2. What may prevent a child's head from passage through the brim of the pelvis? How would you recognise that its passage was prevented? What is your duty in such a case?

3. Describe the care of both mother and child which is necessary in a case in which a yellow vaginal discharge is present at the time of labour.

4. What symptoms and signs would lead you to think that a woman had cancer of the womb?

5. Describe the proper treatment of the breasts before labour, and during lactation.

6. How would you treat (a) sore buttocks, (b) convulsions in a new-born child, (c) retention of urine in a mother twenty-four hours after delivery?

THE NEW RULES.

When a certified midwife is cited to appear before the Central Midwives' Board, notice is now sent to the Local Supervising Authority, who is to be given the opportunity to attend and assist the Secretary. As this Authority has previously investigated the charge against the midwife locally, and found a *prima facie* case, it is obvious that this is not only a just but a wise provision.

Midwives should note the new rule placing on them certain pre-natal duties. Amendments have been introduced in respect of the equipment of midwives, notification of liabilities of a midwife to be a source of infection, and the duties of a midwife to her patient. The desirability of breast feeding is also emphasised.

THE OBSTETRICAL NURSE.*

[Abridged.]

By SARA B. BOWER, R.N., PHILADELPHIA, PA.

I have often been amused, and at times greatly annoyed, by the point of view so many nurses entertain toward obstetrics. This was first impressed upon me shortly after my graduation, when an experienced nurse, with whom I was discussing my plans, said to me: "I haven't come down to taking obstetrical cases yet, but, of course, you never can tell." From her tone, I felt that she considered her ability warranted something superior to obstetrics. Since then, I have repeatedly encountered this same intolerance, and only a few days ago, while attending a meeting, it was again brought to my attention. A nurse whom I had not seen for several months asked me about my work, and I replied, saying: "Yes! I'm busy, but then, an obstetrical nurse can always be busy."

"Oh! obstetrics," she replied, in a contemptuous tone. "No doubt we'll all come to it; times are so hard."

Why should she feel that she "must come to it"? Why this contempt for obstetrics?—a work which requires as skillful training as anything in the category of nursing, and which at the same time is replete with new problems, new interests and delightful associations. An obstetrical nurse has not one patient, but two, each of whom has different needs. Realising that the baby is a personality with individual rights, she must protect and discipline it, and prevent the interference of family and friends. This is often the most difficult problem of her work, but this

protection means the future comfort of both mother and child.

The obstetrical nurse, to fill the highest mission of her speciality, must be a teacher. Motherhood is the greatest revelation that comes into a woman's life, but it is also the greatest responsibility, and for that reason the nurse must teach the mother the physical care of her child, so that she will not be helpless when left to her own resources. If the baby is artificially fed, the mother must be taught milk modification, pasteurization, and the principles of sterilization. At all times a feeling of confidence should be cultivated in the mother. Then, too, I have often found that a mother's training has led her to look upon an infant as a plaything, brought into the world for the amusement of older people. In such cases it becomes the nurse's duty to arouse in that mother a sense of moral obligation and responsibility toward her child.

The reason for the intolerance so often found among nurses towards obstetrics is that they view it only from the standpoint of labour, they fail to see the marvellous work that can be done by exact and scientific method. The great evolution in obstetric care during the last thirty years, has only been made possible through the advent of the trained nurse. She has been the doctors' greatest aid in the wonderful work that has been done in the prevention of puerperal sepsis.

Obstetrics is a laborious speciality, but it yields unusual compensations. Surely it should not be robbed of its ideals, but should be given its proper and by no means inferior place in the category of nursing.

SCHOOLS FOR FATHERS.

Dr. Barbara Tchaykovsky, writing in the *Mothers' Magazine* on Schools for Fathers says that schools for mothers were established some ten years ago to cope with the terrible loss and maiming of infant and maternal life, largely through preventable causes and through the ignorance of those who are making the future race.

To concentrate on the mother and child and to leave out of account the father is to court disaster, for the fathers, too, share in this building, and their ignorance is the deadliest foe we have to fight in our baby-saving crusade, nay, in our safeguarding the immortality of the race. Much of our efforts may be wrecked unless we can secure the co-operation and stimulate the interest of the other parent to whom also the child belongs, and in whose hands, too, lies the future.

The Sultan of Egypt favours some useful institution, such as a maternity hospital, with a medical school for women, as the Egyptian memorial to Lord Kitchener, and is prepared to head the subscription list with £500.

* From the *American Journal of Nursing*.

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EDITORIAL.

DO NURSES STAND TOO MUCH?

An animated discussion is proceeding in the *Daily Mail* under the heading "Nurses Stand too Much." Do they? What do our readers think?

Mrs. C. G. Dixon declares that the unnecessary standing—and long hours—prevent many quite healthy though not over strong women from becoming nurses in this time of exceptional need, and that except during the short meal times, and the two hours off duty, nurses are not allowed to sit down at all in the whole twelve or fourteen hours' day, even to make "swabs" and prepare dressings which could be done quite as quickly sitting as standing, and that on "doctor's afternoons" (every afternoon is doctor's afternoon in a busy London Hospital) the nurses in the wards he visits last may have to wait about for an hour or so doing absolutely nothing, yet they may not sit down—"They may not even get on with the work which is crying out to be done in case the doctor should appear at any moment. His nerves, one supposes, would not stand the shock of seeing a couple of probationers quietly making dressings at a side table in the ward."

This letter has provoked a reply from Lord Knutsford who signs himself "Chairman of three London Hospitals where no such rule exists." He challenges Mrs. Dixon to give the name of any hospital where such an "absurd and cruel rule" is in force, and says "as applied generally to all hospitals the statement is untrue." So the glove is down and it is "up to" those who assert that it does exist to prove it.

But this may not be as easy a matter as it appears. There are many unwritten rules which are quite as binding as those which are framed and glazed, or pinned on the nurses' green board.

A chairman may truthfully say such a rule

is non-existent. The probationer with equal truth may tell quite a different story. Not only every hospital, but to some extent every ward in the same hospital has its own unspoken rules, its own standard, dependent on the will, and in some degree the temperament of the Sister.

No doubt an appeal to authority might prove that a particular rule which presses hardly is not endorsed by the Committee, but that is seldom a step regarded as practicable by the probationer in training. "It is never done," "it is very bad form," is enough for the average probationer, into whose scheme of things the possibility of an adverse report, and being "sent for to Matron" to be told that nursing is not her vocation always enters.

The "Chairman of a Large Provincial Hospital" appears to appreciate the position when he writes to our contemporary.

"The real position I believe to be that, while there is no rule against nurses in hospitals sitting down, they do, in fact, refrain from doing so because they are afraid it will gain them a reputation with their matron for slackness.

"This, I know, is the case here, and from conversations I have had at different times with our sisters is the case at most hospitals. So far as this hospital is concerned there is no ground for this fear, but our staff is slow to believe it."

The hard fact must also be remembered that in a busy ward there is often no time for nurses to sit down, and the harassed Sister is often compelled to be more or less a slave driver in order that the day's work may be accomplished.

Lord Knutsford raises another question when he writes that if subscribers to hospitals would ask to see the sleeping accommodation thought fit for nurses they would, in many cases, think that nurses "stand too much."

OUR PRIZE COMPETITION.

IN WHAT CASES HAVE YOU SEEN MARKED DELIRIUM? HOW WOULD YOU ENDEAVOUR TO QUIET AND OBTAIN SLEEP FOR SUCH CASES?

We have pleasure in awarding the prize this week to Miss Kathleen Köhler, Brook War Hospital, Woolwich, S.E.

PRIZE PAPER.

Delirium may be of two types—low muttering delirium and wild delirium.

Low muttering delirium is common in all acute infectious fevers. In typhoid fever it is, to some extent, almost invariably present.

Wild delirium is met with in the early stage of acute pneumonia, uremia, alcoholism, and poisoning by a certain class of drugs, e.g., belladonna.

The wild delirium associated with acute alcoholism is known as delirium tremens, from the tremors which accompany the condition.

Traumatic delirium is a term applied to a delirious state which sometimes follows injuries and surgical operations. It may be due to (1) sepsis; (2) a weak condition of the nervous system. With the typhoid state practically nothing is needed but careful watching, as these patients never attempt to act upon the promptings of their delirious ideas, and spend a fair amount of their time in a drowsy condition.

Quietness is best obtained by agreeing with the patient absolutely; his statements must never be contradicted in any way, and although delirious, he will often do what he is told when the nurse talks quietly to him or touches him. Should the patient become actively violent, a certain amount of restraint may, if necessary, be exercised by pinning the blanket covering him to the mattress. Should this be ineffectual, a patient should be removed from a general ward to a quiet room, where very little sound has access. If a fire is necessary, it must be screened off, as the flickerings of a fire on the wall are most disturbing to a delirious patient. Perfect quietness has a wonderful effect. With a very violent patient some measure of restraint, under medical direction, is preferable to wrestling with the patient, as this tends to make him more excited and leads to extreme exhaustion.

Hypnotics are nearly always necessary to obtain sleep. They should only be given by medical direction, as they have a very depressing effect on the heart. In delirium tremens, stimulants should not be entirely withheld. Tepid sponging will often induce sleep, and a

wet pack almost invariably relieves the symptoms and so promotes sleep.

In these conditions patients are indifferent to the passing of time, and strict attention to their personal comfort and absolute quiet will predispose to as much sleep as possible. It need hardly be said that, although delirious patients resent interference, they must never for one moment be left alone.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss A. C. Knight, Miss L. M. Moffitt, Miss P. MacLaren, Miss M. Robinson, Miss J. Stevens.

Miss A. C. Knight writes:—Delirium may occur in various febrile disorders. For instance, it is often seen in the advanced stage of enteric fever, when it is usually of a low muttering type. In the early stages of acute pneumonia we have the active noisy delirium.

Small-pox patients often become delirious, and are sometimes very violent.

Delirium also occurs in bad cases of scarlet fever, especially in the septic and toxic forms, also in cerebro-spinal meningitis and in typhus fever. It may be present after a severe operation.

For delirium, after any of the specific fevers, drugs have no special action. Cold packs (65° F.), tepid baths or sponging, cold baths or cold sponging, all tend to lessen the delirium, and produce sleep for the patient.

Belladonna poisoning, in severe cases, is marked by delirium. Physicians usually inject morphia to counteract the poisonous effects of the belladonna.

Delirium tremens only occurs in patients who habitually take large quantities of alcohol. This condition sometimes comes on as the result of a shock. Occasionally it follows the sudden and complete withdrawal of alcohol, or it may develop during an acute illness. The nurse in charge of an advanced case of delirium tremens should use her tact to keep the patient quiet by humouring him. Remembering the risks of heart failure, she ought never to struggle with him, but try to persuade him to stay in bed. If the patient imagines that he is following his daily occupation, she should devise some means to foster the delusion.

Ingenuity and tact are the qualities most needed for the proper management of a case of delirium tremens.

QUESTION FOR NEXT WEEK.

What do you know of Acute Poliomyelitis, and the nursing care necessary in cases of this disease?

ON THE SALT PACK TREATMENT OF INFECTED GUNSHOT WOUNDS.

Dr. J. E. H. Roberts, B.S., F.R.C.S., and Dr. R. S. S. Statham, M.R.C.S., Temporary Captains in the R.A.M.C., contribute to the *British Medical Journal* a most interesting article on the above subject, in the course of which they say:—

The method of dressing wounds with a firm pack of gauze and sodium chloride tablets, devised by Colonel H. M. W. Gray, C.B., combined with a preliminary free excision of the wound and lacerated and infected tissues, has in our hands given results which have effected revolutionary changes in our methods of treatment. During the last twelve months it has gradually supplanted other methods of treatment, until now we employ it in the majority of cases. At first we regarded it with suspicion and used it but half-heartedly; finding, however, that wounds dressed in this way became clean at least as speedily as those treated by other methods, and that the general condition of the patients improved owing to undisturbed sleep, increase of appetite, and absence of mental apprehension of frequent painful dressings, we ended by becoming complete converts to the method.

The operative details in connexion with a wound naturally vary with the site, nature, and degree of infection of the wound.

After describing the surgical technique employed, the writers say:—

With the exception of iodine for the skin, we do not apply any antiseptic to the wound.

The wound having been thus prepared, the salt pack is applied in the following manner. A piece of plain gauze, four to six layers thick, is lightly wrung out of 5 per cent. salt solution and carefully laid in the wound so that it is in contact with the whole of the surface. Care should be taken that this sheet of gauze is sufficiently large to cover the whole surface of the wound. If several smaller overlapping pieces are used, small spaces in which pus collects form at the lines of junctions, and there is also great danger of the pieces being displaced when the rest of the packing is inserted, thus leaving bare surfaces. When the wound is a deep one, the gauze lining is carefully carried down by the fingers within it to the deepest recesses of the wound. No spaces should be left, as they rapidly fill up with pus. A few 40 grain tablets of salt are now placed in the deepest part of the wound, or, if the wound is flat, placed on the surface of the gauze about

an inch apart. The interior of the gauze-lined wound is now firmly packed, somewhat in the manner of the old-fashioned petticoated tube, with a roll or long strip of gauze moistened in the same way. This strip is carried alternately from one end of the wound to the other, and numerous tablets of salt are laid between the successive layers. A handful of tablets should not be thrust in all together, as when they dissolve a cavity is formed. For a wound 4 in. long by 3 in. deep, ten to twenty tablets would be used. When the pack becomes flush with the skin surface a few more layers of gauze are applied, and over that a thick wool dressing, composed of at least three layers, completely encircling the limb. The whole is then firmly bandaged, so that the surface of the wound is kept in intimate contact with the pack, and all spaces which tend to form are obliterated. Really firm pressure should be used both in applying the pack and in bandaging. The elasticity of the thick wool dressing distributes the pressure and effectually prevents anæmia of the wound surface and congestion of the limb below.

Where a compound fracture is present, it is not usually possible to avoid leaving spaces between and around the fragments of bone, and therefore, in such cases, after placing the lining sheet of gauze, a large rubber tube is introduced down to the fracture, and the remainder of the gauze and tablets packed around it. This serves to prevent the tracking of pus along the bone. A hole cut in the lining gauze allows any discharge to gain free access to the tube. . . .

After dressing, morphine tartrate grain $\frac{1}{4}$ is usually given, as most patients complain of pain for a few hours. In many cases, however, the pain is quite slight, and no analgesic is necessary. In the few cases in which pain has persisted exposed sensory nerve endings have been discovered, and these may be cut short under novocain. Successive dressings become less painful, and after the second an analgesic is usually unnecessary. A rise of temperature and increase of pulse-rate usually follows the manipulations, but unless these persist after twelve to twenty-four hours, no apprehension need be felt.

In the behaviour of the temperature and pulse the cases fall into three main classes. In the larger number the temperature and pulse-rate fall to normal on the second day, and remain so, except for temporary slight rises following the first dressings.

In another class the pulse-rate comes down at once, but the temperature comes down by lysis, taking four or five days to reach the

normal. In a comparatively small number of cases, although the pulse-rate remains below 90, the evening rise of temperature may persist for one or two weeks, although the wounds when dressed appear clean and free from retained pus.

The pulse-rate and general condition of the patient is a much better index of the well-being of the wound than the temperature.

After a few days the outer dressings may acquire a very offensive odour. This is due to decomposition in the dressings themselves, and if they are removed the wound is found to be perfectly sweet. The outer dressings are more offensive than the inner. At one time we changed the outer dressings when they began to smell, leaving the packing in the wound untouched. The objection to this is that it is difficult to change the outer dressings without disturbing the deep pack. We then used various substances, such as Sanitas powder, potassium permanganate, and cuprad powder, thickly dusted on the dressing immediately beneath the outermost layer of gauze. All these diminish the odour. With Dakin's chloramine-T powder, which we are now using, all odour is practically abolished. Mixing chloramine-T tablets with the salt tablets in the deeper dressing was found to be unsatisfactory, as it did not prevent the smell.

INDICATIONS FOR CHANGING THE PACK.

Indications that the wound is not doing well, and that the pack must be changed are:—

- (1) A continuously rising pulse-rate.
- (2) Increasing œdema in the limb.
- (3) Sudden onset of severe pain. This generally means spreading gas infection.
- (4) A persistent rise of temperature for which no other cause can be found.
- (5) A change for the worse in the patient's general condition in cases in which a raised temperature has persisted from the beginning.
- (6) Oozing of pus from under the edge of the dressing. This is generally due either to the dressing having been left unchanged too long, or having been too loosely applied.
- (7) The dressing must be re-applied when the pack has become loose from diminution in the circumference of the limb as œdema disappears.

SOME OTHER DETAILS.

Where the innermost layer of gauze is found to be firmly adherent to the wound surface, it is not removed, but a new pack is applied within it. If it is removed, bleeding is caused, the protective barrier is broken down, and a rise of temperature takes place.

When once the wound is granulating

healthily it is not advisable to continue the salt pack, as the granulations become exuberant, pale, and œdematous. If the wound cannot be closed, any of the simple dressings should be applied.

Occasionally a wound becomes sluggish, even during the separation of sloughs. A change from the salt pack to a dressing of gauze soaked in pure glycerine usually causes a rapid change for the better. Where a wound is not doing well with a salt pack, and a pure streptococcal infection is present, the use of a 1 per cent. salt solution as a wet dressing, continuous irrigation, or bath, will sometimes be found to effect an improvement.

CONCLUSIONS.

The salt pack has given very good results with flush amputations and in excised joints. It appears to be of great value in field ambulances and clearing stations, as in time of stress it may be impossible to renew dressings for two or three days. Those cases we have received from clearing stations in which the treatment has been thoroughly carried out have arrived in excellent condition, and contrast very favourably with those treated by other methods. Cases treated by eusol irrigation, however clean they may be when leaving the clearing station, often have their wounds in an unsatisfactory state on arrival at the base twenty-four hours later.

Our advocacy of this method of treating wounds is based entirely on our clinical experience, and we do not in this place advance any theories to explain its action. It is based originally on the well-known work of Sir Almroth Wright.

The *Indian Medical Gazette* says that after a cataract extraction, in order to produce an even pressure over the front of the eyeball swabs of wet, sterilized wool are used. The wool is pulled, not cut, into pads about an inch thick and three inches in diameter. These are sterilized by boiling in a 5,000 biniodid solution. Two of these, sopping wet, are laid on the eyes; with the straightened fingers they are gently pressed down over the eyes, so that the swab becomes moulded to the eye and fills in the hollows around it. Over this is placed a wet pad of lint, or six layers of gauze; then a figure of eight bandage is applied fairly firmly. Next day the wool and gauze will be found to form a complete mould of the eyeball and orbital opening. It is very comfortable, produces no feeling of uneven pressure, while it allows the eye to move easily, and renders it almost impossible to open the eyes.

THE NURSING CARE OF TYPHUS FEVER.

By MISS J. G. GILCHRIST.

Typhus fever is an eruptive fever in which the nursing care is of the utmost importance. In this disease the rash appears about the fifth day, and is composed of three parts: a series of spots on the skin (resembling typhoid at first), first pinkish in colour, next day purple, then brown; a large number of spots under the skin, which do not disappear on pressure, and give the skin a mottled appearance; small spots resembling fleabites, seen especially in severe cases. The rash may stay out from three to seven days.

The patient should be isolated and nursed in a cool, well-ventilated room or ward, from which all dispensable articles have been removed. A through current of fresh air is a great antidote to the poison given off by the patient's breath and evacuations. The temperature of the room should be kept at 50° F. The patient's body requires frequent sponging with cool water, with a disinfectant added, which helps to dispel the peculiar offensive odour associated with the disease. Pressure sores must be carefully prevented, all points of pressure carefully dried after sponging, and dusted with starch or talcum powder. Retention of urine may occur, and should be watched for and reported to the doctor. Great care must be observed in giving aperients, a very small dose (which should be medically prescribed) being sufficient; a larger dose might bring on diarrhoea impossible to stop, and cause death by exhaustion. The mouth is always very dirty, and sores are apt to collect on teeth and lips; frequent and careful cleansing is essential. All rags used must be at once destroyed, as the mouth secretion and breath are particularly infective. The eyes require bathing with warm boracic lotion when sore and inflamed, as they are often only partially closed when in an exhausted state. An ice-bag should be applied continuously to the head to lessen cerebral disturbance, and the patient carefully watched for the onset of delirium, which is nearly always present in some form. Wild delirium may occur in alcoholic cases, the patient frequently dying of exhaustion in a few days. He should never be left alone, and all articles capable of inflicting injury kept out of sight and reach. Sleep is very important, and stupor or prostration noted. The strength must be kept up with milk diet, beef tea, eggs, and plenty of stimulants, especially when nearing the crisis, as there is a tendency to cardiac

failure. Hot-water bottles should always be in readiness in case of collapse. The temperature, pulse, and respiration should be recorded two-hourly.

Respiration is rapid—30-40. The increase may be due to a congestion of the base of the lung by lying constantly on the back. The pulse is at first full and rapid, but in stages of prostration thready and imperceptible. The temperature rises high: 105° for first five days, remaining about 103° for eleven days, when crisis occurs, and the temperature falls. The patient then recovers rapidly if no rise of temperature ensue. In a fatal case the patient dies with a rising temperature about the thirteenth day.

To prevent infection the patient's clothing on entrance, especially if in a verminous condition, should be straightway destroyed, and after convalescence the bedding and body clothing—impregnated as they become with the products of the severe toxæmia, given off by the skin—should be burnt rather than disinfected. The evacuations and urine should be disinfected during nursing with chloride of lime and carbolic acid. Only necessary food should be conveyed to sick room; that unconsumed must be immediately burnt. Flies and insects should be abolished by strict cleanliness and methodical attention to details. Burning pyrethrum powder or a saucer of formalin in the sick room acts as a preventative. No visitors should be allowed in the sick room. All toilet and feeding utensils must be kept solely for patient, and must be scalded and disinfected in an enamel bath after use.

After convalescence the room and its contents, furniture, crevices, and woodwork must be sprayed with a strong solution of formaline, and well scrubbed with soap and very hot water.

The nurse must observe cleanliness and disinfection of person and clothing, removing overall on leaving sick room; she should take daily disinfectant baths if possible, and her clothing must be disinfected at the conclusion of the case.

In the epidemic of typhus in Serbia the transmission of typhus by vermin has been demonstrated. Dr. C. Ussher, of Van, states: "We have proved conclusively in our hospital that the only means of transmission is vermin. Our nurses have been exposed to every other form of contagion: from the breath, desquamation, discharges, constant association day and night, and all this in an over-tired condition. Not one of them has contracted the disease."

NURSING AND THE WAR.

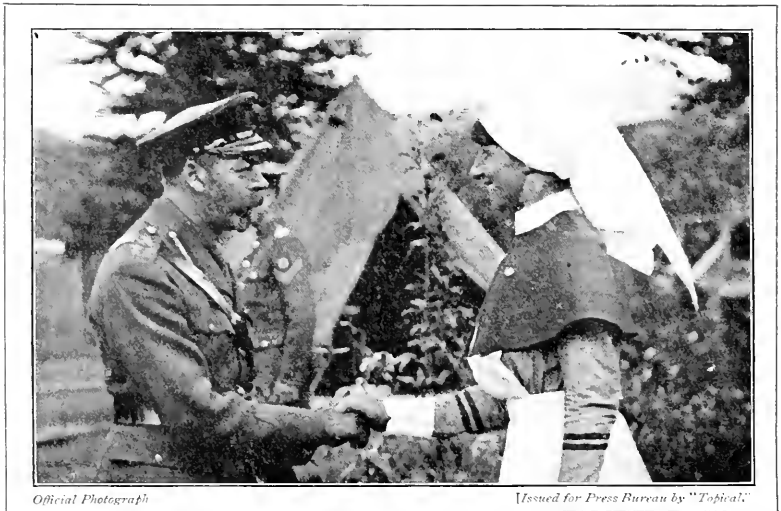
The King, during his recent visit to the British troops at the Front in France, made a point of visiting the sick and wounded in hospital, and cordially greeted the Matrons. The accompanying illustration will in years to come be an interesting record of this visit, and will be especially treasured by the Matron honoured by His Majesty's greeting.

It is a kind act on the part of the Port of London Authority to extend the privilege of free trips on the River, on the steam yacht *Conservator*, to the nurses in military hospitals. It will, we are sure,

is hoped that it is the first of a series of annual gatherings of disabled officers.

The Secretary of State for the Colonies announces that, in recognition of the wonderful heroism of the French soldiers, the New South Wales division of the Red Cross Society has arranged to place twenty trained nurses at the disposal of the French Government.

It was intended that they should be given the Army pay from the date of embarkation, but the Australian Jockey Club has arranged to make a contribution sufficient to make up for them the full pay of staff nurses for six months. They sailed on August 4th.



Official Photograph

Issued for Press Bureau by "Topical"

THE KING MEETS THE MATRON OF A BRITISH MILITARY HOSPITAL IN FRANCE.

be greatly appreciated, for a trip on a river steamboat is a very favourite form of recreation with nurses, and a fine means of enjoying the ozone-laden air and resting tired bodies at the same time, as convalescent soldiers have already found.

A unique reunion took place at the Trocadero Restaurant on Saturday last at the dinner arranged by Commander Newcombe, R.N., Commandant of the Hanworth Park Hospital, Feltham, and a committee of officers. The dinner was in honour of Miss Munn, the Matron of the Queen's Hospital, Dover House, Roehampton, her sister, Nurse Margaret Munn, and the surgeon, Colonel Openshaw. The forty officers present had been under treatment in the hospital and had lost a limb, or been otherwise crippled during the war. It

Senator G. F. Pearce, Minister for Defence, has announced that an offer made by the Government of the Commonwealth of Australia—of fifty Australian nurses for duty in India—has, says *Una*, been accepted by the Government of India. The *personnel* will be selected from the Australian nurses now in Egypt, who are available for other duties owing to the movements of troops and to the closing of the Australian hospitals. The Commonwealth Government will continue to pay the nurses at the usual Australian rates.

It is with pleasure that we publish a portrait of Sister J. S. Whyte, who was officially notified as wounded in a recent issue of the *London Gazette*. The wound, which was caused by shrapnel, which struck her while at work in a

clearing station shelled by the enemy is, we were glad to learn, not severe. Sister Whyte was a member of the 2nd Scottish General Hospital (T.F.) at Craighleith when selected for service abroad.

Miss Clara Lee contributes to the current issue of the *Bart's League News* some reminiscences of her experiences in Malta in 1882, when she was one of a party of five appointed to proceed with the Army on active service, and ordered to go to the Battalion Surgical Hospital at Fort Chamberai, Gozo. On landing, they eventually reached

the drawbridge and entrance to an old building of the Knights of St. John. The sentry presented arms as they passed under the gateway, and they found themselves in front of the hospital. On the far side was the little house of stone appointed as the Sisters' quarters. There was the building of stone with the flat roof, but nothing in it. The store-keeper off duty was found, mattresses packed after the Crimean War—marked 1858—were, with brown blankets and new sheets, brought up to the quarters, and after a meal, kindly sent up from the officers' quarters, the Sisters made themselves as comfortable as they could on the stone floors. The milkman kept an account of the milk he supplied with notches on a stick, and when one of the Sisters spoke of the thickness of the milk, he excused himself by saying he could not help it, as the goats drank so much water.

An Australian nurse, writing in *Ullie*, says that one of the desires of the Australian nurse in Egypt has been to make the most of her time when not on duty. When the great hospitals became less busy early in 1910, the ambition to "do Luxor" became in nearly every case a reality. She writes: "Hichens says in his book 'The Spell of Egypt': 'There are a few places in the world that one associates with happiness, that one remembers

always with a smile, a little thrill at the heart that whispers, 'There joy is.' Of these few places Luxor is one. Luxor, the home of sunshine, the suave abode of light, of warmth of the sweet days of gold and cheery golden sunsets, of silver shimmering nights through which the songs of the boatmen of the Nile go floating to the courts and the tombs of Thebes.'

To this might be added the happy laughter of the Australian nurse, freed for the time from the care of the sick and wounded, and of this sad epoch in the world's history. Strange contrast that the invalids of the earth's youngest nation should seek restoration to health in the shadow of the world's oldest monuments. Thebes, though existent from the earliest ages, did not reach its summit of glory till the Egyptian Middle Empire times that is somewhere about as much before Christ as we live after the beginning of the Christian era. Luxor, the modern site of ancient Thebes, is 476 miles up the Nile from Cairo.

FRENCH FLAG NURSING CORPS.

Miss Ethel Ubsdell has been awarded the Silver Medal of Honour by the French Government for devoted service to the French soldiers. Miss Ubsdell was working as a Queen's Nurse at Sandridge and Riverhead, Kent, but was given leave of absence for service in connection with the War, in November, 1914. For some time she undertook district nursing in France, and since February, 1916, has been working under the French Flag Nursing Corps at Steenvoorde.

Miss Wadsworth, of the T.F.N.C. who is just now in England, would be very grateful for gramophone needles, writing paper and envelopes, post-cards and khaki handkerchiefs, to take back with her. Such gifts can be sent to 431, Oxford Street, London, W.



SISTER J. S. WHYTE, T.F.N.S.,
WOUNDED ON ACTIVE SERVICE.

CARE OF THE WOUNDED.

The heroism of the British soldier on the field of battle is of the highest order, and commands our admiration and our gratitude, but that of the same soldier permanently incapacitated and disabled is of a quality that makes us thrill with pride, if our tears are near the surface with its pathos.

The Bishop of Birmingham—who, amongst other duties, is a chaplain in the Territorial Force and may frequently be seen in khaki in the 1st Southern Hospital at Bournbrook—in the course of an address given recently at Willingdon Parish Church, on behalf of the Eastbourne Hospital, said:—

"I remember having to tell a young fellow that he would never see upon this earth. A few big tears rolled down his face. Then for a few minutes he held my hand and was quite calm, and then he loosed his grip upon me and, stretching over to his locker by the side of his bed, he took out his mouth-organ. That had been his companion away over there, and he just played a certain number of his old Scottish tunes on that mouth-organ.

"I have seen that man dozens of times since. He is now at St. Dunstan's Hostel, where he is likely to prove a capable man in many respects. Not one word of complaint has he uttered."

An Indian branch of the Joint Committee of the British Red Cross Society and Order of St. John was recently formed, under the presidency of the Viceroy, and sub-branches are now being set up in the Presidencies, in order to prevent waste and co-ordinate Red Cross work in India under one organization.

Mr. Harold M. Barton, of Messrs. Barton, Mayhew & Co., F.C.A., financial advisers to the Joint Committee, has left for India and Mesopotamia to standardize the system of accounts and to place the new branches in intimate touch with the Central Committee at 83, Pall Mall, S.W.

Lord Islington, who last week opened the Public Library, Manor Garden, as an extension of the Great Northern Central Hospital, Holloway, which will add eighty-two beds to those available for wounded soldiers at the hospital, in pleading for support, said:—

"Whilst we are determined to prosecute this war to a logical and determined end; while we are determined that nothing shall stand in the way of a complete and satisfactory conclusion of peace along with our brave Allies, we must equally be determined one and all to remit no effort to see that that successful prosecution is carried out. And amongst the many factors bringing about that successful prosecution, among the most conspicuous and most important of them is to see to it that nothing is left undone in our hospitals and our institutions for the wounded that we render every possible assistance that science and human sympathy can offer. That can only be done by the individual and united energy of all of us and by unhesitating

sacrifice. Therefore, see that nothing takes place in the Great Northern Hospital that will undervalue or minimise the full utility of every corner and every ward of the institution."

Sheffield has nursed 20,000 wounded soldiers in the military hospitals since the outbreak of war. Motor ambulances have conveyed 16,000 miles in conveying them from the railway station.

It is good to read in Lord Northcliffe's letter from Murren in the *Times* of the care taken of our wounded prisoners:—

"A man from hateful Wittenberg was lying in a deck-chair on the sunny verandah outside his bedroom, to which was attached the very latest type of private bathroom. There was a bowl of roses and edelweiss and a box of Woodbines by his side. . . . By his bedside I noticed a photograph of the wife and children at home, and he had abundance of books and English newspapers.

"His surroundings are typical of all those at Murren. Nothing can be too good for our soldiers, and at Murren, and also at Chateau d'Oex, of which I obtained full accounts from English visitors, the best that modern hotels-de-luxe can give is given them. Flowers, sleep, sunshine, and happiness are everywhere."

The Government of the East Africa Protectorate is contributing £500 to the collection which is being made in East Africa for the British Red Cross Society and Order of St. John, in return for the material assistance rendered by the society in the local campaign.

In view of its increased activities, the cost of the work of the Blue Cross now amounts to about £3,500 per month, and this sum depends entirely on voluntary subscriptions. The head offices are at 58, Victoria Street, London, S.W., and the Secretary is Mr. Arthur J. Coke.

The correspondence in the *Glasgow Herald*, on the subject of the position of V.A.D.s, voices both the grievances of the V.A.D.s and the views of trained nurses. Both protagonists agree that it is time there was plain speaking, and both speak plainly. On behalf of the former it is urged that when War broke out efficient V.A. Detachments were left largely unutilized, and a "Red Cross Well Wisher" asserts:—

"It is not 'nurses' but 'general servants' that the Red Cross wants, which is proved by the fact that in their recent appeal they expressly mention that previous training is not an absolute necessity. But there is another reason for the non-response to the Red Cross appeal. When war broke out, it suddenly became fashionable with certain people to take up Red Cross nursing work. With high-born ladies it became quite a vogue. Courses in sick nursing were rushed through in as many weeks as it formerly took years, and these same ladies, imperfectly trained, were pushed by influence into positions of authority as commandants (e.g., of auxiliary hospitals),

while the ladies who had become thoroughly trained before War broke out were asked to do the work of scrubbing floors and cleaning kitchen ranges. . . . When the Red Cross authorities set themselves to do two things—(1) utilise the services of thoroughly trained V.A.D. nurses for the special work for which they have been trained, *viz.*, ambulance and sick nursing, and (2) see to it that those who devoted years to this work before the war are treated more favourably than those who took up this work as a 'war vogue' for fashionable and society reasons—they will have no difficulty in securing the services of most of the V.A.D. nurses whom they had trained but are not yet utilising."

"A Territorial Nurse," on the other hand, writes of the V.A.D.s "that they are treated as general servants is untrue. They do the work of a probationer and no more. They have certainly been taught a certain amount of sick nursing. They can bandage and bandage well, on a sound limb, but on a limb that is smashed or even inflamed, it is often necessary to apply a bandage that would not appear pretty or correct to an examiner either of V.A.D. or hospital-trained probationers. . . . I have [worked with V.A.D.s in Red Cross hospitals, where they do not receive a penny for their labours, also with V.A.D. probationers in the Territorial hospitals, where they are paid £20 a year, more than double the salary an ordinary probationer in hospital receives. I have found them generally very willing and helpful, and can honestly say they could not be done without in such a time of need—as probationers. Some of them have the making of very good nurses in them, but it would take more than War hospital nursing to train them. They are willing to do all they can, and do greatly assist in Tommy's welfare and recovery. But I maintain that they have no right to the title of sick nurse, and in the interest of our brave and wounded men none but a trained hand should dress their wounds or apply splints."

OUR ROLL OF HONOUR.

We last week recorded the death of Nursing Sister Jessie Ritchie, of Queen Alexandra's Imperial Military Nursing Service Reserve, who was attached as Sister (not Matron) to the twenty-first Stationary Hospital at Salonika, and who died of dysentery after three weeks' illness.

The Royal Infirmary, Dundee, which was her training school, as well as the nursing profession as a whole, may be proud of the record she has left behind.

The Matron of the hospital wrote recently from

Salonika: "She has done such good work out here, her services have been invaluable; she never spares herself, and her patients' comfort is her first consideration. When she was considering signing on for another year, I begged her to consider before deciding whether she could stand the extreme heat and cold of this climate, but she assured me she could, and that the camp life suited her better than any other." In a later letter, the Matron stated: "She has been one of my best and most loyal workers, devoted to her work and her patients."

One who knew her wrote in a contemporary: "The gracious 'Lady of the Lamp' had no worthier claimant to a share in her illustrious lineage. The same grace, the same devotion, the same utter selflessness characterised the life-service of



The late SISTER JESSIE RITCHIE, Q.A.I.M.N.S. Reserve.

Sister Ritchie. To have numbered her in one's circle of friends is a privilege that redeems life from much of its sordidness. The Army Nursing Service to-day is sadly poorer by her death, but what an incentive her beautiful memory is to all that is best in British womanhood! I met her last autumn before she left for the East. She was busy despatching gift-parcels to some of the 'boys' she had left in hospital at Havre. And she was specially proud of having secured sufficient funds to send out an organ to brighten the winter evenings and keep the orderlies from wandering to the town."

A SUCCESSFUL GARDEN FÊTE.

A successful Garden Fête in aid of King's College Hospital was held in the Nurses' garden at the hospital, Denmark Hill, on Thursday, August 24th.

Hearing that the hospital was sorely in need of funds, the Territorial Staff Nurses led by Miss Gay decided to try and do something to help. As a result they organized and arranged a Garden Fête, with the help and co-operation of the civil nursing staff and the military patients (officers). An entrance fee of one shilling was charged. Under the trees in the garden were several tastefully arranged stalls, of which the fancy, flower, sweet, and men's stalls were the chief. These were presided over by the nurses who had got some very pretty and useful things together. The Pipers of His Majesty's Scots Guards toured the garden and the hospital at intervals and were much appreciated. There was also an orchestral band in the garden, and music was given during tea. In the chapel two Civilian nurses gave organ recitals which were well attended. Side shows in the garden were a "cocoanut shy" which did great business, a bran tub, and a weighing machine.

Several amusing competitions were held in the garden including an egg and spoon race, a duster washing competition, and a hat trimming competition for men, the latter caused much merriment to a number of spectators. Tea was served in the nurses' dining hall which had been tastefully arranged with small tables and decorated with flowers and plants. One shilling was charged and for that sum everyone had what they liked and as much as they chose. A splendid choice was provided consisting of tea, bread and butter, buns, cakes, cress and sandwiches. About five hundred people were served and the large hall was so full that an extra tea stall was erected in the garden.

Two concerts were given in the Military Recreation Hall by the Petticoat Players and friends, these were some of the nurses' friends. Several songs were sung, a ventriloquist performed, there were one or two humorous sketches and a dialogue. The programmes were really excellent and were much appreciated by a large audience.

Miss Ray, Principal Matron, was presented with a beautiful bouquet of pink carnations by the Territorial Staff Nurses.

The proceedings terminated at 8.45 p.m., with a speech from a Member of the Hospital Committee in which a vote of thanks was given to the Territorial Staff Nurses and to all those who had assisted, and also to all who had so kindly sent gifts for the stalls or refreshments for tea.

The staff Nurses of the Fourth London General Hospital (T.F.) are to be congratulated on their successful enterprise, it must have brought in a considerable sum towards the £20,000 required by next December if King's College Hospital is to carry on its work.

JOINT WAR COMMITTEE.

AT HOME.

The following Sisters have been deputed for duty in Home Hospitals:—

De W'alden Court Hospital, Eastbourne.—Miss L. Cross and Miss E. M. Beacon.

V.A.D. Hosp., Bicester, Oxon.—Miss E. Newton.
Rosslyn Lodge Aux. Hosp., Hampstead.—Miss M. O'Brien.

Hazlewood Red Cross Hosp., Ryde.—Miss A. Connolly.

Founders Coll. Hosp., Ackworth, Pontefract.—Miss A. Marland.

Wemyss Castle, Kirkcaldy, Fife.—Miss C. Arathoom.

Milton Hill, Stevenon, Berks.—Miss J. M. Nesbitt.

Aux. Mil. Hosp., Isleworth.—Miss E. M. Waight.
Aux. Mil. Hosp., Cobham, Surrey.—Miss O. Attridge and Miss M. Greenbury.

Garden Suburb Aux. Hosp., Golder's Green.—Miss E. M. Whitcombe.
Highfield Hall Red Cross Hosp., Southampton.—Miss H. C. Campani.

Red Cross Hosp., Old Hastings House, Hastings.—Miss A. Blackall.
Gifford House, Rochampton.—Miss A. A. Spendelow.

Boothroyd Aux. Mil. Hosp., Brighouse, Yorks.—Miss C. S. Trounce.
Clayton Court, East Liss, Hants.—Mrs. N. K. Pannett.

V.A.D. Hosp., Cosham, Wilts.—Mrs. A. B. McCreery.
Vol. Hosp., Rusthall, Tunbridge Wells.—Miss I. Mackellegan and Miss N. M. O'Brien.

Southwood Aux. Hosp., New Eltham.—Miss H. M. Montgomery.
Percy House Schools, Isleworth.—Miss C. Buchanan Cross.

Sunshine Aux. Hosp., Hurstpierpoint.—Miss M. Hanington.
Summerlee, Fortis Green, N.—Mrs. L. Harris and Mrs. L. A. Warwick.

Rothsay Mil. Hosp., Weyhill, Andover.—Miss S. Vaux.
V.A.D. Hosp., 4, Lyndhurst Road, Hampstead.—Miss K. M. Manning.

The Glen Hosp., Southchurch Road, Southend.—Mrs. H. Havlock.
St. John's Hosp., Hastings.—Miss M. Barker.

Henwick House, near Wellingborough.—Mrs. E. Gillingham.
Red Cross Hosp., Brickett House, St. Albans.—Miss M. Frith.

Red Cross Hosp., Taunton.—Mrs. L. Hawken.
Murrell Hill Aux. Hosp., Carlisle.—Miss E. Craig.

Aux. Mil. Hosp., Levenshulme, Lancs.—Miss M. Willner and Mrs. A. Ash.
V.A.D. Hosp., New Town Hall, Torquay.—Miss G. M. L. Hart and Miss C. E. Jackson.

Officers' Hosp., Berrington Lodge, Birchington.—Miss E. Charters.

Langley Park Mil. Hosp., Slough. Miss M. Ruddock.

V.I.D. Hosp., Alfred House, Rochampton. Miss S. Grainger.

W'anley Bury V.A.D. Hosp., Broxbourne. Miss K. Glover.

Red Cross Hosp., Ravenscroft Hall, Muddleswich.—Miss A. K. Bell.

Red Cross Hosp., The Close, Winchester. Miss E. Hughes.

ABROAD.

Boulogne Head Quarters. Miss J. Watson, Miss M. G. Kimmond and Miss J. M. Campbell.

Anglo-Russian Hosp., Petrograd. Miss A. J. Pinniger, Miss T. Mavor, Miss Hegan, Miss Squire, Miss H. Davies, and Miss E. Jones.

STATE REGISTRATION OF NURSES.

The Hon. Secretary of the Society for the State Registration of Trained Nurses has received the following letter from Lady Horsley in acknowledgment of the Resolution of Sympathy sent to her by the Society on the death of Sir Victor Horsley:—

DEAR MISS BREAY,—I am sure you will forgive a delay in acknowledging the most kind message of your Society. I am deeply grateful for their sympathy.

It is bitterly hard to feel that two of the causes for which he cared so much, the Registration by the State of Nurses and the franchise of women should seem to be on the eve of their success, and that he who worked so hard for them is denied the joy of seeing it.

Very sincerely yours,

EDLRED HORSLEY.

25, Cavendish Square.

APPOINTMENTS.

MATRON.

Military Convalescent Hospital, Lepton.—Miss Edith A. McLaren has been appointed Matron. She was trained at the General Hospital, Rotherham, and had special experience at the Birmingham Ear and Throat Hospital and as Night Sister at the Manchester Eye Hospital. She has also been Matron of a hospital in the Isle of Man.

Cottage Hospital, Wallasey.—Miss Agnes Kirkbride has been appointed Matron. She was trained at St. Helen's Hospital, and has been Sister and temporary Matron at the Wallasey Cottage Hospital, and for the last eleven months Sister of the Military Wards at the Borough Hospital, Birkenhead.

Kettlewell Convalescent Home, Swanley.—Miss M. Minro, for many years Sister Henry at St. Bartholomew's Hospital, has been appointed Matron.

Miss S. M. D. Wharry is her successor as Sister Henry.

NURSE MATRON.

Isolation Hospital, Spennymoor. Miss N. L. Thomas has been appointed Nurse Matron. She was trained at the London Hospital, and has been Matron at the Bucknall Isolation Hospital.

NIGHT SISTER.

St. Chad's Hospital, Edgbaston, Birmingham.—Miss Florence Noble has been appointed Night Sister. She was trained at the Bagthorpe Infirmary, Nottingham; and has held the position of Sister at the Kettering Hospital and the Coventry and Warwickshire Hospital.

Royal Surrey County Hospital, Guildford.—Miss C. Marshall has been appointed Night Sister in the Red Cross Annexe. She was trained at the Oldham Royal Hospital and has been Night Superintendent at the Southwark Infirmary, East Dulwich.

QUEEN VICTORIA'S JUBILEE INSTITUTE. TRANSFERS AND APPOINTMENTS.

Miss Lillian R. Golds is appointed to Tipton, as Superintendent; Miss Golds received General training at the Poplar and Stepney Sick Asylum, Bromley; Midwifery training at the East End Mothers' Home; District training at Kensington; and she has held various appointments under the Institute, including that of Senior Nurse at Rawmarsh and Parkgate. Miss Ada E. Elliott is appointed to Kingston, as Health Visitor; Miss Sarah E. Footner, to East London (South); and Miss Ada E. Marsden, to Rawmarsh and Parkgate.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Matron Miss Louisa M. Stewart, R.R.C., is retained supernumerary to establishment, August 11th, 1916.

Sister Miss Hannah Suart, R.R.C., to be Matron August 11th, 1916.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

Miss Elinor Jessie Margaret Anderson has been appointed a Nursing Sister.

We greatly regret to record the death of Sister C. Jack, of the above Service; also of Sister Christine Jay, on board a hospital ship.

THE PASSING BELL.

As we go to press, news has reached us of the death from dysentery of Sister Alice Guy, of Newport, Mon., at the Scottish Hospital Auxiliaire, at Salonika. Sister Guy, who took up war work on the outbreak of hostilities, has held the position of Superintendent of the Devonshire Hospital, Buxton.

AN HONOURABLE DISTINCTION.

The French Government has conferred on Miss Kathleen Burke, of the Scottish Women's Hospitals, the decoration of the "Golden Palm," and named her *Officier de l'Instruction Publique et de Beaux Arts*. Miss Burke is known in France as "The Knight of Tenderess and Pity."

RESIGNATION.

Miss Elizabeth Florence Cory has resigned the position of Senior Theatre Sister at Queen Charlotte's Hospital to take service on a hospital ship as a member of the Nursing Service Reserve. Miss Cory was trained at the Royal Victoria Hospital, Belfast, and has held the position of Sister at the City Fever Hospital, Birmingham. She has also had experience of private nursing.

NURSING ECHOES.

Though Barnet Union has for the time being made over its fine new Infirmary to the War Office, it is by no means standing still. The nurses are cheerfully making the best of the drawbacks which must exist in a building of an old-fashioned type, and though they cast longing eyes at the scientific and labour-saving devices in the new building, they are, we feel sure, proud to be able to contribute these advantages to the wounded soldiers. When the happy day arrives when Peace is declared, they will come into their own with double satisfaction. Under the supervision of the popular Superintendent Nurse, Miss Jenkins, the staff have come through the stress, owing to the scarcity of trained nurses, with credit. An especial feature that calls for commendation is the skill and care bestowed on sick infants. All nurses will appreciate the difficulty connected with this branch of work, and congratulate the Barnet nurses on the low mortality rate.

We give a picture of the staff this week, taken outside their beautiful new home, Pickering Lodge, which commands one of the finest views obtainable in Hertfordshire. They should be expert in aircraft, for they are in a direct line with the Hendon aerodrome, and every machine that ascends is within view of their Home. The pretty lawn in front of the house asked loudly for a croquet set, which was kindly presented by one of the Guardians.

The Infirmary Committee of the North Bierley Infirmary have always been keenly alive to the advancement of the interests of their infirmary, patients, and nursing staff. Recognizing the claim of *trained nurses* for an adequate salary, they have now decided to commence the Sisters' salary at £40 per annum. At their meeting on August 23rd they also granted an increase of £10 a year to the Superintendent Nurse, Miss A. R. Hare. During her ten years as Superintendent Nurse the number of patients has more than doubled, and the nurses increased fourfold.

It is not every committee which generously recognizes the additional work devolving upon the responsible officer by an extension of the work and the enlargement of the nursing staff, resulting in the greater usefulness and efficiency of an institution, and both the committee and Miss Hare are to be congratulated.

An honorarium of £20 has also been granted to Dr. Cunliffe, medical officer, "for the excellent work in preparing the probationers for their examinations," with an understanding

that the question of his salary shall be considered at the end of the war.

The Report of the Argyll Nursing Association, which has now twenty-eight nurses at work in the county, states that it is a great satisfaction to be able to say that in the midst of the turmoil of war, and the disorganization consequent, the Argyll Nursing Association has been able to maintain its work, and even to increase the number of the nurses belonging to it by placing a Queen's Nurse for the Island of Luing and the adjacent group of Islands of Easdale, where the presence of a highly trained nurse is most important, as in the event of stormy weather, help cannot be sent from the mainland, and immediate medical assistance may be required.

By the kind invitation of Mrs. Ebdon, President of the Nursing Association, a large and representative company of subscribers to a parting gift to Miss A. Slater, the district nurse, who had resigned on account of her approaching marriage, assembled at Newton House, Elvanfoot, to witness the presentation. This took the form of a beautifully fitted dressing-case, accompanied by a very handsome sum in Bank of Scotland and Treasury notes. Mr. John Morton, J.P., Whelphill, chairman of the Executive Committee of the Association, presided. The esteem for Miss Slater personally, and for the value of her services, which animated the whole meeting, was expressed in a letter from the Rev. C. M'Kune, who testified to Miss Slater's excellent work; to her care, prudence, and skill; to her ever-ready attention at all hours and in every kind of weather.

The presentation was made by Mrs. Ebdon, and Miss Slater warmly responded. The bride-elect has now been called up for war service on a hospital ship, so that the marriage may be deferred for a time.

The correspondent of the *Yorkshire Post* at Montreal reports that, answering an appeal from the New York physicians who are fighting the dread infantile paralysis plague in that city, a large number of Canadian nurses started yesterday for the hospitals in New York to give their services. At the American border, however, they were refused entry by the immigration authorities. This refusal was based upon the regulation of the Contract Labour Board of the United States, which denies entry to any persons engaged in advance. Appeals to Washington thus far have been without avail, and there is a decidedly uncomfortable feeling here over the matter.

Miss Alice Simpkin (formerly Sister Hope at St. Bartholomew's Hospital and now working in Nyasaland as a member of the U.M.C.A.) writes in *League News*:—

"The first converts of the Mission, who were released slaves, were baptized on St. Bartholomew's Day. That festival has always been a red-letter day in the Mission, and what corresponds to our summer holidays at home always begins August 24th. They last for three weeks. On August 30 the doctor came for a few hours on his way up the lake; he took off the Padre, who had been ill for seven weeks. The next day the priest in charge said the 'ladies' were to go away for a holiday. There was no one

"We wanted some bracing air, and had often, on a clear day, looked with longing eyes at Chipata, a hill some thirty miles inland, north-west of Kota Kota. It stands out so clearly in the strong light, and makes a beautiful background to the long stretches of plain one sees when you get a little above the lake-level. We started at 6.40 a.m. Mr. Stych seemed quite pleased to take the keys to do the housekeeping, and Padre was going to give an eye to the hospital and the Dawa—i.e., the outpatient department—which was left in charge of the senior Dawa boy. Our loads consisted of two tents, two deck and two little folding chairs, one bath on the top of which Dora Mann



MISS JENKINS.
THE NURSING STAFF OF THE BARNET INFIRMARY.

very ill in the hospital just then. August had been a trying month. I had to get up once or twice in the night, fifteen nights out of the month, and I had a nasty suppurating finger which would not get well. Miss Mann, the lady teacher, who has been single-handed for eight months, was also feeling quite ready for a rest. Where should we go? The only passenger steamer has lately been commandeered by the Government, as 350 South African troops—Englishmen—are coming up to help at the north end of the lake; also steamer travelling is very expensive: the *Queen* charges £5 from Kota Kota to Likoma, less than sixty miles as the crow flies, nine hours' journey.

strapped her hammock, a tin box each, two camp beds, our blankets, pillows and sheets (no mat or mattress is required on the camp bed), two food boxes, one basket of cooking pots, and another of plates, &c., two small folding tables, fifty fish, sun-dried for the boys' relish, which, by the way, had a strong smell of its own. When the camp was pitched the boys generally hung it well in the wind for us, but it was soon removed. Then there were the two machilas* and Dora Mann's bicycle. We had sixteen machila men and fifteen men to

* Hammocks in which travellers are carried by native porters.—Ed.

carry the loads. Our kitchen boy came to cook, one head table boy to wait, and we brought two small schoolboys to wait on us, make beds, &c. They were so excited about coming, and walked so well all the way. . . . Our camp was pitched by three o'clock, and we sat down to afternoon tea; after tea we went for a walk, and sat for some time watching a party of monkeys in some trees near the water, which, by the way, did not look very prepossessing, but of course it was boiled before we drank it. We retired very early. I insisted on a big fire being lit just near my tent door, in case of lions coming too near. We meant to make an early start the next day, and so we did: we got up at 4.15. It was dark but for the stars. Our ablutions, and most of our toilet, were performed by a blazing big fire; it was really cold. The tents in the meantime were being rolled up, and all the men were busy round us. It was lovely when the day broke; we travelled through forest, most of the way, single file. However wide the road, Africans always walk like ducks, one behind the other; so, except where there are many Europeans, the road is always a path for one. Dora Mann soon took to her bicycle, and I walked for about three-quarters of an hour. We arrived at our halting-place at a hill called Xkañ at 8.30. There we had breakfast, and found some beautiful clear *cold* water. At nine we started again. I did not enjoy the last three hours. My finger ached horribly, in spite of soaking and fomentations. By the way, the machiia always jolts you a good deal; the sun was very hot, and we were climbing steadily nearly all the way. However, that was soon over, and we were at our destination by mid-day. . . . We have all our meals out in the open—our dinner by the light of a big wood fire. On Tuesday we got up at sunrise, 6 a.m., to climb Chipata. It was a lovely morning, I went the first bit of the way in a machiia, and was very doubtful about getting to the top. There is no path; the grass is often high above your heads, and you have to crawl on your hands and knees through thorny bushes; in places near the top you can get no foothold. Miss Mann climbed splendidly, like a cat, and so did the boys. I nearly gave in, but finally got to the top, which consists of big boulders. I was roped to two men, and the chief who conducted us also gave me a helping hand. The view was glorious: ridge after ridge of hills and rolling plains. We could just see the lake and our lagoon. . . . Climbing down the hill was not so fearsome as I expected, but with a rope round one's armpits and three men to help I just managed it. We got back in good time, and very much enjoyed a hot bath. The

first few days it required some courage to wash in the morning, the water was so rich with red mud; but the third day the boys found some nice clean water.

"Wednesday evening we walked to a little village in the hills. No white woman had been seen there before. The chief had a big house built square, not round, as is usual. He had possessed a herd of ten goats, but leopards had taken them all but one."

LEAGUE NEWS.

ST. BARTHOLOMEW'S HOSPITAL, ROCHESTER, NURSES' LEAGUE.

The first general meeting of the St. Bartholomew's Hospital Rochester Nurses' League, held at the Hospital on St. Bartholomew's Day, August 24th, was voted a great success, and the sun shone all the time.

Previous to the meeting a short and very beautiful service was held in the chapel, the psalm and lesson being particularly well chosen.

The League was founded in March of the present year, with Miss Pote Hunt as President. It is satisfactory that the Treasurer was able to announce a satisfactory balance in hand.

We are glad to learn that the League has, with pleasure, accepted the invitation of the National Council of Trained Nurses of Great Britain and Ireland, conveyed through the Hon. Secretary, to affiliate with the Council, thus bringing its members into relationship with the other professional societies of nurses associated in it, as well as with the International Council of Nurses.

Miss M. S. Rundle, R.R.C., Secretary of the College of Nursing, gave an address, setting forth its objects—invitations being sent to the nursing staffs at the Naval Hospital, Fort Pitt Hospital, Gravesend General Hospital, and the Maidstone General Hospital, to be present. The Chaplain also spoke on education and religion as applied to nurses.

At the conclusion of the meeting there was a most enjoyable garden party, at which many friends from surrounding hospitals and elsewhere were present.

In acknowledging the notice of the League Meeting inserted in THE BRITISH JOURNAL OF NURSING, the Hon. Secretary wrote:—"The JOURNAL is largely read in this little corner, and appreciated for its excellent contents and the nice paper and printing."

The League keeps a Register of all its members on the card system, with their subsequent posts, with dates, &c.

THE CULT OF THE TEA-TABLE.

A reply to the Shade of Mr. Jonas Hanway, who wrote in disparaise of tea 100 years ago.

A whole world of romance lies hidden in that potent word! The magic of it recalls a host of memories, too. Some of those that are bidden come as pale ghosts of the past, out of the limbo of forgotten things. Some come by the byways of tradition, and many more among the highways of history. Here come Dr. Johnson and Mrs. Thrale, for instance, in the van of the shadowy host. They were well-known tea devotees in their day. With a little stretch of the imagination we can see them drinking their favourite beverage at the Thrales' House at Streatham. All the time that the learned doctor is drinking his twenty-five cups of tea "in rapid succession," which history records, he regales his admiring listener (for she is one of the Blue Stockings) with his didactic conversations, relieved occasionally by blither strains, such as the following:—

"And now I pray thee, Hetty dear,
That thou wilt give to me,
With cream and sugar, softened well,
Another dish of tea.
"But hear alas this mournful truth,
Nor hear it with a frown,
Thou canst not make the tea so fast
As I can gulp it down."

We see them again enjoying the hospitality of Mrs. Montagu, known as the "Queen of Blue Stockings," at her house in Portman Square. And here we meet the venerated shades of many others of that ilk. This period—the middle and latter part of the eighteenth century—was the heyday of the Blue Stockings, and their mixed assemblies were famous. They comprised the intellectuals of that day. Here we meet Hannah More, the Greek scholar Elizabeth Carter, Fanny Burney, Mrs. Vesey, Horace Walpole, Edmund Burke, &c. The hostess arranges the chairs in a semicircle, in order to facilitate the flow of conversation, because conversation of an intellectual character is the main purpose of the assembly. As a matter of fact, while some of the conversationalists were brilliant, others were remarkably dull. We doubt if any of them—met together for the purpose of being brilliant—would have achieved their set purpose had it not been for the inspiring effects of the "fragrant tea," which they all drank on these occasions. Only the rich could give tea parties in those days, because of its cost. What the precise cost was at this period we cannot say, but the price at the time it was introduced into England, about the commencement or middle of the seventeenth century (writers differ as to the exact date) is said to have been from 16 to 170 a pound! The renowned *conversations* of the Blue Stockings' tea parties appear to have begun and ended in themselves. One good purpose they had, however, namely, to promote social intercourse by other and better means than that of card-playing, which was

the prevailing custom of mixed assemblies in those days, and which inspired Hannah More to write in her poem to "Bas Blen":—

"Long was Society o'errun
By whist, that devastating Hum."

Where is the contemporary shade of Mr. Jonas Hanway? He was a man of parts; philanthropist, writer, inventor; and yet we do not find him among the guests of Mrs. Montagu! He is busy at home inventing the umbrella and writing an indictment of tea. With such zeal does he attack the favourite and fashionable beverage that Dr. Johnson empties the vials of his wrath upon him. For this reason we may surely assume he has been shut out from the select society of the tea-drinking intellectuals. Mr. Jonas Hanway, with all your cleverness, you are no scientist, you have not studied the make-up of tea—you know nothing about the benign alkaloid known as caffeine—or shall we call it theine, seeing that we are speaking of tea, it means the same thing? You do not know, O prejudiced and ignorant man, that it is "a nerve stimulant of the purest kind." You are a traveller, Mr. Hanway; you have been to Russia; why did you not go further East, where tea-drinking and tea-making are fine arts, and were practised there hundreds of years before you were born? Do you know? No, how should you, you are too ignorant—that in Japan tea has been ennobled into a religion of aestheticism, which is called *Teism*. You have shown by your dulness of perception that you have no sense of the refinement of taste, and the beauty of tea. The Japanese would scorn you as a man "with no tea in his constitution." In the course of your essay on tea you have said some foolish things, you know; your descendants have forgiven but not forgotten your untruthful remark that men seemed to lose their stature and comeliness, and women their beauty through the use of tea. Had you been a guest at the Salon of Mrs. Montagu, you would not have observed any lessening of her beauty or that of others of her sex, neither would you have discovered any decrease in the stature of Dr. Johnson and other male guests. Maybe it was for the purpose of hiding your diminished head that you invented the umbrella! Well, then, get underneath it and don't trouble about the rain; it is not so bad a thing as prejudice or ignorance. Mr. Jonas Hanway, we must be fair to you, however. You lived in less enlightened times than ours, and yet many of us are just as ignorant and just as prejudiced as you were. We, too, write and talk of things of which we know nothing. We forgive you therefore. We really are very much obliged to you for inventing the umbrella, we use it almost every day.

The cup of tea! "The cup that cheers, but not inebriates!" That glorious institution, how did we live without it! Ah! that belongs to the dark ages! The modern nurse is probably the most appreciative tea-drinker in the Western world. She is, in fact, *trained* on tea; she studies

for and passes her examinations *on tea*. It invigorates her, it inspires her, it endues her with cheerfulness, courage and perseverance. It is her panacea, for it cures her of all minor ailments. It is both a curative and preventive agent. In passing from the general to the particular, what numberless, delightful tea parties have the members of the State Registration Society enjoyed together. How keenly we look forward to our annual meetings, when we learn of the enlargement of our sphere and the strengthening of our cause. And—we are but human—how much we look forward to the tea party which follows! We are not Blue Stockings, but there is a salon in London, well known to this professional Society of Women, at No. 2, Portland Place, where a gracious lady annually entertains a large number of registrationists. She is assisted in her generous hospitality, by her charming daughter, Mrs. Walter Spencer's tea parties are historic; they are part of the warp and woof of the Registration fibre. The most delicious tea is served in the damciest china, accompanied by plentiful and dainty refreshments. It is beauty plus stimulation. It is *Teaism!* It cements our loyalty to the cause of professional freedom, and creates and strengthens friendships. Two friends, who had not met for thirty years, were joyfully reunited here over their teacups. We rejoice that our hostess does not require us to sit in a semi-circle! The entertainment is delightfully informal.

Possibly we may be fanciful, but we courageously assert that tea is a power in our professional lives. Without knowing it, perhaps, we have elevated our national custom into a professional *ism*. *Teaism*—a sense of and cultivation of the beautiful. And if of material things, why not spiritual? Friendship, loyalty, devotion to principle—these are beautiful things. Why should we not adopt the word *Teaism* as a cryptic, comprehensive technical term among ourselves, a watchword to idealize? We can record with pleasure and pride many other historic tea parties; one, for instance, we can none of us ever forget—November 21st, 1887. On that historic day, in a house in Wimpole Street, the movement for the reform of the Nursing Profession by State Registration was initiated. How sweet the tea must have tasted to those zealous women at this inauguration. Those who were present when the Matrons' Council of Great Britain and Ireland was founded in 1894, will doubtless recall the inspiring tea party on that occasion. We may be quite sure it gave them courage to pursue their dauntless purpose! It was this Council, too, which, at its annual meeting in 1899, sowed the good seed of Internationalism, which has produced such a rich harvest of endeavour and drawn together the nurses of twenty-two countries. Who shall say that the foundress of this great Federated Company, which is going to be one of the greatest organizations for good in the world, did not draw some of her inspiration from "a dish of tea!"

And when the State Registration Society was launched in 1902, we may assume—although

history is silent on the point—that the professional custom of tea drinking played a conspicuous part in the foundation ceremony! Colley Cibber, poet-laureate in the eighteenth century, was a contemporary of Jonas Hanway, but held opposite views on the subject of tea. He expresses them in the following lines, which will find an echo in the hearts of modern nurses:—
"Tea! thou soft, thou sober, sage, and venerable liquid; thou female-tongue-running, smile-smoothing, heart-opening, wink-tipping cordial, to whose glorious insipidity I owe the happiest moments of my life, let me fall prostrate."

With these words we draw this paean of praise of tea to a close, with the hope that the custom of drinking tea and the allied beverages may become *more* national and that of beer-drinking less so.

BEATRICE KENT.

"BANDOLIER AND BANDAGES."

"Bandolier and Bandages" is a booklet of verse by Mr. David Mackie Junr. published on behalf of Red Cross Funds, at the Standard Printing Works, Kilmarnock. A journalist with a promising career before him, he resigned his post on the outbreak of war for active service in Flanders, where he contracted a very serious illness.

Here are some of the verses dedicated to "My Nurse" (Sister Wright, of the Military Hospital, St. Omer, France):—

When God made human pain,

He gave a recompense,

A woman pure, intense,

With tender heart and brain.

That touch the angels have,

He placed within her hands

And made them magic wands
To charm when ills enslave.

The smile of heaven was hers,

To make stern pain ashamed—

In pity of earth's maimed
God thus designed the nurse.

BOOK OF THE WEEK.

"A WOMAN IN THE BALKANS."*

Mrs. Will Gordon's travels in the Balkans, have an especial interest at this time, and indeed, would be a record that should be sought after under any circumstances. The book contains fifty-four charming illustrations and a map of the Balkan States which is a great aid to the intelligent perusal of a work which makes large demands upon one's geography. Not the least interesting addition to the book is the store of national proverbs and wise sayings of which we quote three specimens:—
"The six days are good boys, Sunday is a sluggard."

"Strangers forgive. Parents forget."

"If an ass is angry he runs as fast as a horse."
(Bulgarian.)

* Hutchinson & Co., London.

Of the position of woman in Serbia she writes that it is fully independent. True the man generally walks ahead, expecting the woman to walk behind, and she cuts after the men have been served, but their many charming proverbs show what influence they do exercise, and the position they really hold.

"A house is not built on earth but on a woman," and "Blessed are the hands that knead the bread" are specimens, and though they relate chiefly to the domestic virtues, these sentiments are commendable.

Friendship and love are no empty words with them and are pregnant with real meaning.

In his endurance of pain or suffering the Serb is a stoic. An American Red Cross doctor said of them in 1912:—"You have not seen bravery till you've seen a Serb die or seen these people suffer. I'll take off an arm or a leg without an anaesthetic and you, and will the fellow budge? Not an eyelid. He may say 'Rerkulcté' (Oh! dear), but that's all, and very seldom that much. And die! They'll die without a sound, unless it's to thank you before they go. Where this race of soldiers sprang from I know not, but no mistake they're God's own men."

The beautiful Queen of Roumania commanded Mrs. Will Gordon to lunch so that she had an unique opportunity of studying this lovely and talented lady.

"Her private apartments provided a true estimate of her inventive genius: the delicate skill in colour schemes and the high artistic feelings which she possesses in an extraordinary degree.

A somewhat original interest is a collection of Byzantine Crosses taken from ancient graves, and now placed in the parks, and in the Silver Room, whose walls and roof are of carved oak, overlaid with dull burnished silver, are two Byzantine fonts. The floor of this room is of blue unglazed tiles shading into cool greens, with tiger and polar bear skins strewn about. There is a delightful portrait of the Queen Dowager, "Carmen Sylva," with her beautiful snow-white hair, which she picturesquely describes as "the foam that covers the sea after tempest." Mrs. Gordon had the honour of being present at one of her musical evenings, and of hearing her read one of her own poems. Her Majesty presented her with an autograph photograph on which was written one of her own beautiful *poésies*:

"Each one of us has so much to give that we never meet in vain, and so much to receive that we part with thanks."

The fascinating chapter which describes these two royal ladies closes with some beautiful *poésies* from "one of the sweetest singers and most accomplished Queens of her day."

"There is but one happiness—Duty"

"There is but one consolation—Work"

"There is but one reward—The beautiful."

An incidental quotation from a *darkie* preacher "down South" on the creation of the world is worth recording.

"First de good Lord created de light, and den He took a rest."

"Den de good Lord created de fish and de waters, and den He took a rest."

"And den de good Lord created de beasts and de fishes, and den He took a rest."

"An' den de good Lord created man—and den he took a rest."

"Den de Lord created woman, and neither God nor man hab had any rest since."

A very interesting chapter is that of gypsy lore and music. The gypsy is one of the most distinctive and interesting features of the Balkan countryside. "The well-known saying, 'There is not room to swing a cat in' is a current superstition of the Roumanian Tsigan, for when a cat wanders or will not settle, the peasant is advised to swing it three times round the room."

Wherever they are, however disguised by change of station or affluence, they can never be mistaken for any other race and they would never wish it, for the true gypsy, despite the outcast people may think him, is proud of his blood and his mysterious ancient ancestry.

The women of Scodra (Albania) have a certain independence in their homes; no man may strike a woman, unless he be her husband, and he only if she has refused to do his bidding after thrice asking her. The Catholic widows are the most decorative-looking persons in Albania, for they mourn for their lords in brilliant scarlet with wide sleeves and bibs of fine muslin."

Certainly this is a volume that counts.

H. H.

A HOLIDAY.

BURTON BRADSTOCK.

Beneath the ancient stately tower
Hard by the tinkling silver stream,
Air laden with magnolia-blower,
This is a spot in which to dream.

The murmur of the distant sea
The loving of the gentle kine
Lull all the senses blissfully,
Bid them in Nature's arms recline.

And the little homes of thatch
For a brief summer holiday,
Respite from turmoil and snatch
And tender memories brought away.

WORD FOR THE WEEK.

Men in the spirit of canting go on looking so that they never leap—go on looking till looking becomes irresolution, and irresolution cowardice, and cowardice passes into apathy, and apathy becomes tinged with cynicism. And in the end they are found to have availed the perils of enthusiasm and precipitancy only to contemplate a fruitless life. There is at best as much danger of not doing right as there is of doing wrong. Perhaps it precipitancy slays its thousands, irresolution slays its ten thousands.

THE BISHOP OF OXFORD.

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 PROTECTION OF NURSES' UNIFORM.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I hope you will pardon my intrusion on the subject, in "The Protection of Trained Nurses' Uniform" that appeared in a recent issue.

The grievance of the misuse of uniforms of the Sisters and Staff Nurses in hospital is greater than appears on the surface.

There are members of the profession who have given anything from three to twenty years of their career for the noble cause of nursing, and younger and vastly more inexperienced helpers have stepped, and are continuing to step, into the profession to receive exactly the same privileges as their sisters who have made a study of the art of Nursing for years. Could not something be done in the way of a distinctive badge or a special uniform sanctioned by the State for the members who have graduated and passed examinations for this noble cause?

After all, it is only fair, because, taking a line through the Navy and Army, a man because he can row a ferry-boat across a river does not, and what is more would not be allowed to, wear a Naval officer's uniform, nor does the Scoutmaster of the Boy Scouts parade in an Army officer's dress.

Could not the question of uniformity of dress be settled by a committee specially formed for the purpose. I know this is a vital point with the sisterhood of Nurses; but in the Army and Navy the question of uniforms is and has been for years settled by committees formed for the purpose, and altered from time to time as the authorities think fit.

I am, Madam, very sincerely yours,

"A WOUNDED SERGEANT IN A MILITARY HOSPITAL."

IN GRATEFUL RECOGNITION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—As one who has taken a deep interest in the Territorial Force Nursing Service from its foundation and followed its distinguished career with pleasure and, I may add, pride, I was much interested to read the lines published in last week's JOURNAL by "A Tommy" in grateful recognition, for it seems that he found in the Sister who had care of him just the kind of woman one thinks Sisters ought to be—something more than a skilled nurse, though she was all that of course, for the Territorial standard is high, but tender, sympathetic, comforting the dying, caring for the dead, a Sister who realises the

nobility of her vocation and finds her pleasure in it, not outside it. She has her reward in the gratitude of her patients, and any woman might be proud that by her skill and knowledge she is able to earn the appreciation of the splendid men to whom the women of England owe undying thanks, for were it not for them England would be as Belgium, and Englishwomen treated as Belgian and French women have been treated, to the everlasting disgrace of a nation professedly civilised.

Yours faithfully,

CIVILIAN SISTER.

THE SHORTNESS OF V.A.D.S.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—We all know the probationer—V.A.D. or otherwise—who considers her ward Sister unappreciative and her Matron possibly vindictive, but I don't think I ever have met the pro, who considered the Sister jealous of her because of the perfection of her (the pro's) nursing. We Matrons are quite accustomed to the misunderstood probationer. I once told such an one that I did not consider nursing her vocation, and she had better take up some other work. She thought me very hard and lacking in understanding. Years afterwards I had a message from her to say that her judgment now endorsed mine, and that she was happy in the sphere of usefulness which she had found for herself. So sometimes we get credit for doing our duty.

Yours faithfully,

VETERAN.

OUR PRIZE COMPETITIONS.

September 6th.—What do you know of Acute Poliomyelitis, and the nursing care necessary in cases of this disease?

September 10th.—How would you feed (a) a healthy child, four months old; (b) a child suffering from marasmus, four months old; (c) a child suffering from acute diarrhoea and vomiting, four months old.

NOTICE.

In order to conform with the wishes of the Government in regard to economy in paper it is important that the copies of newspapers published each week should approximate to the demand for them. Readers of this JOURNAL will, therefore, help materially if they will place a regular order for their copy with their newsagent, price 1d. weekly, or with the Manager, BRITISH JOURNAL OF NURSING, 431, Oxford Street, London, W., 6s. 6d. per annum, post free.

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, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

The Midwife.

THE ROYAL SANITARY INSTITUTE.

LECTURES FOR MATERNITY AND CHILD WELFARE WORKERS.

The course of lectures for Maternity and Child Welfare Workers, which we recently notified in these columns to be given at the Royal Sanitary Institute, 60, Buckingham Palace Road, S.W., will commence on October 10th, at 6 p.m.

The fee for the course will be 21 11s. 6d.

The course is supplementary to that for Health Visitors, commencing on October 2nd. Students wishing to take the two courses can do so at an inclusive fee of 22 12s. 6d. and have 10s. 6d. carried towards their fee for examination, which is 43 3s.

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.

SYLLABUS OF LECTURES. OCTOBER.

Mon., 16th. *Water: Contamination, Pollution, and Purification*; and

Wed., 18th. *Elementary Statistics.*

J. PRIESTLEY, B.A., M.D., D.P.H.,
Lambeth.

Wed., 25th. *Ventilation and Warming.*

EDWARD WILLIS, Assoc. M.Inst.C.E.

Mon., 30th. *Sanitary Appliances*; and

Tues., 31st. *House Drainage.*

W. C. TYNDALE, M.Inst.C.E.

NOVEMBER.

Tues., 7th. *Infant and Maternal Sickness and Mortality and their Causes.* Possible injuries to infant due to labour and infections shortly after birth—Complications of maternity during puerperium—More important causes of infant mortality in later months; and

Wed., 8th. *Anti-natal Hygiene.* Common disorders affecting the mother during pregnancy—General directions for maintenance of Health—Dangers of foetal life—Desirability of medical investigation of maternal condition prior to delivery—Questions involved in early induction of labour, or termination of pregnancy.

W. F. BEANFORD, B.A., M.R.C.S.,
L.R.C.P.

Tues., 14th. *Care of Mother and Infant.* Relation between health of Mother and health of Infant—Prenatal influence—Necessity for encouraging breast feeding—Feeding and hygiene of Nursing Mother—Substitutes for natural feeding; and

Wed., 15th. *Care of Mother and Infant.* Preventive and curative measures—Correct habit formation and its relation to health—Suitable clothing—Air, bath, exercise—Necessity for periodic weighing and advice.

Mrs. FLORA SUFFIELD, M.B., Ch.B.,
M.O., St. Pancras School for
Mothers.

Tues., 21st. *Infant Feeding.* Breast-feeding. Establishment and maintenance of lactation—The quantitative and qualitative adaptation of the food to the individual requirements of the infant—*a*, in breast-feeding; *b*, in artificial feeding; and

Wed., 22nd. *Infant Feeding.* The properties of *a*, human milk; *b*, cow's milk. The sterilization, preservation, condensation, desiccation, and modification of cow's milk.

G. ERIC PRITCHARD, M.A., M.D.,
M.R.C.P.

Mon., 27th. *Home Visiting and Advice.*—*Sociological considerations.* Comparison of present and past conditions—Importance of knowledge of social conditions—Industries, wages, rents, &c.

Co-operation with charitable and other agencies—Difficulties to be met with in home visiting; and

Tues., 28th. *Hygiene of the Home.* The Home and its surroundings—The tenants—The landlord—The weather—Difficulty of forming a standard, how high or low should it be—The Sanitary Inspector's point of view.

Mrs. GREENWOOD, Sanitary Inspector,
Finsbury.

Wed., 29th. *Official and Voluntary Agencies administering to Child Welfare.* *The Children Act, 1908*, as a valuable piece of legislative machinery—How to make the most of it. The province of official bodies and voluntary agencies in the work of administration.

ROBERT J. PARR, Director Royal
Society Prevention of Cruelty to
Children.

DECEMBER.

Fri., 1st. *Organization and Management of Infant Welfare Centres and Clinics.* The place of the Maternity Centre in a local scheme of Infant Welfare and the most important aspects of its internal organization.

JANET E. EASEY-CLAYTON, M.D.,
D.Sc.

In addition to the above lectures, students will have the privilege of attending some of the demonstrations on Sanitary Apparatus and Appliances given in the Parkes Museum before the lectures at 5.30 p.m., by J. H. Clarke, M.R.S.M.I.

Further information may be obtained from Mr. E. White Walls, Secretary of the Institute.

PROPOSED MIDWIVES ACT FOR IRELAND.

"M.D.", in a letter addressed to the *British Medical Journal*, suggests that before a Midwives' Act for Ireland is drafted on the lines of the English Act, the opinion of the medical advisers of the local supervising authorities in England should be sought. He writes: "I think that generally the opinion will be given that the present Act is unsatisfactory for the following reasons:— (1) That women engaged in sick nursing have now taken up midwifery, and (2) that puerperal fever is not so much found in the practice of midwives, whether they are Gamps or trained midwives, as in the practice of nurses who are engaged in looking after abscesses, ulcers, and discharging growths, &c., as well as doing midwifery. If trained midwives are to be a success, midwifery must be divorced from sick nursing.

"The reason generally given for tacking midwifery on to sick nursing is that without it sufficient funds cannot be found to pay for sick nursing. When the nation needs every life, we should not be content with anything but the best for the women who are adding to the man power of the nation, and we must not be content until we have provided for every lying-in woman the best service possible. This can only be done by the establishment of maternity hospitals throughout the country; the hospitals to be in charge of trained midwives who practise in the area around the hospital as well as attend to the patients in the hospital, every hospital being so placed that skilled medical attention can easily be obtained. In the sparsely populated parts of Great Britain and Ireland it is impossible for a woman to approach childbirth without running unnecessary risks—risks which would be removed by the provision of small maternity hospitals. The L.G.B. has power to make grants for assisting midwifery in necessitous cases, and the money could not be better expended than in the provision of small maternity hospitals.

"If these were provided in Ireland more good would be done than by passing a Midwives Act on the same lines as the English Act. The procedure under the present Act is extremely unsatisfactory. When a midwife is charged before the Central Midwives Board she does not give her evidence on oath, and if she lies with sufficient skill and audacity she may avoid her name being removed from the roll. A proper Midwives Act should enable the local supervising authority to bring a midwife before a properly constituted legal tribunal locally, which could take evidence on oath and have power to fine the midwife for minor offences, and for serious offences strike her off the roll. The absurdity of the present position is that the proceedings are held in London. Generally speaking, all the Central Midwives Board has before it are statutory declarations on both sides, which frequently are diametrically opposed to each other.

"Ireland is a distressful country. Let her put up with the ills she has rather than flee to those she knows not of."

A RUSSIAN MATERNITY HOSPITAL.

Mrs. Garrett Fawcett, L.L.D., in an article in the Russian supplement of the *Times* on Saturday last, writes of the work of the National Union of Women Suffrage Society in this country in helping the Russian refugees. Of the Maternity Hospital in Petrograd, she writes:—

"When the crowds of homeless people poured into the Russian towns there was no house-room for most of them. Wooden barracks were run up as quickly as possible, feeding centres were established and a certain amount of clothing was provided; but there were few hospitals and few facilities for dealing with the large number of maternity cases among the refugee women. The Tatiana Committee, therefore, gratefully accepted an offer from the N.U.W.S.S. to provide doctors and nurses to staff a maternity hospital, which was in course of construction at Petrograd under the auspices of that committee, and in December of last year an administrator and a nursing organizer (Miss V. Thurstan.—Ed.) went to Russia to arrange preliminaries. Early in January the staff left for Petrograd, taking with them drugs, clothing and necessary equipment, and the Maternity Hospital has now been in full working order for some months. The Empress Alexandra has given the undertaking her protection, and the Grand Duchess Kyril and Lady Georgiana Buchanan extend to it their immediate patronage, while the Tatiana Committee provides substantial financial assistance. In connexion with this hospital, a summer home for convalescent women and children has now been opened at Souida, a healthy spot near Petrograd, and is proving to be of very real value.

"WORK IN KAZAN."

"Our medical administrator, Dr. Mabel May, came back from Russia in May to report progress and to discuss the possibilities of future work. She had been in communication with the Russian Zemstvos in the province of Kazan, and brought a detailed report of the terrible need for skilled medical help among the refugees and especially among the children. Dreadful have been the privations they have undergone during the winter. Herded indiscriminately in ill-constructed buildings, with very little light and no drainage, or crowded into underground cellars. . . . We are told that in some of these terrible buildings babies lay dead on the floor, and children suffering from all kinds of disease were almost untended.

"Fortunately, in the town of Kazan itself there is a university, and some of its students took up with great devotion the care of the refugees. They housed them as well as they could, lived among them, provided them with useful occupations, and did all in their power to rouse in them feelings of hope for the future. But when the long vacation came the students were obliged to relinquish their work and an urgent appeal was made to the British women to carry it on."

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EDITORIAL.

WOMAN'S PLACE IN THE SUN.

The war has "turned the world upside-down" in more ways than one. When the war first broke out, the Nursing forces, like the Military forces, were immediately mobilised. Nursing was in fact the chief, and almost the only direct contribution, in work, that the women were able to offer. Very soon, however, as men joined the army in their tens of thousands, their places had—of dire necessity—to be taken by the women; and so, gradually, imperceptibly, almost instinctively—before anyone was hardly aware of it—a peaceful revolution had taken place. No one opposed it, every one welcomed it!

And now, at the present time, women are engaged in all kinds of work, which in pre-war time were considered fit only for men. That they are doing their unaccustomed work as well—and in some cases better—than men, has elicited no surprise. Their male employers take it all as a matter of course, just as if they had known of women's powers all along.

They have not known of woman's versatility before, because they have not taken the trouble to make the discovery. It is quite certain that woman has not been endowed with new and remarkable gifts since the war set the world ablaze; she has always had them; they have been dormant for want of opportunity to liberate them, that is all.

So it has come to pass, that the Country's extremity has been woman's opportunity. The civilized world—or rather the male portion of it—is learning, for the first time, the full extent of woman's powers. Nevertheless, she is now—in the fullest and broadest sense—just what she was created to be, namely, a *helpmate for man, his*

equal. This implies democracy of the finest order. "The proper study of mankind is Man" and it really is very interesting and edifying to ponder over the great and wonderful change that has taken place in the domain of thought.

We would remind our brother man, that history is merely repeating itself. If he turns back its pages, he will find that it was not the woman who learnt from the man, but the man who learnt from the woman—when the world was young.

It was primitive woman who invented the arts of agriculture, and so made civilization possible. She is said to have been the inventor of pottery, and to have been the first weaver and tailor in the early world. In short, she was the inventor of all the domestic arts. She was the founder and keeper of the home. Men were well aware of the powers and value of women in those remote times. Between those primitive days and the present time, however, lie many centuries, during which women were of very little account. It is one of the curious paradoxes of life, that civilizations have been founded by war and usurpation. War is cruel and devastating, and yet out of it have sprung many good things. At the present time, we hear the praises of women sung *ad nauseam*, but what we most want to know is, how deep is the sincerity of the songsters? In view of the fact that the services of women during this war have been indispensable, undeniably great, and manifold—is the status of women going to be raised at the conclusion of peace? Our demand is that it shall be raised all round—politically, socially, industrially, economically. This must be one of the good things to arise out of the war. The rights of women are the rights of Society, the rights of the Nation as a whole, the rights of the children born and unborn. The new era must inaugurate a

new and higher civilization in which justice to women must form a prominent part.

The spiritual battles in which women have been engaged for so many years must also end in a decisive victory, which will give to all qualified women political enfranchisement; to all qualified Nurses professional enfranchisement; to all working women—including Nurses—just and adequate remuneration. For all men and women—*Liberty—Fraternity—Equality*. These are rights, not favours.

OUR PRIZE COMPETITION.

WHAT DO YOU KNOW OF ACUTE POLIOMYELITIS, AND THE NURSING CARE NECESSARY IN CASES OF THIS DISEASE?

We have pleasure in awarding the prize this week to Miss Dorothy Humphreys, St. Bartholomew's Hospital, London, E.C.

PRIZE PAPER.

Acute Poliomyelitis is synonymous with acute anterior poliomyelitis, commonly termed infantile paralysis, because it occurs most frequently in children under ten years of age, though it may be seen in adults. In this country it usually occurs in single cases, but the epidemic form, at present prevalent in New York, is known, and it was a notifiable disease in 1911.

Causes.—These are at present obscure. It is said to be caused by a germ, which, however, has not yet been isolated; the methods of infection are therefore unknown. Flies are suggested, but not proved, disseminators of the disease. Its onset is encouraged by such indirect causes as exposure or febrile conditions.

Affection.—The inflammation attacks the anterior cornua of the grey matter of the spinal cord. The anterior cornua give rise to the anterior roots of the spinal nerves, consisting of motor fibres, and hence controlling movement. The inflammatory process affects various regions of the anterior cornua, either in patches or uniformly, and causes them to shrink in proportion; the motor nerves of the spinal cord are secondarily involved at a comparatively late stage of the disease. They undergo atrophy, and the muscles implicated shrink in varying degrees, usually shrinking abnormally, occasionally retaining their normal size and shape; sometimes, owing to accumulation of adipose tissue (fatty degeneration), they present an increase of bulk.

Symptoms.—These vary according to the position and extent of the lesion. The onset is nearly always acute, with fever and pains in various parts of the body resembling rheumatism. Occasionally, there are convulsions, coma, or other cerebral symptoms. This febrile attack may vary from a few hours to several days. The paralytic symptoms develop quickly and unexpectedly. The child is often found paralysed on waking from sleep, the paralysis attacking one or more limbs or certain groups of muscles. Paralysis develops rapidly, so that at the end of a day or two it has usually attained its maximum degree and extent; it may, however, clear up completely or partially. The extent varies; most commonly, groups of muscles belonging to a limb or limbs are affected; there may be paralysis of one side, or of both legs, or of both arms and legs, or of one limb only, and so on. The muscles affected waste, their antagonists contract and shorten, deforming the limb. The disease is marked from the first by the flaccidity of affected muscles, the abolition or impairment of reflex excitability, and particularly of faradic contractility in the affected muscles; the reactions of degeneration follow (*i.e.*, the muscles react to the galvanic current by a sluggish but pronounced contraction; they do *not* respond to the faradic. There is a remarkable diminution of temperature in the affected limb. Sensation is not impaired, the posterior cornua not being affected. Cutaneous hyperaesthesia is sometimes present early, but after the fever dies down there is no pain. The bladder and rectum are not affected.

Stages.—The disease may be divided roughly into three stages. The febrile state, followed by impaired muscular action, is the first. After a few months, the second stage begins; some improvement takes place, and muscles not permanently damaged recover their normal reflexes and power. The third stage begins after about a year, when wasting and deformity set in. *Talipes equinus* is one of the commonest forms.

Treatment.—The febrile condition must be nursed on the lines common to all acute fevers, ice sometimes being applied to the spine. Later, the chief attention must be paid to the affected area to prevent or correct deformity. It is most essential to keep up the nutrition of the limb by warmth and exercise, and so improve the defective circulation. The limb must be warmly wrapped up, and if necessary adjusted in splints or sandbags to correct the position. Massage, remedial exercises, and electrical treatments should be started at the earliest opportunity; they are most important.

Massage movements must be selected with a view to developing and exercising the affected muscles and to stretch the antagonising groups, and galvanic Kathodal Labile treatment is usually ordered. Warmth, rest, and healthy conditions of life are also necessary.

HONOURABLE MENTION.

The following competitors have received honourable mention:—Miss Amy Phipps, Miss F. Sheppard, Miss Kathleen Dinsley, Miss Mary Carver, Miss A. Millicent Ashdown, Miss E. E. Burns, Miss E. C. Hall, Miss Elizabeth Borrowdale.

Miss Amy Phipps writes:—"Abundance of fresh air must be secured, and every means taken to prevent the occurrence of bed-sores. A water or air bed should be employed from the commencement, and the limbs may be powdered and wrapped in cotton wool. . . . Members of the family should also take plenty of fresh air and nourishing food, and should not attend places of amusement where numbers of people are gathered."

Miss Kathleen Dinsley says:—"Frequent and prolonged hot baths are sometimes ordered for the acute stage, and when the patient is beginning to attempt movement with the paralysed muscles. . . . Deformities may sometimes be prevented by the use of special apparatus, and deformities already present when the patient comes under observation may sometimes be improved by surgical treatment, such as tenotomy and tendon grafting. . . . The patient should be isolated, and all discharges, and articles soiled by the discharges, should be immediately disinfected."

Miss A. M. Ashdown writes:—"The virus of the disease has been proved to exist in the naso-pharyngeal membranes, and may be conveyed to others by the expired air, contact with discharges, and secretions of the nose and throat. It may be transmitted by a healthy 'carrier.' The incubation period is about four to five days." On the treatment she adds:—

"The patient should be kept in bed in the recumbent position, either on the side or back. Fomentations are applied over the affected part of the spine. Morphia may be necessary for the relief of pain. Frequent and prolonged baths may be ordered either during the acute stage or later. The usual treatment is given for the febrile condition. Great care is necessary in the nursing to prevent deformities of the paralysed limbs occurring, special splints or other devices being used to maintain the limb in good position. Warmth is the most essential treatment for the affected limbs during the acute stage. After the acute stage is over, fresh air,

good food, tonics, massage and electrical treatment, hot baths and exercises are given.

"Strict isolation is necessary, and no child should be allowed to mix with others if there is a case in the house. The patient and all persons who attend him should have the throat and nose sprayed twice a day with an antiseptic solution as a precautionary measure. Either Santitas (1-20) hydrogen peroxide (1 per cent. solution), or permanganate of potash (1-500), may be used. Strict disinfection of all discharges from the patient and everything leaving the sick-room is needed during the illness, and later thorough disinfection of the patient, the nurse, and the contents of the sick-room. The importance of fresh air, good food, warmth to the limb or limbs affected, with regular massage and electricity during convalescence, and for many months or years subsequently, cannot be over-estimated. Remarkable improvement takes place in the paralysed limbs if this treatment is persevered with, even when apparently hopeless. The skin of the paralysed limb is cold and blue, but in some cases may be white and anemic-looking. Sensation is not affected, and the sphincters are not paralysed. Bedsores do not occur. In epidemic cases there may be gastro-intestinal symptoms, also symptoms of meningitis."

Miss E. Borrowdale writes:—"The patient should be encouraged to use the affected limb as much as possible, as voluntary movements are much more valuable to him than any amount of massage."

QUESTION FOR NEXT WEEK.

How would you feed (a) a healthy child four months old; (b) a child suffering from marasmus, four months old; (c) a child suffering from acute diarrhoea and vomiting, four months old?

TEA, TOBACCO, DRINK AND CANCER.

During last year 135 men and 77 women died from cancer in Woolwich, and an interesting analysis of their habits has been made by the Medical Officer of the Borough.

Cancerous persons, he states, had 42 per cent. of excessive alcohol users and 41 per cent. excessive smokers. Non-cancerous persons, living to a greater age, had 14 per cent. of excessive alcohol users and 16 per cent. excessive smokers.

The percentage of excessive alcohol drinkers and huge smokers among those dying from cancer is more than twice as high as among other persons.

Of the 21 cases of cancer of the mouth or tongue, only four did not smoke, and 20 had bad teeth.

On the other hand, of the 64 cases of cancer of the mouth and throat 18 (or 28 per cent.) were excessive tea drinkers.

NURSING AND THE WAR.

The Queen of Roumania (our new Ally) was born a British Princess, a grand-daughter of the late Queen Victoria. She is the most beautiful Queen in Europe, and mother of lovely Princess Elizabeth and of several fine sons. The charming portrait which we publish speaks for itself. No doubt British nurses will offer eager service with the Roumanian Army, should the sick and wounded need their care.

His Majesty the King has been graciously pleased to award the Military Medal for bravery in the field to the undermentioned ladies; the five trained nurses are the first to receive bars to the medal.—

The Lady DOROTHIE MARY EVELYN FEILDING (Monro Motor Ambulance).

Matron MISS MABEL MARY TUNLEY, R.R.C., Q.A.I.M.N.S.

Sister Miss BEATRICE ALICE ALLSOP, Q.A.I.M.N.S. (R.).

Sister MISS NORAH EASEBY, Q.A.I.M.N.S. (R.).

Staff Nurse MISS ETHEL HUTCHINSON, Q.A.I.M.N.S. (R.).

Staff Nurse Miss JEAN STRACHAN WHYTE, T.F.N.S.

The following is a record of the services for which the decorations were granted to the ladies mentioned—

Lady Dorothy Feilding is a member of the Monro Motor Ambulance, and has driven the Monro Motor Ambulance and attended the wounded for over a year with marked devotion to duty and contempt of danger. The Monro Corps is a Red Cross unit attached to the Belgian Field Army, and also works for the French.

Miss Mabel Mary Tunley Acting Matron Queen Alexandra's I.M.N.S.; trained General Infirmary, Leeds; served in the South African War in H.R.H. Princess Christian's Reserve; appointed to Q.A.I.M.N.S., February, 1904; served with B.E.F. in France in No. 2 General Hospital since mobilisation, August, 1914; mentioned in dis-

patches February, 1915; awarded decoration of Royal Red Cross, January 14th, 1916; wounded, but still at duty, July 7, 1916.

Miss Ethel Hutchinson, Queen Alexandra's I.M.N.S.R.; trained, London Hospital; Staff nurse, 1900; joined Queen Alexandra's I.M.N.S.R., August 28th, 1914; has served at Royal Victoria Hospital, Netley, and with the B.E.F., France, as Sister.

Miss Jean Strachan Whyte, Sister, T.F.N.S.; training school, Western Infirmary, Glasgow; joined the T.F.N.S., February 4th, 1900; mobilised at 2nd Scottish General Hospital, September 6th, 1914; on active service abroad since May 28th, 1915; wounded, but still at duty, July 7th.

Miss Nora Easeby; entered Nightingale Training School, St. Thomas' Hospital, February 1st, 1906; completed her training, April, 1908; appointed Sister, Royal Sea Bathing Hospital, Margate, May, 1908; joined Q.A.I.M.N.S., Reserve B.E.F., France, September, 1914; wounded, but still at duty July 7th.

Miss Beatrice Alice Allsop; entered Nightingale Training School, St. Thomas' Hospital, July 6th, 1906; completed her training, December, 1910; appointed Sister at the Seamen's Hospital, Greenwich, September, 1911; returned to St. Thomas' Hospital, as Charge Nurse, November, 1913; joined Q.A.I.M.N.S., Reserve, B.E.F., France, August, 1914; wounded, but still at duty, July 7th.

That the Military Medal may, in exceptional circumstances on the special recommendation of a Commander-in-Chief in the field, be awarded to women, was provided by Royal Warrant, dated June 21st. The award can be made either to British women or to foreign persons who have shown bravery and devotion under fire.

An Army Order just issued states that the King has approved of the following emblem being worn on the riband of the Military Medal: a small silver rose, which does not form part of the decoration



THE QUEEN OF ROUMANIA.

or medal, and is not to be worn on the riband when the decoration or medal is worn in original.

At Barry Red Cross Hospital recently there was a patient in whose case skin-grafting was recommended, and the matron, Miss Tenniswood, promptly offered herself for operation so that a portion of her skin might be removed. Dr. J. King performed the operation of removing the skin and the subsequent grafting, and Miss Tenniswood has now the gratification of seeing the patient nearly restored to health.

The following statements have been made by a member of the R. A. M. C. returned from the Front. He says:—

It is the general opinion in the Army that Sisters should not be employed at any point subject to sudden movement, either backwards or forwards, owing to the difficulties of transport, &c.

For instance, if the Germans retreated and the British followed it would not be considered desirable for Sisters to be pushed forward until the new line had been secured.

Some Sisters have been sent to Casualty Clearing Stations, but he did not think it was a good plan.

The only new disease discovered at the Front, in France, is French Fever, about which nothing much is yet known from a scientific point of view.

A matron says that English nurses working in France are also contracting the malady, its chief feature being intestinal disturbance, and great pain in the abdomen and limbs.

So terrible is the record against the hosts of the All Highest War Lord in Europe, that we are pleased to note in the *Daily Telegraph* that Miss Mabel Packhard, an English nurse and a member of the University Mission in East Africa, who has been a prisoner of the Germans for two years, said, in an interview with its correspondent, that she had no serious complaints to make, and had

been subjected to no insult. Miss Packhard said that the Germans were anxious to keep a footing in East Africa and to maintain at least a form of government until the peace negotiations should begin, but the ranks of the whites had been terribly thinned. Miss Packhard spoke of Colonel von Lettow-Vorbeck, the Commander of the German troops in the Colony as a courteous soldier, the soul of the detence, who keeps the force together by his personal example.

With Dar-es-Salaam in our hands the knell of the German overseas Empire tolls warningly in German ears. Although scarcity of transport, fever, dysentery, flies, and horse sickness have fought for the Boche, our columns have pushed on over mountain, river, forest, and jungle to the cry "Ever onward." It's a long, long way to German East Africa, but British heroism burns just as fiercely in Africa as elsewhere, and ultimately it will be our national trait, of tenacity of purpose, which will bear down all opposition and win the war.

"I care nowt about science and the bald-headed old Professors," we recently overheard a Tommy remark in the train, "it's blood as tells."

With reference to a letter written to the *Nieuwe Rotterdamse Courant* by Lieut.-General Snyder, a retired officer, comparing the case of a certain Félicie Ptaadt who was executed as a spy by the French and that of Miss Cavell, and affecting to

treat the two cases as parallel, the British Minister at The Hague has communicated a letter to the Press, pointing out that there is no parallel between them—as Miss Cavell was not accused of espionage, but of favouring the escape of a number of British, French and Belgian subjects from occupied Belgium.

The British Minister also condemns in strong terms General Snyder's attempt to cast a stain on the memory of Miss Cavell by stating that she acted as a spy under cover of the Red Cross.



MISS BEATRICE ALICE ALLSOP, Q.A.M.N.S. (R.)

King Albert of Belgium has bestowed on Miss Meta Stack, daughter of the Rev. T. L. F. Stack, B.D., Drumquin, County Tyrone, the Croix Civique, which is conferred for conspicuous courage and devotion to humanity. Miss Stack is an hospital nurse, and her sister, Miss Marcia Stack, has also been working in a Belgian field hospital since the beginning of the war.

There have been frequent references in the Press to the good work accomplished during the war by military chaplains, particularly in France and Italy—says the *Catholic Times*, but other servants of the Church, though not less self-sacrificing, have devoted themselves to their duties with such a desire to avoid special attention that their fruitful labours have not received due notice. The nuns who are serving as nurses of the sick and wounded soldiers in France and Italy have won the respectful admiration of the troops. In the current issue of the *Civita Cattolica* a contributor describes how the Sisters exert themselves for the benefit of the wounded in the Italian military hospitals. Already during the war in Lybia the Sisters had given ample proofs of their efficiency as nurses, and when war was declared against Austria a warm appeal was made to the Superiors of the female religious Orders to staff the military hospitals. They responded in a spirit of complete self-abnegation, and they have had the happiness of seeing their services warily appreciated by men of every rank in the army. Thanks to the influence of the priests and the Sisters, religious indifference has very largely disappeared from the army, and many of the officers and soldiers are exercising an apostolate.

JOINT WAR COMMITTEE.

AT HOME.

The following Sisters have been deputed for duty in Home Hospitals:—

- F.A.D. Hosp., Eymouth, Devon.*—Miss A. E. Crook.
No. 5, Hosp., Exeter.—Miss M. Cameron.
Lind Wood Hosp., Barnsley.—Miss A. Kerr.
Dobson Relief Hosp., Blackheath.—Miss A. Shorter.
Abbot's Repton Hosp., Huntingdon.—Miss M. Everett.
Red Cross Hosp., Hucklewood, Ryde.—Miss L. A. Filsell.
St. Michael's Hosp., Bampton, Cumberland.—Miss M. M. Winthrop.
Mil. Hosp., Grove Rd., Richmond.—Miss C. Moore.
Kingsden Hosp., Newbury, Berks.—Mrs. F. E. Oates.
Hillsborough Red Cross Hosp., Harlow.—Mrs. R. Thompson.
Fairlawn Aux. Mil. Hosp., Forest Hill.—Miss K. Hall.

- Aux. Mil. Hosp., Rossitt, near Wrexham.*—Miss L. Parry.
Rhydd Court F.A.D. Hosp., Hanley Castle, Worcester.—Miss N. Higgins.
Red Cross Hosp., The Barracks, Grantham.—Mrs. A. K. Herriot.
Aux. Mil. Hosp., Inniscarra, Bath Rd., Reading.—Mrs. F. M. Gort.
Thydon Towers, Thydon Bois, Essex.—Mrs. E. E. Biddulph.
F.A.D. Hosp., Whitechurch Salop.—Miss M. Hall.
Anstie Grange Hosp. for Officers, Holmaood, Surrey.—Miss K. L. Orton, Miss A. E. Coles.
Red Cross Hosp., Rhyll.—Miss D. Edwards.
Dane John Hosp., Canterbury.—Miss D. Norrish.
F.A.D. Hosp., Mere, Wilts.—Miss E. M. Roberts.
St. John Hosp., The Mount, Faversham.—Miss E. M. Crowther.
Clayton F.A.D. Hosp., Wakefield.—Miss H. Clarke.
Marshall's Park Con. Home, Romford.—Miss C. H. Melwall.
Oakwood Hall Aux. Hosp., Rotherham.—Miss L. Preston.
The Chalet, Hoylake, Cheshire.—Miss A. E. Gallagher.
Trafford Hall, Manchester.—Miss M. King.
F.A.D. Hosp., 13, Grosvenor Crescent.—Mrs. A. Davis.
16, The Avenue, Brondesbury Park, N.W.—Mrs. F. Heath.
Munthorpe Hall F.A.D. Hosp., York.—Miss A. X. C. Haywood.
Eccleshall Red Cross Hosp., Staffordshire.—Miss C. Bright.
Red Cross Hosp., Yateley, Hants.—Miss A. De B. Jackson.
Highfield Hall, Southampton.—Miss C. Parker.
Brickett House, St. Albans.—Miss P. Palmer.
F.A.D. Hosp., King's Waldenbury, Herts.—Miss R. Belton.
Dover House, Roehampton.—Miss E. I. D. Vis.
Roseneath, Winchmore Hill.—Miss A. Sweeney.
Sponder F.A.D. Hosp., near Derby.—Miss E. Corder.
Acute Hosp. Convalescent Camp, Alnwick.—Miss H. F. Brennan.
Blair Hosp., Bolton.—Miss M. Suckling.
- ABROAD.
- Boulogne, Le Touquet.*—Miss M. Walk.
Urgency Cases Hosp., Rievigny.—Miss S. M. Edwards, Mrs. K. M. Wileman.
Boulogne Headquarters.—Miss I. F. E. Thomas, Miss F. J. Harris, Miss F. E. Pike.
Russo-Serbian Unit.—Miss M. Fox (Matron), Miss K. M. Moore (Asst. Matron), Sisters Miss E. E. Arnold, Miss F. Arnold, Miss E. E. Bailey, Miss M. A. Breck, Mrs. L. Greenway, Mrs. A. Palavier, Miss D. Tallis, Miss L. A. Moore, Staff-Nurse Miss R. V. Edmunds.
Brigade Hosp., France.—Miss M. Ruthertford.
Boulogne Headquarters.—Miss A. M. Armstrong, Miss F. Chandler.

CARE OF THE WOUNDED.

Another unit of the Scottish Women's Hospital has left London under the leadership of Dr. Elsie Inglis, whose vivid story of her experiences as a prisoner of the Austrians after the enemy entered Serbia is still fresh in our memories. The unit, which consists of two field hospitals and a transport column, under the Hon. Mrs. Haverfield, is proceeding to Russia, and among the party are Dr. Chesney, Dr. Corbett, and Dr. Potter. Dr. Laird will follow later. The expense of other units now serving has been raised by the Headquarters Committee in Edinburgh, but the London Committee have made themselves responsible for Dr. Elsie Inglis's unit, the cost of

Field-Marshal Lord French has promised Mrs. Alec Tweedie to open the lounge at the back of the British Museum that she and a few friends have put up in memory of her younger son, who fell in action in France. Lord French will speak at four o'clock on Friday, the 8th, when any soldiers will be welcome.

Wednesday this week the Freemasons' War Hospital will be inspected by the Committee, and as the Chelsea Hospital for Women, in the Fulham Road, has been acquired, the building is being converted into a primary or Class A hospital, for which an elaborate and expensive equipment will be necessary, as beyond the usual operating theatre, an X-Ray equipment and other special apparatus will have to be provided. The call for



SCOTTISH NURSES AND AMBULANCE WORKERS
FOR RUSSIA, IN WATERLOO PLACE, LONDON.

which, including cars, will be about £6,000. The ambulance convoy assembled for a final inspection appropriately near the Florence Nightingale statue in Waterloo Place. The first unit, which is now serving in Salonika, under Dr. M'Bray, is one of the few voluntary hospitals which has been asked to accompany an expeditionary force. It was in France until September of last year, when it was asked by the French Minister of War to take duty in Salonika. The second unit, which left the country a few months ago under Dr. Bennett, was provided as the result of the American tour by Miss Burke, when she raised 30,000 dols. towards the expense. The Scottish women have also a unit at Ajaccio, under Dr. Blair, who was asked by the French Government to look after 6,000 refugees there.

funds in order to make an immediate start is being heartily responded to, but very much more is expected from individual brethren and lodges.

Lord Lonsdale, who, on behalf of the Committee of the British Sportsmen's Ambulance Fund, cabled an offer of five ambulance motor-cars to the King of Roumania, has received a reply from King Ferdinand gratefully accepting the offer.

No doubt offers of nursing help will be made to the Queen, who is a British Princess.

It has been decided by the Victorian branch of the Red Cross Society to make a grant of £25,000 to the British Red Cross Society to help those hospitals which are now housing Australian soldiers.

Lady Helen Munro-Ferguson, wife of Sir Ronald Munro-Ferguson, Governor-General of Australia, has forwarded to the Lord Mayor of London £1,000 from Western Australia, £700 from Tasmania, and £200 from Hay (New South Wales), for the "France's Day Fund," which sums were collected by local centres of the Australian branch of the British Red Cross Society, of which Lady Helen is the President.

The suggestion of Lord Northcliffe that funds shall be found to pay for visits to Switzerland of the wives of prisoners now enjoying a blessed change from German barbarity, has caught on. Mr. Fenwick Harrison is sending fifty, and Lord Derby and others are providing funds for this trip. Imagine the pure joy of these soldiers and their hard-working, devoted wives and mothers when once more they meet after all the terrible grief, anxiety and suffering to which they have been subjected during this terrible war. We heard a poor woman exclaim, "Bless the Lord!"; "Which?" we asked, "Why Northcliffe o'course," she replied with spirit.

BRITISH INTERNED IN SWITZERLAND.

"Excuse me, are you an English Sister?" With these words I was accosted in one of the principal streets in Berne, in the course of a ten days' rest from a hospital in the French Army zone.

Upon my reply in the affirmative I was informed, to my joy and surprise, that my interrogator was a British prisoner, who had been captured after being wounded and gassed in the battle of Ypres, and after many months of the usual hardship in Germany, had been invalided to Switzerland, first to Château d'Ex and later passed on to light clerical work in the British Red Cross offices at Berne.

He had two tales to unfold, and this he did with great eagerness. First, the tale of the gentle courtesy and kindly consideration of the Swiss people, and secondly, the hard unspeakable barbarity of the Boches.

The former is told on every hand in Switzerland, and may be further illustrated by two facts, small in themselves. One is, the enthusiasm with which concerts, &c., "to the honour of the prisoners English," are received in Switzerland, and secondly, the reverent attitude and subsequent great acclamation with which the playing of the English National Anthem on a pleasure steamboat was received.

Of the latter, the boy tells that a few weeks after being severely gassed, and when, as war nurses know by experience, very little improvement can have taken place, he was put to work in coal mines; here for some time he suffered from the agonising feeling of imminent suffocation before a change of work was thought necessary. The food given was impossible even for a healthy man, both in quality and quantity; sleeping accommodation was revolting. He adds that it

was only the food received through English sources that kept them alive. Further, he says that the various tales of harshness and petty persecutions and insults aimed at Englishmen, as English, cannot be exaggerated, because they are simply inexpressible.

He spoke feelingly of the joy with which they hear that they are among the selected for transfer to Switzerland, and their sorrow at leaving others behind in Germany.

Château d'Ex, a place beautifully situated just above Lake Lemán, supplying beautiful mountain air and glorious views of the lake mountains, with the aid of generous care bestowed by those responsible, proves to be an excellent and very happy recuperating ground. Here, in spite of the few military rules which must be in vogue in dealing with a number of men, under these conditions, the life is one of freedom, far removed from the usual fate of the prisoner. In Berne the men experience yet more freedom, are allowed to wear civilian dress, and beyond giving a weekly report of themselves, may go about in the city at will.

And they are very proud of their part in the work of the British section of the "Bureau de secours aux prisonniers de Guerre," the headquarters, as the title suggests, of a wonderful organisation for supplying British prisoners' in Germany with food and clothing. The committee undertakes to send parcels of various supplies, according to the needs of the individual, such articles including, in food—bread, dripping, chocolate, tea, condensed milk, cocoa, sugar, Quaker oats, jam, cheese, biscuits, soup tablets, Liebig, and extract of malt and cod liver oil; in the way of clothing—shirts, vests, drawers, socks, towels, handkerchiefs, and also such commodities as tooth pastes, sponges, soap, tobacco, &c.

Experience has proved that the chief need is bread, and of this an average of 5,000 parcels of 4 lb. each are despatched weekly, and usually take only five days in transit. I am informed that in case of delayed delivery the Germans are swift to show their honesty (?) by returning to the Bureau bread which has become uneatable!

The various packing rooms are a marvel of order and method, which need to be seen to be appreciated at their full worth.

Paper and correct lengths of string are prepared in the evening, so that on the following day parcels may be sent off with all possible despatch. The work is practically all paid labour, as difficulty is experienced in getting sufficiently dependable voluntary labour.

This great and useful organisation ought to call forth much gratitude from the British public towards the originators of the scheme and to those who so generously and skilfully give of themselves for the organisation which makes an effectual agent for the rendering of the necessities of life to those who have given their all for the safety of us and of our beloved Empire.

AMY PHIPPS.

THE LATE SIR VICTOR HORSLEY.

The *British Medical Journal* published the following letter received from a correspondent at Amara, dated Sunday evening, July 16th:—

"I have just been to the Rawal Pindi Hospital, where Sir Victor Horsley was lying ill, to find that he passed away a few minutes ago—at 8.45 p.m.—"

"He had only three days ago returned to Amara from the front and seemed to be in his usual health and spirits. Only yesterday (Saturday morning) I had some conversation with him on a subject which was interesting him: the provision of hospitals with laboratories; and he then set out to walk back to his camp, which was about a mile and a half away across the Tigris bridge and over the open plain. The shade temperature was over 110° and the atmosphere humid. When he got to his tent he heard there was a sick officer he knew, about half a mile further on; he went on to see him and examined him carefully. He complained of headache later in the afternoon and was admitted to the Rawal Pindi Hospital on Saturday evening about seven o'clock. His temperature rose, he had a rather restless night, and in the morning seemed worse. His temperature rose all day and finally reached nearly 110° F. He became comatose in the afternoon and passed away after little more than twenty-four hours' illness. The cause of death appeared to be heat-stroke a condition which carries off many people nowadays in Mesopotamia.

"The news of his death has been received with the greatest sorrow and regret even in these days when the loss of friends is almost our daily portion, and it will be a large and representative following he will have to his last resting place to-morrow in the Amara Cemetery.

"It will ill become one who has only known him personally within the last few months to write of his many and great achievements in the past, but I can speak of his untiring energy and the loyal devotion and singleness of purpose shown in his every action up to a few hours ago. Those who have met him recently are aware that he had framed a very severe indictment against those he believed were responsible for the mismanagement which he thought characterised some aspects of the campaign. It is only three days since he returned from the front, and he was about to return to India for a spell to prepare his report.

"He had been urged time and time again to curb his extraordinary energy and not to put too severe a strain on his physical capacity, but it appears that he under-estimated the baneful effects of the severe climatic conditions existing just now in Mesopotamia. It would have been easy for him to have pleaded the heat or his increasing years, but he refused to take things easily, and has sacrificed himself to his zeal for bettering the conditions of the soldier, and has died for a cause which almost justified even so great a loss to his friends and to the ideals of the medical profession of which he was so devoted a champion."

VISITING-DAY IN A MILITARY HOSPITAL.
VISITORS WELCOME OR OTHERWISE.

BY A WARD-SISTER.

Visiting days are generally disliked by Ward Sisters, and this hospital is no exception to the general rule. For this reason—it is so seldom that a soldier's visitors are his own relations.

One always welcomes the patients' own people—the poor old father and mother, or the wife— anxiously looking round the ward, afraid of what they may see—wondering in what condition of mind and body they will find their loved one. We always try to comfort them, and make them as comfortable as it is in our power to do.

But the majority of the people thronging in and out, we would willingly dispense with.

At the beginning of the War, when it was a novelty to have train-loads of wounded soldiers coming into the town, and before the announcement of their arrival had dwiddled from a column and a half in the daily press to two lines, there used to be published in the newspapers the day after a convoy came in a full list of the new comers, their regiments, regimental numbers, &c. It was extremely difficult for outsiders to gain admittance to the hospital, and the sentries had strict orders not to allow visitors to come through the gates without written passes; but it was extraordinary to note the numbers of gaily-dressed girls and women who presented themselves at the gates, saying they had come a long distance to see so-and-so (number and regiment quoted), who had just returned from the Front.

Allowed, under the circumstances, to enter, they roamed at will in the hospital grounds, accosted the first likely-looking man, and struck up an acquaintance. The new friend was always requested to ask his ward-sister for a visiting pass, with his name on it, which he was to send to the girl's address. So that next visiting-day, she had not to claim an imaginary relationship with some unknown patient, but could complacently produce her pass and sail into the hospital.

Arrived in any special ward, she could—and did—make friends with the young man in the next bed (the older men were left severely alone, as a rule). Another pass was requested from him for two lady friends, who, in their turn, managed to get a fresh one as soon as the old one expired. So the circle began which, it has been found, is impossible to break—and visiting-day brings with it a procession of giddy, badly-behaved, flashily dressed women and girls—talking to every man they meet, and full of morbid, vulgar curiosity, which prompts them to watch their opportunity—Sister's back being turned—to dart behind screens or open doors plainly placarded "No Admission," always anxious, by some means or other, to see what it is that is being kept from their sight.

We have often wondered what has become of the modesty and self-restraint of English girls since the War. Soldiers belonging to well-known and attractive regiments—Scottish preferred—

would receive letters from girls, complete strangers to them, invariably asking for passes, and often couched in familiar and affectionate language.

I have frequently heard the letters and the letter-writers discussed in my wards by the patients in a way that would have annoyed them very much, but might have taught them a useful lesson.

Nowadays the rules for the patients are much relaxed. Convalescents, with the permission of the doctor, are allowed daily passes out, so long as the privileges are not abused, and may leave the grounds between certain hours. On the road along which they must go there are always numbers of girls waiting for them; and I watched the other day, from the top of a passing car, with no surprise whatever, three of my own patients only arrived from France two days before, out "on pass" for the first time, complete strangers to this part of the country, and knowing nobody, each man walking down the road arm in arm with quite nice-looking, well-dressed girls evidently belonging to a class of society with little to do and plenty of time to do it in.

It really seems a pity that in these strenuous days, when workers are so urgently needed and many a gentlewoman of their own class is working almost beyond the extreme limit of her endurance in some heated munition works, that there should be so many foolish, idle people, with nothing better to do than waste their own time making acquaintances whom they would never allow to speak to them if they did not happen to be wearing uniform.

One kind of visitor whom I am always glad to see is the nice, middle-aged or old lady, who wants to do something for the soldiers because of her own dear lad out at the Front, especially if she can find someone from the same regiment.

She is kind and motherly and knows what boys like to eat, and she comes toiling up to the wards, very much out of breath, laden with knobby parcels of "spice loaf" and tea-cakes, baked by herself—the fragrant spring-onion when in season—and as much fruit and "Woodbines," of course, as she can afford. The men just love her, and treat her ever so nicely. One great virtue, in my eyes, is that she comes first to ask me if her dainties will do any of them any harm.

Quite different is the well-meaning, but dreadful woman who rushes behind one's back and thrusts plums and pork pies into the willing grasp of an "abdominal," or comes armed with a yard or so of dirty-looking, unsavoury "polony"—(in the hot weather, when meat does not keep)—and deals it out in sections, which she cuts up on the locker tops with the nearest man's jack-knife. She passes it round amongst the "persistent vomiters" and such-like, when Sister is in the next ward.

Such a woman, let loose in a hospital where one has about seventy cases under one's charge in several small wards, is a perpetual anxiety

and adds many a grey hair to the ever-increasing number.

One good lady slapped down a piece of wet, raw fish, innocent of any wrapping, on every man's locker, and told them that "Sister must cook it for their tea———" Sister—nearly run off her feet by stress of work and possessing no cooking utensils, except a small milk saucepan and a kettle, and nothing but a small gas-ring, with next to no pressure of gas and no fireplace—was obliged gently to remind her that she was not a cook, and had neither time nor means for the purpose if she were one; and to request her to remove her goods, which she did with many snorts of indignation and muttered remarks about the pride of hospital sisters in general.

As some of the wet fish had been laid on top of bed-boards, Sister was not as sympathetic as she might have been otherwise. Talking of bed-boards reminds me to say that most of us have learned by experience that we must take all case papers right away on visiting-day.

It was no uncommon thing to have to turn some flapper off her comfortable seat on a patient's bed, when she was taking an intelligent interest in his case sheets, and asking him to explain what she did not understand at first sight.

The questions put to poor bed-fast creatures, who could not escape, were weird.

The unfortunate man, caught before he had time to close his eyes and feign sleep, would be subjected to torrents of questions of the most inane and senseless description.

One patient, who had had his arm amputated right from the shoulder and had barely recovered from the serious operation and loss of blood, was a perfect bundle of nerves and very sensitive about his condition generally.

A gorgon of a female penetrated into his little ward—regardless of the fact that "Private" was written on the door—stood at the foot of his bed and fixed him with her steely eyes—so he says—for a few minutes, without a word.

She then said, "Have you lost your arm?" To which he snapped out, nearly in tears—"No, I haven't; I've lent it to the chap in the next ward."

The Central Work Rooms for the British Red Cross Society and Order of St. John, of which Lady Gostord is President, have returned to the Royal Academy Galleries, at Burlington House, which were used as headquarters last year.

The names of over 1,400 voluntary women helpers are on the register, and more are required. There are 732 home workers, and throughout the country 1,600 working parties. These working parties make the supply of needs to local hospitals their first care; and then send goods, according to order, to the Red Cross Stores Department, 83, Pall Mall. The home workers send to Burlington House; and the St. John workers to the St. John's Warehouse, 50, St. John's Square, E.C. Patterns of all kinds can be obtained from Burlington House.

INTERESTING ARMY HOSPITAL OF UNCLE SAM.

BY FELIX J. K. H.

Tens-of-thousands of visitors to the American metropolis make the trip out to Bedloe's Island

returning to the sea and only New York shipping passing as in review. It is almost to tempt a man to go out and get a steamer for sending here.

The way to hospital is just the same as the officers, most of them decorated with the signal corps for the Eastern Division of the Federal Army.

Stopping in and ascending to the second upper floor here you are apt to see in some army doctor in the khaki busy dressing some private's leg while the victim looks out into the trees and conveys his pain as best he can.

But the long portico, beneath the trees then with its splendid views out on the ocean, which awaits him makes one lose what sympathy he may have for Surgeon Wetzel's patients and almost envy them the hours spent recuperating here.

From viewing passing ships it's but a few steps to the hospital kitchen, and



THE STATUE OF LIBERTY.

every summer, the returning traveller suggested, as he recounted incidents of his tour, "to climb the famous Statue of Liberty, stroll the picturesque grounds at base of this, and, finally, indulge in a bit of refreshment beneath the trees, or on the grass."

Not an infinitesimal fraction of these sight-seers, however ardent, are aware of the fact that within a stone's throw of the Statue, on the shores of this island, Uncle Sam maintains one of the most picturesque little army hospitals in the world.

Its site, in fact squarely among the trees, with verandas



ON THE HOSPITAL VERANDA.

ture the giant frames with hooks, to which suspend the varied kitchen utensils, show that the inner man, too, is not neglected here.

Army hospitals of smaller size, however, are much alike, the country over; it's the location here, in forest, almost by the sea, which makes this one unique.

APPOINTMENTS.

MATRONS.

Silloth Convalescent Institution.—Miss Mabel W. Mellor has been appointed Matron. She was for a time at the Children's Hospital, Edinburgh, and has been District Nurse under the Clitheroe Nursing Association and Health Visitor. She has done Private Nursing in Canada, and is at present Assistant to the Superintendent of the Nurses' Home, Clara Hill, Huddersfield. She is a certified midwife and holds the certificate of the Royal Sanitary Institute.

Cottage Hospital, Paignton.—Miss Bertha Langhorn has been appointed Matron. She was trained for two years at the Belgrave Hospital for Children, and for three years at University College Hospital, London, where she afterwards held the position of Ward Sister. After holding the position of Night Sister for a year at the County Hospital, Lincoln, she returned to University College Hospital as Theatre Sister, a position she held until called up for service with the fourth Northern General Hospital at Lincoln as Theatre Sister and Assistant to the Home Sister.

SISTER, PRELIMINARY TRAINING SCHOOL.

Queen Charlotte's Lying-in Hospital, N.W.—Miss Rhoda Christy has been appointed Sister of the Preliminary Training School. She was trained at the London Hospital, E., and has been district midwife at Miller General Hospital, Greenwich, and sister at Government Hospital, Rhodesia, and at Miller General Hospital, Greenwich.

SISTER.

Cameron Hospital, West Hartlepool.—Miss Mabel Moore has been appointed Sister. She was trained at the General Hospital, Loughborough, and has held the position of Sister in the same institution.

Darlington Hospital, Darlington.—Miss Elsie Collins has been appointed Sister. She was trained at the General Hospital, Northampton, where she subsequently held the position of Sister, and after some experience of military nursing in connection with the Military Nursing Service Reserve, was placed in charge of the theatre and soldiers' pavilion at the Northampton General Hospital.

QUEEN VICTORIA JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Norah C. Brindley is appointed to Torquay as Superintendent. Miss Brindley received General training at the East Suffolk and Ipswich Hospital, Midwifery training at the Louise Margaret Hospital, Aldershot, and District training at the Central Home, Liverpool. She

has since held various appointments under the Institute, including that of Assistant Superintendent of the Three Towns' Home.

Mrs. Hilda M. Coles is appointed to Hants C.N.A. as second Assistant Superintendent. Mrs. Coles received General training at the Royal Hants. County Hospital, Winchester, and Midwifery and District training at Plaistow. She has since held various appointments under the Institute.

Miss Marion Ashwell is appointed to Hamn ersmith as Minor Ailment Centre Nurse; Miss Verna J. Jessop, to Grimby; Miss Clara A. Orpin, to Heanor, as Senior Nurse; Miss Amy L. Pell, to Todmorden; Miss Jenny Stonehouse, to Huddersfield.

RESIGNATION.

Acting on medical advice, Dr. Robert Armstrong-Jones has tendered his resignation as medical superintendent of Claybury Asylum, a post which he has held for nearly twenty-four years.

His departure will be a very great loss to the Institution.

The Asylums Committee of the L.C. Council have presented Dr. Armstrong-Jones with their resolution of regret as an illuminated address, and the Home Secretary has just sanctioned a special pension to him recommended by this committee of the Council.

Dr. Armstrong-Jones is now one of the consulting physicians in mental diseases to the Military Forces in London, and also lecturer on mental diseases to St. Bartholomew's Hospital.

GALLANT CONDUCT.

The managers of the Metropolitan Asylums District have passed resolutions placing on record their high appreciation of the gallant conduct and devotion to duty of Dr. P. M. Turnbull, senior assistant medical officer at Tooting Bee Asylum, temporary lieutenant in the R.A.M.C., who has been awarded the Military Cross for attending to wounded under heavy fire.

WEDDING BELLS.

A marriage has taken place between Mr. Storey Deans, barrister and author, the Conservative candidate for the Attercliffe Division of Sheffield, and Miss Ethel Lawson, of Sheffield, a trained nurse, and recently Sister at the Royal Hospital, Sheffield, and at the Third Northern Base Hospital. The wedding ceremony was at St. Mark's Church, Sheffield, and was performed by the Rev. C. Cooper, Chaplain of the Base Hospital.

There was an element of romance in the engagement, as it was the outcome of war conditions. By special desire of the parties concerned the marriage was as quietly observed as possible, though the happy pair received warm congratulations from a wide circle of friends.

NURSING ECHOES.

The Lady Mayoress of Cardiff (Miss M. A. Smith) is to be congratulated upon her efforts in organizing a garden fête in aid of the funds of the local branch of the Queen Victoria Jubilee Institute for Nurses. The fête is being held this week at Roath Park, and a most attractive programme has been arranged. A baby show promises to be a great feature of the fête. The public will vote in the selection of the best baby, and the mother of each child entered will be presented with a souvenir photograph. There will also be a special prize for twins. The Countess of Plymouth will perform the opening ceremony on the first day and the Lady Mayoress on the second.

The work of the Queen's Nurses is so widely appreciated, and the unselfish labours of these noble women are so well known, that the public may be relied upon to rally to the support of the fund.

The Bishop of Crediton (Dr. Trefusis) visited the South Devon and East Cornwall Hospital, Plymouth, last week, for the purpose of dedicating a mortuary chapel which has been erected in the grounds of that institution.

A considerable time ago, a lady visitor to the hospital felt that better mortuary accommodation was needed, and kindly offered a substantial donation for the provision of one, on condition that the requisite balance was found in due time. A sub-committee was appointed, the money was collected, and the chapel built.

All the chancel fittings are of fumed oak, presenting an effective appearance. The reredos is surmounted by carved cresting, below which are three panels, the tops being filled with tracery, which projects a little from the panels. The divisions between the panels have fine carving representing fruit and leaf. The super-frontal is of rich violet silk damask, with gold fringe, and bears in gold the words, "Jesu, Mercy." The altar wings are violet, with gold and violet fringe. The wall hangings are violet, with bands of dull red. The whole effect is devotional and tasteful.

Various gifts have been received. The oak bier, presented by the Lady Albertha Lopes and two of her daughters, and the carved oak cross and candlesticks, of beautiful design, given by Mr. and Mrs. Paul Swain, were not ready for the dedication. Twenty-four chairs, with leather kneelers, have been provided.

The Bishop of Exeter has given his license for Church of England services and celebration of Holy Communion in the chancel.

After the dedicatory prayers, Dr. Trefusis delivered an impressive address. They had gathered, he remarked, to dedicate that little sanctuary as a place for resting the bodies of God's saints ere they were carried forth to that space of ground where they would remain until the day of the Lord's coming. Such provision was a Christian act on the part of those who had considered it carefully and prayed over it frequently. The gift they had bestowed met a real need, for it was a solemn thing when a true man had departed this life that his body should be treated with the utmost reverence and loving care. The body had been during life the temple of the Holy Ghost; God Himself had made it His own tabernacle, an abiding-place of His own choice.

Therefore, the bodies of God's saints were dear to Him, and it was a manifestation of Christian thought when they surrounded them with all the devotion and care that was possible. It was through the body that their dear ones had expressed themselves in their daily lives—in their homes and business; and now that the body had ceased its proper functions, the true man lived in the nearer presence of his God, leaving behind the clothing of himself, which was not only precious to Him, but to those on earth who knew what he had been to them.

They, therefore, loved at times to kneel by those bodies, remembering not only the body but the soul. They also presented to God the great sacrifice of His atonement, which was made to take away sin, so that men's souls and bodies might in due course be ever with Him. There was an altar where bereaved ones could kneel and pray, and be in close communion not only with the Lord, but with those who had gone from them. For those reasons they must be reverent and careful towards the human body.

The Bishop concluded with the hope that the chapel might fulfil its great purpose, might it be the means of uplifting hearts from all the busy cares of the material side of an institution like that hospital, where so much was thought of the health of the body. Let their thoughts there rise still higher and grow more in accordance with the Divine will. Then those who had built the chapel would rejoice at what had been so lovingly accomplished.

The following conditions sound somewhat pre-historic. At a recent meeting of the St. Germans Board of Guardians, Mrs. Preedy reported on her recent visit with Miss Price to the County Asylum. The patients, she said, appeared cheerful, and were well managed; but

they considered tooth-brushes should be provided for all the patients, and that the men should have night-clothes, and not wear the same clothes day and night. The ladies were thanked.

We are glad of that.

As the War Office has declined to sanction the gratuities which the Guardians of the Edmonton Infirmary proposed to grant to their nurses at the military hospital, it has been decided by the Board to make another appeal to the War Office in the matter. We wonder if the Nursing Board at the W.O. has been consulted on this question.

The Poor Law Officers' Journal states that it was reported at a recent meeting of the Edmonton Guardians that a letter had been received from Colonel Mort calling the attention of the Board to a matter concerning himself as Medical Superintendent of the Military Hospital. He had (he wrote) been informed by a General at the War Office that a Guardian had given him information to the effect that he had been appointing Nurses without reference to the Matron. This Colonel Mort denied absolutely. It was a malicious fabrication, and he denounced it at the War Office as a cunning lie designed only to upset the serious work being carried out under him. With this the Matron agreed. He resented very much these rumours and the liberty and licence which allowed an individual member of the Board to attend the War Office with such cock-and-bull tales.

After discussion it was decided that the Clerk (Mr. F. Shelton) should send a communication, stating that the Board was satisfied Colonel Mort had not appointed any Nurses without reference to the Matron, and strongly condemning the action of any Guardian making such a representation to the War Office.

The expectations of the promoters of the street collection held last Saturday on behalf of the Nottingham and District Nursing Association were exceeded, no less a sum than £495 being raised. The organisers are naturally delighted with the result of their efforts.

We congratulate the Canadian National Association of Trained Nurses on the decision they arrived at at the Convention in Winnipeg in June to become the owners of *The Canadian Nurse*. "Thus," says the current issue of that journal, "one ideal so long held by *The Canadian Nurse* Editorial Board has been realized, and the Board wishes the National

Association every success, and the hearty co-operation of all the nurses of Canada.

"Every nurse in Canada can, and should, assist the National Association in this new work, and make *The Canadian Nurse* a truly national magazine of which all may be proud."

The further interesting and important announcement is made that at the same Convention the Association appointed Miss Helen Randal as editor of *The Canadian Nurse*.

Miss Randal, who is a graduate of the Royal Victoria Hospital, Montreal, Class '03, is President of the Canadian Society of Superintendents of Training Schools for Nurses for the second term. She has held the position of Superintendent of Nurses in several hospitals in the United States, and for the last four years in Vancouver General Hospital.

The press is beginning to blame civilian nurses for lack of tact in their conduct of V.A.D. hospitals. *The Evening Standard* calls them "Ministering Mixes," and says, "In peace time a somewhat rough and flighty type of woman took up nursing." This is the result of professional women electing to serve under untrained Commandants—friction is sure to result.

CENTRAL COMMITTEE FOR THE STATE REGISTRATION OF TRAINED NURSES.

The last meeting of the Committee was held in London on July 13th, and amendments considered and recommended on the College of Nursing Registration Bill. The Council of the College has since met, and the most important amendments, including that of the Constitution of the General Nursing Council, has not been agreed to according to the latest draft of the Bill. The Central Committee, which is firmly convinced that the Nursing Profession has a right to have plainly stated in a Registration Bill the names of the authorities (not merely names of persons) which are to be empowered to appoint those who are to constitute the Council, will meet at the end of September to consider its line of action. The Medical, Midwives, and Teacher's Acts all provide that the bodies empowered to constitute the governing Bodies set up, are clearly named and authorised by Parliament to assume such responsibility, and a Nurses' Registration Bill must provide the same measure of protection for the Nursing Profession as has been granted to the medical, midwifery, and teaching professions. We hope trained nurses will realise the vital importance of this fundamental principle if a sufficient degree of self government is to be secured to them.

A PROFESSIONAL DUTY.

STATE LEGISLATION AND THE COLLEGE OF NURSING.

We propose to publish next week a simple report of the evolution of the Nurses' Registration Bill drafted by the College of Nursing, Ltd., which we hope will be found instructive by those trained nurses, and others, who have neither the time nor opportunity of studying the proposed constitution, and thus realising its results. If the Bill was all we had to consider the question would be simple, but it proposes to incorporate the constitution as printed in the Memorandum and Articles of Association of the College, and so far these provisions are at variance with the leaflet issued by the College inviting trained nurses to place their names on its voluntary Register and to be bound by its Rules; and to several of the vital principles of good government. We shall criticise the proposed Bill, in conjunction with the constitution of the College, in quite a friendly spirit, in the hope that it may be so amended before it is too late—and thus make it possible for a Bill to be agreed upon between what are known as the Constitutional Registrationists and the promoters of the College. We would advise those interested in our point of view to order THE BRITISH JOURNAL OF NURSING from their news-agent, or from the office, 431, Oxford Street, London, W., to avoid disappointment, and to remember that it is the duty of every intelligent nurse to study this question of professional organization, both for her own sake and that of her colleagues, and not to support any movement until she is satisfied that it is right to do so.

Trained nurses naturally resent at this national crisis devoting time and thought to their own affairs, and we deeply sympathise with them, yet we urge this duty upon them.

SOCIAL SERVICE.

WOMEN'S SETTLEMENT WORK.

One of the recently-elected members of the Matrons' Council of Great Britain and Ireland is Miss R. Bland, Matron of the Canning Town Women's Settlement Hospital, Balaam Street, Plaistow. E. Miss Bland was trained at the Gimsby and District Hospital, and has been Staff Nurse and Holiday Sister at the Wolverhampton General Hospital; Sister at the Essex County Hospital, Colchester; the District Hospital, Batley, and the General Infirmary, Southampton; Sister and Night Sister at the Manchester Northern Hospital for Women and Children; House-keeping Pupil at the Norfolk and Norwich Hospital; Sixth House-keeper at the Coventry and Warwickshire General Hospital, and Assistant Matron at the General Infirmary, Bolton, from which post she was appointed to her present position.

Miss Bland is a firm supporter of the principle of State Registration of Trained Nurses, and hopes the day is not far distant when they will have the same legal status as the medical profession.

"Why shouldn't we?" she asks.

THE WOMEN'S SETTLEMENT HOSPITAL.

The Women's Settlement Hospital in Balaam Street, Canning Town, which is well worth a visit is part of the organization known as the Canning Town Women's Settlement, which is the source of many social works, and one of the ideals of which is "To recognise the good lying at the heart of all people, and in righting the wrongs that cross our path." It is specially interesting to us, as its name implies, it is in connection with a Women's Settlement, and is we believe the only hospital so organized and financed and worked. The hospital is small, containing twenty-six beds, but the work that it accomplishes is great.

The two spacious and pleasant wards will accommodate thirteen beds for women and children.



MISS R. BLAND,
MEMBER MATRONS' COUNCIL.

The ground floor ward has green for its colour scheme, and opens on to a verandah which, on the occasion of our visit, was festooned with a lovely passion flower. Beyond this is a garden of considerable size with well-kept turf.

The historic mulberry tree, said to have been planted by the order of James II. to encourage the silk weaving trade, is a possession to be proud of, and its venerable boughs still bear luscious fruit, the excellence of which we proved.

On the upper floor we visited another charming ward, this time with blue quilts and walls.

Among the small patients was a delightful person, rapidly recovering weight after marasmus, and another pathetic infant, who was succumbing to the same fell enemy of the slum baby. Truly a beneficent work to tend these hardly-used little ones.

The surgical work is good, and major operations are in a large proportion. An up-to-date completely equipped theatre is kept in constant use, and the nurses have a strenuous time.

Dr. R. Murray Leslie, M.A., B.Sc., M.D., M.R.C.P., is one of the three visiting physicians, and Mr. A. E. Kennedy, M.R.C.S. (ex.), one of the visiting surgeons. With this exception, the whole of the visiting staff are medical women, and upon it are to be found some of the best known in the medical profession.

The nursing staff are well cared for, and are provided with a comfortable sitting room and separate bedrooms.

The Matron is feeling very sad, as, in consequence of the shortage of trained nurses, it is impossible to use the full number of beds. This, in a very crowded and poor neighbourhood, where many patients are on the waiting list, is a very serious condition of things. And there surely must be certificated nurses who for some reason or another are disqualified from war nursing, who could for the present distress once more get into harness and do their bit for this good work.

A special feature of this hospital is that it runs its own laundry. This enables a larger supply of clean linen than otherwise would be possible. The patients do not provide anything except combs and soap; and Miss Bland finds this plan very satisfactory. It can be well understood that the appearance of the patients gains by the provision of whole and clean body linen. A fowl-run caught our eye as we were leaving the premises, with its suggestion of new-laid eggs for the patients. This little hospital may be described as self-contained. It is, indeed, a boon and a blessing to the poor district in which it is situated, and it will be a thousand pities if even one bed has to be denied to some poor sufferer because no nurse is forthcoming. Nurses please offer your services to the Matron. If you cannot apply to become members of the staff, why not offer a day or a half day a week for the good work.

H. H.

BOOK OF THE WEEK.

"GILDED VANITY." *

Richard Dehan's latest book will come as a surprise to those who have been anxiously awaiting its publication, for it differs so widely from its predecessors that one can hardly imagine it to have been written by the same pen. The title, "Gilded Vanity," refers to the unworthy motives for which a girl bartered the love of her heart, and wore the wedding ring of an unhallowed marriage. There are some amusing and telling passages in the book, but the idiosyncrasies of the characters are overdrawn and in truth become rather wearisome. But those who are in search of something not too strenuous will be amused with the match-making propensities of Lady Baintree, and the vagaries of Midge, the precocious schoolgirl, who deserved a good whipping.

Pope Dollimore is furnished with two wives in quick succession by Lady Baintree, both of whom drag the unfortunate man through the divorce court. Partly to save himself from being married for the third time, to the school girl Midge, and partly because of an old attachment in that direction we find him at the close of the volume persuading Lady Baintree herself to become his wife. This does not strike us as artistic; but we presume that the authoress does not intend to be taken seriously.

The meeting between the first two wives during the honeymoon of the second is described by the unhappy Pope.

"My first and my second met together under one roof. My second admires my first's toilette. My first—" he broke off. "It sounds like one of the acrostics newspapers offered to be guessed correctly for a prize." He rolled his round, china-blue eyes over the rim of his little glass of Benedictine. "You cannot imagine," he went on, "the kind of sensation that went over me. I felt like—I do not know what I felt like—my dear Warr."

Warr is the only really nice character in the book. It was at Cannes that he first met Elizabeth Colquhoun. She came "along a garden alley paved with green mossed tiles and chequered with dancing lights and flying shadows under the blossoming, perfume-shedding boughs of mimosa and almond. She brought her eyes down from chusing a pair of yellow butterflies in and out of the thick mimosa blossoms and turned them on his face. They were grey in colour, or hazel, or blue, and heavily bordered with long, straight, brown lashes. There was a powdering of freckles underneath them. There was something in the way her throat rose out of the encircling band of moss-green velvet that reminded Warr of a ripe truit. All these details and many others he noted in an instant, as one does sometimes. Do people who are destined to bring a great deal of grief or a corresponding amount of joy into the lives of each

* By Richard Dehan. William Heinemann, London.

other, experience any peculiar thrill at meeting? The question has been put so many times and never satisfactorily answered."

Warr went down at once before her, and Elizabeth accepted him willingly, for in addition to her genuine attraction to him, she believed him to be the heir of Lady Baintree. Within an hour of her acceptance of him she tells him, "I am very, very sorry—and I know you will think ill of me for what I am going to say. But I can never be the wife of a poor man—I mean to marry money."

In her going "he caught a glimpse of a crimson feather, a knot of dead-leaf hair, the swing of a well-cut skirt about the limbs of an Atalanta—Atalanta who would never pause in the race to pick up the apples of a poor wooer, a Milanion with a beggarly income of seven hundred a year."

So Elizabeth forswears her love, and marries Lord Rotherholme, who has the manners and uses the language of a stable boy.

Dolly Garraway, another of the numerous house party that gathers under Lady Baintree's roof, is secretly married to Captain Soper. Her mother and the match-making Lady Baintree are intriguing for an alliance between her and the callow Lord Clashburnie.

The secret meetings between her and her husband are connived at by the German maid, Braun, who in her turn is the wife of Elizabeth's husband, and supposed long since to have been dead.

These incidents in a country house, combined with the child Midge amusing herself with making apple-pie beds for the men of the party, make one ask again whether this book is to be taken seriously or regarded in the light of a burlesque. We prefer to think the latter, and that Richard Delan will return to her more serious and worthy work. Dozens of writers could produce "Gilded Vanity," and but one in a generation "The Dop Doctor."

H. H.

A HAPPY EVENT.

The friendly relations between the Editor of this journal and her readers have been so intimate for close on a quarter of a century, that she makes no excuse for telling them the good news that she has attained the happy state of grandmother. On Saturday, August 26th, a son of course, the finest in the world) was born to Captain and Mrs. Christian Bedford Fenwick, and so far all goes well. The Editor thanks many nurse friends for congratulations already received.

COMING EVENTS.

September 21st. Meeting Executive Committee Society for the State Registration of Trained Nurses, 131, Oxford Street, London, W. 4.30 p.m.

WORD FOR THE WEEK.

Circumstances are the rulers of the weak; they are but the instruments of the wise.

LETTERS TO THE EDITOR.

If you are fully intending to comment on or 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.

DO NURSES STAND TOO MUCH?

To the Editors of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I think the "Chairman of a Large Provincial Hospital" is quite right, *re* the question, "Do Nurses Stand too Much?" No committee, in cold blood, would sit down and draft a rule, to be printed in black and white, that their nurses are not to sit down the whole day long. But it does not follow that it is not well understood that they are not expected to sit down. I can quite endorse what Mrs. Dixon says, and I do not think it is so much the Matron's role as the Sister's.

When I was a pro, we were not only expected to be standing but to be actively employed about something until the Matron had been round. "If the Matron does not think you are busy, she will be taking a probationer away," she frankly said, and busy we had to be somehow. And if ever one of us did sit down for a minute, she found us a job, not only in the ward, but to go down to the Dispensary to take—or fetch—a bottle that was not wanted. We were all so tired in that ward that we mostly spent our long days in bed. Certainly it was not on our rules that we were not to sit down, but it was on them that we were to carry out the directions of the Ward Sister implicitly, so it amounted to the same thing.

Yours faithfully,
STAFF NURSE.

DEAR MADAM,—Does it ever occur to the visiting staffs of hospitals to wonder why it is that Sisters and Nurses are in position just so when they arrive in the wards for their rounds. In one hospital in which I was probationer, the "round" being due at two o'clock, I was posted on the window ledge to give notice of the first appearance of the great man. When I noticed him in sight, I scrambled down to hold the door open for him. Sister took up her position just inside, to receive him, and the rest of the nursing staff grouped themselves according to directions previously given. They might have been sitting down previously, probably not, as the ward was too busy—but we were all standing when he entered the ward. It was a well organized ward, and we were part of the *mise en scène*.

Yours truly,
FLEANOR ROBINSON.

DEAR MADAM, Lord Knutsford says it is untrue to say that nurses are not allowed to sit down. The employers of shop assistants probably said the same, but it required an Act of

Parliament to give them permission to do so. Now seats are provided, how many assistants use them? Do they prefer not to? Of course not. They are permitted to sit down, it is true, but that is a very different thing from being encouraged to do so.

Yours faithfully,

OBSERVER.

INSPIRING LETTERS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—In sending my subscription for the year, I cannot refrain from expressing my sense of indebtedness to the Editor for her unwearied service to the nursing profession through the pages of the journal. Without it, we who have not the Editor's vantage ground for a broad outlook on all matters relating to "the cloth" should be indeed left behind in the march of progress. As it is, I feel that here in India, one is kept informed of everything really necessary to know, and as long as the Editor is in her watch-tower it would be difficult to gain an unfair advantage over the nursing profession. . . . Five shillings are gladly sent as my mite to help on the great end of State Registration, and with keen appreciation of all our leaders are doing.

I am, sincerely yours,

JESSIE GRANT.

Z.B.M. Mission,
Duchess of Teck Hospital, Patna.

DEAR MADAM.—Please find enclosed money order for 6s., being my subscription for the coming year for THE BRITISH JOURNAL OF NURSING. I appreciate the noble work your paper is doing for the nursing profession, and find it keeps me in touch with the most progressive members in London. Wishing your journal every success,
I am,

Collins Street,
Melbourne. Sincerely yours,
GRETTA LYONS.

These appreciative letters, of which we receive quite a number, help to encourage the *B.J.N.* staff in their uphill work for the organization of the nursing profession on just, self-governing lines. —Ed.]

USE COMMON SENSE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—In this hospital, application forms have been distributed to the sisters and staff nurses by the matron, for registering with the Nursing College, and it has been plainly intimated to us that we are expected to register. The special sort of registration has not been explained to us, nor have we been told what advantage it will be to us. Many of us registered years ago with the Royal British Nurses' Association, and it has done us no good, and many of us are very averse to being placed under lay people who appear to have so much power in the College Scheme. What do you advise?

Yours truly,

AN OLD WARD SISTER.

[We advise that before supporting any scheme for professional organisation in connection with the College of Nursing, that each trained nurse should obtain the Memorandum and Articles of Association, and study them carefully, before she undertakes to be bound by them.—Ed.]

REPLIES TO CORRESPONDENTS.

Sister T.F.N.S.—Ask the Librarian, Medical Institution, Liverpool, to send you copies of the pamphlets written in non-technical language for young soldiers, warning them of the dangers incurred by contracting venereal diseases. Glad you have the courage to ventilate this subject; it is high time prudery was ignored when the issues to health and happiness are so vital.

OUR PRIZE COMPETITIONS.

September 16th.—How would you feed (a) a healthy child, four months old; (b) a child suffering from marasmus, four months old; (c) a child suffering from acute diarrhoea and vomiting, four months old.

September 23rd.—Give the different kinds of sputum, mentioning the cases in which each is found. How would you disinfect that from a case of Phthisis?

September 30th.—What conditions are likely to lead to rupture of the perineum?

SOCIETY FOR STATE REGISTRATION OF TRAINED NURSES.

The object of the above Society is: To obtain an Act of Parliament providing for the Legal Registration of Trained Nurses, so as to obtain for them the protected title of "Registered Nurse," and thus distinguish qualified from unqualified nurses. Every nurse holding a certificate for three years' general training should join the Society. Apply to the Hon. Sec., 431, Oxford Street, London, W.

NOTICE.

In order to conform with the wishes of the Government in regard to economy in paper, it is important that the copies of newspapers published each week should approximate to the demand for them. Readers of this JOURNAL will, therefore, help materially if they will place a regular order for their copy with their newsagent, price 1d. weekly, or with the Manager, BRITISH JOURNAL OF NURSING, 431, Oxford Street, London, W., 6s. 6d. per annum, post free.

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, and getting their friends to do likewise. Only the most reliable firms are accepted by the management as advertisers.

The Midwife.

THE "LITTLEST MOTHER."*

A serious, intense little girl of six, living in a progressive Pennsylvania city, was known among relatives, family friends and neighbours as the "littlest mother." Babies adored her and stretched out chubby fists at sight of her. No mother seemed afraid to let her cuddle the latest arrival in her small, but protecting arms. Her Aunt Jane prophesied that she would develop into a successful trained nurse. Her father said she was a born mother, and built her a marvellous play-house in the backyard. Here she raised her own family of bisque, wax and sawdust children, tending them with an earnestness that turned her blue eyes a deep violet when "sickness" invaded the circle.

Even when school brought absorbing interests, the babies on the block and in the doll house were not neglected. When she grew too tall to sit with comfort in the play-home, she moved dolls, beds, baths and wardrobes to a warm corner in the attic, where she continued to watch over them, crooning and smiling in her dream-motherhood.

Here, in her twelfth year, she found—

THE BOOK.

It was bound in faded green and gold, shabby and loose-leaved, which is perhaps why it opened so easily to her hand at the chapter on the care of the new-born baby. She followed the pages eagerly. Maybe she had not done the right thing by her sawdust family! Perhaps she might even pass on information to her next-door neighbour, whose new baby was distressingly puny and fretful.

But in places the chapter was not clear. Puzzling references to events preceding the baby's birth confused her, so she decided to start at the very beginning. When she laid aside the book, her quaint little face had undergone a change. The blue eyes were now a very deep violet, and the tender young mouth was white and pinched.

Couched though those pages were in strange, grown-up phrases, this much had been horribly clear to her—doctors did not carry babies around in their pockets, like peppermint drops, to be left at any home where a baby was really and truly wanted!

And being devoid of deceit or fear, the intense "littlest mother" carried the faded book to her own mother, and asked for an explanation. What followed is summed up in a later conversation between her mother and her Aunt Jane.

"Of all luck, to have her stumble on that doctor's book! I haven't seen it since before John was born—and I supposed it was burned."
"What did you tell her?" inquired Aunt Jane.

* From the *Canadian Nurse*.

"What could I say except that such books were not for little girls to read? Later she should know all about it."

"Quite right," approved Aunt Jane. "She's altogether too young to know about such things."

The most natural and easy way to dismiss an annoying family problem! How many mothers of your acquaintance have dismissed it in the same fashion?

So it happened that no one noticed the change which gradually came over the girl as she neared her teens. The habit of "mothering" had somehow died within her. The doll nursery in the attic was deserted. The babies on the block waved chubby fists in vain. For a beautiful illusion had been shattered, a child-dream had died in her heart. New babies were no longer the dearest, sweetest of little creatures, to be hugged to one's heart, but something to be mentioned in whispers, a mystery that was neither "proper" nor clean.

During the busy years which followed for the growing girl her mother never thought again of the old green book nor her promise to explain its true meaning. There were examinations to be taken, frocks to be made, summer resorts to be visited, finally a coming-out party, and then, to the amazement of her family, a sudden determination to go into business. The girl never came back to her mother with the question which grew out of her quiet hour in the old attic. And, as is the way with mothers, no thought was given to the matter. Perhaps this mother believed that wisdom in such subjects fell like manna from on high. How could she know that this strong, athletic girl, who could dance, skate and golf admirably, who could direct the work of an office staff or take charge of an emergency in the home, directly, competently, had said in her heart that she never wanted to be a mother—she who had been the "littlest, dearest of mothers" a few years before!

She was well on in her thirties before a good man came into her life, melted the ice around her heart and revived the old, passionate maternal instinct. And so, still uneducated for the greatest work of her life, she was married. Without any real preparation she assumed the responsibilities of parenthood. She did not even know why she was a fine, healthy being but accepted the fact as desirable.

After marriage she went right on dancing, skating, golfing and motoring. Worse still, when housecleaning time rolled round, she thrust aside impatiently the services of an awkward, heavy-handed servant, and in her own rapid, energetic, competent way, hung curtains, cleaned high shelves and moved furniture.

Eventually she woke up in a hospital, not only to the meaning of life itself, but to the terrible realisation that motherhood was for ever denied her.

A more unnecessary, criminal waste of mother-force and mother-love cannot be chronicled. Here was a young woman who had never been taught to value and conserve the highest powers she possessed, the gift which was of most vital importance to herself, her husband and society.

This is no idle tale of imagination, but the life history of a woman who has been saved from bitterness only by the exquisite sympathy of an understanding husband. Thousands of women like her, of average intelligence and education and in comfortable circumstances, are scattered over the country—only they are less fortunate, for she at least has good health.

THE EMPTIED CRADLE.

A correspondent, writing to the *Scotsman* under the heading of the "Emptied Cradle," points out that it is not the empty cradle with which he is concerned, but with the cradle that might be kept full under more favourable conditions. He says:

"We hear a good deal of the evil of the impure milk supply, but I do not think that is the cause of the majority of the young infants' deaths, as a large percentage—I believe it is said 80 per cent.—of mothers of the working classes in Scotland feed their infants from the breast. If a great many people who are interested in this subject could see the homes the babies are born in, they would be inclined to marvel that so many survive such adverse conditions. Gross overcrowding is almost universal. Large as the wages are, and even in pre-war time much money came into the house, the Scottish working man will not spend what English people would consider a fair percentage of his income in providing good accommodation. In homes where from £3 15s. comes in regularly, the family are content to live in a two-roomed house, and often a kitchen house only, which means a single room and scullery. A two-roomed apartment usually comprises a fair-sized living-room, with two beds let into the wall, and a back room, a dingy apartment giving on a yard or close, where no sun can ever enter, and which is frequently let to one or two lodgers. In the living-room (a kitchen), all the family live, sleep, eat, wash, dress. Seven or eight persons to these two apartments is quite a moderate estimate. The windows are rarely opened, and in this vitiated atmosphere the mother brings the baby into the world, and there it passes its first months of existence. The mother in her convalescence has to contend with all the racket of the family life, and no chance of breathing fresh air and having the quiet so necessary to her recovery and the first days of the coming and settling of the milk on which the baby's health so entirely depends. She is lucky if she receives more skilled attendance than that of the 'guid body' who lives in the close near by, or the willing and friendly neighbour who has had ten of her own and buried eight,' though, fortunately, by the passing of the Scottish Midwives Act this additional handicap to the baby's chance of life will be removed."

In Scotland the infant welfare scheme has, we read, not so far made much progress, and it is to be hoped that the steps suggested in this direction will make speedy way. The education of mothers of the poorer class is the only hope of salvation for the infant.

THE MISERABLE REMUNERATION OF MIDWIVES.

The incident below, in connection with one of the recent air raids, savours so strongly of the Sairey Gamp era that it is difficult to credit that it belongs to the present day.

A midwife, about seventy years of age, and a woman and newly-born baby were sleeping in the same bed at the time of the raid. The mother and child were unhurt, but the old lady was very badly injured by a piece of shell.

Our sympathies, of course, go out to the poor old lady, who is another victim of these senseless and wicked outrages; but surely it is time that such a state of affairs as that revealed by this account was rendered impossible, and we trust that the Central Midwives Board will use the weight of its influence to discourage so reprehensible a practice.

A recent correspondence in the *Times*, on the "Economy in Infant Life," brings out the real reason of the employment of these aged and ignorant women.

Miss Louisa Rogers, an Inspector of Midwives, asserts that it is the treatment accorded to the certified midwife. There are, she points out, hundreds who have passed the examination of the C.M.B. who are ready and willing to practise to-day, but the miserable remuneration and strenuous opposition accorded to them preclude any possibility of their doing so.

THE VESTIAIRE MARIE-JOSÉ.

A committee has been formed under the hon. presidency of the Duchess of Norfolk to assist the Belgian Society called the Vestiaire Marie-José. This society supplies milk, food and clothes to the babies of the villages in Flanders behind the firing line. Gifts of infants' and children's clothes, materials and wool should be sent to the depot at 1, Elm Park Gardens, Fulham Road, S.W. The garments are distributed at the Infant Consultations by Mrs. Haden Guest, who is attached to the Belgian Health Service. It may be added that the work is officially recognised by the Local Government Board, Whitehall.

THUMB SUCKING.

Dr. L. Duncan Bulkley, of New York, suggests that a cardboard cuff around the upper arm would prevent a child from sucking the thumb. This habit is a cause of deformity, bringing about malocclusion of the teeth, a narrowing of the palatal arch and nasal obstruction.

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EDITED BY MRS BEDFORD FENWICK

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Vol. LVII.

EDITORIAL.

THE NOTIFICATION OF VENEREAL DISEASES.

In another column we publish an important letter addressed to us on behalf of the National Council for Combating Venereal Diseases. This letter, which will of course receive both from the medical profession and the public the full consideration which the eminence and the high expert knowledge of its signatories naturally demand, states that the National Council "will lend no support to any proposals having for their object the establishment of compulsory notification of venereal disease," and desires to point out that it will adhere strictly to the recommendation of the Royal Commission, which body, after careful consideration of the question, arrived at the conclusion that notification at the present time was impracticable and might be detrimental to the operation of the measures it advocated.

As our readers are aware, we have, in this professional Journal, for some years past adopted a strong standpoint on this subject, and especially advocated the national necessity of a public inquiry into the prevalence and prevention of Venereal Diseases. We, therefore, welcomed the appointment of the recent Royal Commission and earnestly congratulated it both on the excellence of its investigation and on the most valuable and historical records which it produced. Most of the recommendations of the Royal Commission were received with complete approval. But it was a cause of sincere regret, to many who had studied the subject, that the Commissioners came to the conclusion that notification of the diseases in question was at present impracticable in this country. By "notification"—we may explain to those of our readers who have not considered the

matter—is meant, the notifying to some Public Authority that such and such a man or woman has been found to be suffering from a venereal disease, precisely as, by the law, for some years past, medical practitioners have been compelled to notify to their local Medical Officers of Health that such and such a person was suffering from small-pox, or some other notifiable disease. The Local Authority then took steps at once to isolate such persons in Fever Hospitals and to disinfect the rooms or houses they came from. Since this Act came into force, the epidemics of infectious disease, which formerly devastated a whole district, have been promptly stamped out, with incalculable benefit to the national health and prosperity.

Every doctor and many nurses know the awful results of Venereal Diseases, and how infinitely more appalling and destructive the effects of constitutional syphilis are, not only on the individual attacked, but even on his or her offspring. Even those diseases which are more lightly regarded are known to wreck the health, if not the lives, of hundreds of innocent young wives every year; and to doom them—if they survive the necessary operations—to a childless future.

We are well aware of the strong arguments which have been employed against notification of these diseases. The most powerful is that publicity of any sort, in such a case, would be often fatal to the individual affected. But the system suggested for use in Australia, which we publish in another column, would obviate the need for public notification, while gaining a measure of isolation and treatment which would be of immense benefit to the patient, while it would be a direct preventative of infection to others. It will also be observed that the Australian methods are highly deserving of imitation in this country in order to avert the dangers of quackery.

OUR PRIZE COMPETITION.

HOW WOULD YOU FEED (a) A HEALTHY CHILD, FOUR MONTHS OLD; (b) A CHILD SUFFERING FROM MARASMUS, FOUR MONTHS OLD; (c) A CHILD SUFFERING FROM ACUTE DIARRHŒA AND VOMITING, FOUR MONTHS OLD?

We have pleasure in awarding the prize this week to Miss Edith Hooker, Military Hospital, Edmonton, N.

PRIZE PAPER.

The best food for a child four months old is mother's milk, but if the mother is diseased or the child is delicate, then feed artificially by spoon, bottle, or tube.

(a) If healthy, cleanse the child's mouth, also the mother's nipple; then put the child to the breast every three hours by day and four-hourly by night. If the mother's nipples are sore, pump off the milk, and spoon feed.

Some mothers have not sufficient milk: then feed alternately by bottle and breast. Benger's Food is excellent. It contains certain ingredients which, when prepared, convert starch into sugar, as a child so young has not sufficient saliva to act upon the starch; also in Benger's Food the casein of milk is modified, therefore firm indigestible curds cannot form in the stomach, while the basis of the food is rendered soluble. All milk must be sterilised or pasteurised and covered. Although sterilisation does away with the anti-scorbutic elements, which are bone-making, still it is free from germs.

A child will contract diarrhœa and curdled stools from too much sterilised milk, so then give pasteurised milk. Lime water should be mixed with all feeds. It makes bone more brittle, and prevents rickets—a disease of childhood through insufficient mineral matter in the bone.

Food.	Amount.	Day.	Night.
1ST.			
Benger's Food	̄i ss	.. 3 hourly	.. 4 hourly
Milk	̄i iiss	.. ..	.. ..
Water	̄i iiss	.. ..	.. ..
Cream	̄i ss	.. ..	.. ..
Lime Water	̄i i	.. ..	.. ..
Sugar-of-milk	̄i i	.. ..	.. ..
2ND.			
Water	̄i iiss	.. ..	.. ..
Milk	̄i iiss	.. ..	.. ..
Cream	̄i iiss	.. ..	.. ..
Lime Water	̄i i	.. ..	.. ..
Sugar-of-milk	̄i i	.. ..	.. ..

A child must never be fed previous to its bath. After feeding, lay on its side. Keep all utensils perfectly clean; sterilise everything.

Never allow a child to suck in air. Milk to be quite fresh. If the stools contain curds, dilute the milk more.

(b) For a child suffering from marasmus carefully feed, as very little absorption takes place. Feed internally and externally. First bathe the child and carefully dry it; then carefully massage into the lymphatic spaces warm cod-liver oil, taking a fresh space each time. Dress, place in a warm bed, and bottle or spoon feed with whey cream, pasteurised milk, Virol, or Benger's Food.

The doctor may order hyd.-c-creta gr. ̄i; also followed by a "rectal irrigation" of Izal, to disinfect the bowels. Careful attention must be given to bowels, bladder, and skin. As an anti-scorbutic give one teaspoonful of sweetened orange juice every second day.

Food.	Amount.	Day.	Night.
Whey Cream	̄i iiss	.. 3 hourly	.. 4 hourly
Pasteurised Milk	̄i iv	.. ..	.. ..
"Benger's Food"	̄i iv	.. ..	.. ..

(c) If a child contracts diarrhœa and vomiting, clean out the stomach with soda-bicarb. solution, and the bowel with a saline irrigation.

The doctor may order a hyd.-c-creta gr. ̄i, and sips of water by mouth for two days, and rectal salines or subcutaneously saline and brandy for two days. The stomach requires rest during this period. Keep the mouth quite clean. Commence the third day with ̄i peptonised milk or albumen water hourly for twelve hours; then gradually increase to ̄i ii for next twelve hours. Now give humanised milk or pasteurised milk ̄i iii hourly for twenty-four hours, with ̄i i brandy. Rectal salines will be continued until the child is taking its proper diet. Now give Benger's Food in weaker proportion. By the third week the child is taking nearly fully strength food again.

Some doctors prefer hyd.-c-creta to castor oil, as the oil irritates the stomach and makes the child vomit again. The mercury stimulates the biliary ducts and aids peristaltic action, while the chalk somewhat diminishes the action of the large intestine. Hyd.-c-creta helps to check vomiting. It also is a disinfectant and purgative.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Elizabeth Barrodale, Miss Kathleen Kohler, Miss U. M. Quilter, Miss D. M. Clarke, Mrs. Jean Mathews, Miss Sarah Bains.

Miss K. Kohler writes:—Constipation, diarrhœa, or curds in the stools show the child is

taking too much protein. Thin, green acid stools denote too much carbohydrate. Too much fat causes vomiting towards the end of digestion. Too little fat is often the cause of constipation. . . .

Much of the success of rearing a marasmus baby depends on keeping it very warm and free from chills.

In acute diarrhoea and vomiting, ʒss of castor oil would be given as early in the attack as possible. Milk would be entirely withheld, and during the first twelve hours only sips of tepid water given; if vomiting is severe, all food must be withdrawn for twenty-four hours, thirst relieved by two-hourly salines, consisting of normal saline ʒii, per rectum, and the mouth cleaned with weak lemon juice or glycerine and borax. After twenty-four hours, small feeds (ʒ¼ to ʒi) of egg-albumen water, beginning with half an egg during the first twelve hours, and increasing to two eggs very gradually, if well borne. Well-cooked barley water or rice water is added as the condition improves.

Milk is usually introduced first as whey, one feeding in twenty-four hours; chicken and veal tea, with all fat removed, are favoured, and some form of predigested food is next given, but all additions must be most carefully prepared, and given with extreme caution.

Miss U. M. Quilter says:—The feeding of a child suffering from marasmus must be more varied than that of a healthy child. He will need feeding more often, and with smaller feeds. To each feed one teaspoonful of cream should be added. Raw meat juice should be given two or three times during the twenty-four hours, also every day a small quantity of fresh fruit juice.

Many babies greatly improve if they are dressed in flannel garments wrung out in cod liver oil, as through the skin they absorb the nourishment of the cod liver oil.

A child suffering from acute diarrhoea and vomiting should immediately be taken off milk of any kind. Boiled water may be given *ad lib*. If the child is very collapsed, brandy *mv* by mouth and saline ʒv per rectum.

Sherry whey, with alternate feeds of albumen water, can be given in small feeds every hour, but if the vomiting is very severe, albumen water only should be given, and saline per rectum.

The child will need to be kept very warm, as the temperature often falls to 95°. As the vomiting and diarrhoea improve, feeds of sherry whey and diluted milk in small quantities should be tried and gradually increased, and by slow careful means the child, as he improves, must be put on to his ordinary diet.

In some cases where there is not much vomiting a baby will do well if he is kept entirely on veal or mutton broth. The most important thing to be done is to stop all milk immediately, as the germs of enteritis thrive on milk.

The three essential needs of all babies are absolute cleanliness, fresh air, and warmth.

Miss E. Barrodale, writing of a healthy child, says:—If for any reason the child cannot be breast fed, the bottle should be of the boat-shaped variety, without tubing, and with a teat that is not too hard for the child to suck. It is a good plan to give ʒi of olive oil before the first morning feed, each day. It lubricates the intestine and helps to prevent any accumulation of feces. . . . In a child suffering from marasmus, the point is to find a suitable food for the individual case, as a child will not thrive on too rich a food, any more than it will on an indifferent one. If a child is a true marasmus, whatever his food may consist of, he will go progressively downhill, the fault being some obscure defect in the assimilative processes. No hard and fast rule of feeding can be given. . . . A point to remember is to try one food properly before having recourse to another.

A child suffering from acute diarrhoea and vomiting should not have any food except sips of water for the first 24 hours, or longer, if the character of the stools does not alter.

It may be ordered to wash out the stomach; The colon could be washed out with warm solution, probably saline, after which a dose of castor oil would be given to clear the small intestine. A baby will stand lack of food if it is kept warm and supplied with fluid.

Afterwards small feeds of albumen water, weak veal broth, meat essence, and whey could be very gradually added, leading up to milk last of all, which would, of course, be well diluted. In case of collapse the colon could be irrigated with warm saline, in the hope that some of it would be absorbed; failing that, subcutaneous injections of saline might be ordered.

We have received an excellent paper on this question from Miss Dorothy M. Clarke, which, however, exceeds the limit of 750 words for the competition. We hope to publish it at an early date, as the feeds are given in tabulated form, which is so useful to babies' nurses.

QUESTION FOR NEXT WEEK.

Describe the different kinds of sputum, mentioning the cases in which each is found. How would you disinfect that from a case of phthisis?

VENEREAL DISEASE.

NOTIFICATION AND TREATMENT BY SPECIALISTS.

We are indebted to the *Times* for an outspoken expression of opinion on the question of notification of venereal disease, which we warmly approve.

The *Times* announces that it has received the Report on Venereal Diseases by a Committee of the Department of Trade and Customs of the Commonwealth of Australia.

"This document," it says, "is of great interest, because it shows how the problem can be handled when the handling is left to determined men having a single object in view. Indeed, to compare this policy of 'thorough' with our own halting, half-hearted measures is to realize how firmly the idea of compromise is rooted in the English official mind.

"The following are the more important suggestions with regard to State legislation, the object of which is defined as 'to secure that every person suffering from venereal disease is under efficient treatment and continues under such treatment until no longer infective':—

That it be unlawful for any person other than a legally qualified medical practitioner to treat any case of venereal disease. The treatment of venereal disease by quacks is a great evil, an admitted evil, but treatment by chemists, some of whom advertise specially, is also an evil. Proper treatment by them is impossible. The chance of early and complete cure is lost. The trade in proprietary medicines for venereal disease, except under medical control, is costly and harmful to the public.

"Our Local Government Board has ignored the quack—whose loathsome and insidious advertisements are the means of ruining hundreds of young lives annually!

That every person suffering from venereal disease be required to consult a medical practitioner and to place himself and remain under treatment by that practitioner with provision for transfer, if desired, to another such practitioner.

That every medical practitioner shall report to the appointed health authority in prescribed form when a patient comes under his professional notice with any venereal disease. The report to give the sex and age of the patient and the nature of the disease, but not the patient's name.

That if such a patient shall not again consult such practitioner within an approved period and such practitioner has not received a notice from another practitioner of transfer of the case, the practitioner shall send to the appointed health authority a notice in a prescribed form giving the patient's name and address.

That every practitioner attending a case of

venereal disease shall deliver to the patient a written notice warning him of the infectious character of the disease and of the legal penalty of communicating the disease to others and against marrying before he has received a certificate of cure.

"It is further recommended that the Minister administering the Act may order an infected person to be treated, and that every kind of advertisement dealing with these diseases or with sexual matters be prohibited. An educational campaign is also suggested, and the lines of it are laid down. The question of treatment is fully considered, and it is advised that, 'in the great towns, special clinics should be provided at the hospitals for patients in the infectious stage, under special staffs with large experience in new methods; and medical practitioners and medical students should be encouraged to familiarize themselves with the practice of such clinics.'

"This, then, is the ideal mentioned in the *Times* when the scheme of the Local Government Board was discussed—notification and treatment by specialists. It would be difficult to find a better scheme or to improve on the suggestions made. Notification without in the first instance betraying the patient's name is an admirable solution. If the patient fails in his duty, he is then made to suffer for it.

"It is surely a lamentable thought that our authorities have virtually abandoned the idea of notification as unworkable, thus leaving the innocent to suffer for the guilty, and have apparently been unable to pluck up courage to attack the quack, thus sacrificing youth to a veritable hell of doubt and anxiety, the end of which too often is death."

ZEPPELIN FRIGHT.

Dr. Armstrong-Jones, the eminent mental specialist, says:—"A large number of officers and men have suffered from shock, fatigue and exhaustion, and the most complete and careful arrangements have been made for those who have had mental shocks, but the scheme has the defects of its qualities in causing some delay. We do not get these cases at Claybury, because they are not certified as insane until they are discharged from the Army. What we have had are patients, both men and women, suffering from fright and shock from Zeppelin raids. On admission they suffer from every physical as well as mental symptoms of fright, but they recover after a period of rest and reassurance. With this exception there has been less insanity since the war broke out."

NURSING AND THE WAR.

Miss Mabel Tunley, R.R.C., Matron, Queen Alexandra's Imperial Military Nursing Service, has, as we have reported, been awarded the Military Medal for bravery. At an "At Home," given at the château of the General in command (somewhere in France, very close to the German lines), at which the officers and nurses in the district were present, the General pinned the ribbon on Miss Tunley, and said how pleased the King was at the nurse's winning it. "Speeches of congratulation were "most embarrassing" to this modest heroine, so we hear. The King will present the medal later at Buckingham Palace.

Last Sunday a reredos erected to the memory of the late Edith Cavell, in Holy Trinity Church, Norwich, was unveiled by the Bishop of the diocese. When in Norwich, Miss Cavell was accustomed to attend Holy Trinity, and her mother is still a member of the congregation. The reredos represents the Last Supper, according to the conception of Leonardo da Vinci. On the wall of the chancel is a brass plate bearing the following inscription: "To the glory of God, the reredos in this church was subscribed for and erected by some admirers of Edith Cavell, the martyr nurse, eldest daughter of the Rev. F. and Mrs. Cavell, of Swardeston and Norwich, who was shot in Brussels, October 12th, 1915, to fittingly perpetuate the memory of one who laid down her life for others and ever to remind us of the power of the Cross of Christ to those who would follow, as she did, in the Master's train. 'Patriotism is not enough; I must have no hatred or bitterness towards anyone.' (From her last words)."

The Cavell Memorial Nurse, Miss Alice Fitzgerald, who was financed in Massachusetts, U.S.A., for service with the Allies, sends interesting letters from France to the *Johns Hopkins Nurses' Magazine*. In the last she said: "I wish I could convey to you the appreciation of those in authority for the gift of a nurse which you

have made them. Only yesterday, Sir Arthur Sloggett, the director-general of the British hospitals in France, called on me and told me how welcome I was and how glad they were to have me. The sentiment that prompted you all to send me is of course what they appreciate, because my pair of hands cannot do much." Miss Fitzgerald wears a beautiful silver medal—silver American eagle, enamelled, with a Red Cross on a shield on his breast, from which hangs a silver medallion with "Edith Cavell Memorial" lettered on the medal. It has been much admired, and Miss Fitzgerald is proud of it, both for its beauty and because it marks her, wherever she goes, with the name of so precious a person.



MISS MABEL M. TUNLEY, R.R.C.
Queen Alexandra's Imperial Military Nursing Service,
who has been awarded the Military Medal.

The Army Council intimates that in future all paid probationers employed in nursing duties in military hospitals are to receive uniform allowance at the rate of £2 half-yearly instead of £1 quarterly, as at present. The allowance will be issuable in advance in the beginning of each six months' engagement, and any member breaking her engagement within three months of its commencement will be required to refund £1 of the allowance.

Probationers at present serving who receive the allowance at the rate of £1 a quarter payable in arrear will receive their allowance under the new mode of issue the next time they sign the agreement for a further six months' service. A minimum of 48 working hours in the week will be required. One hour off should be given for dinner, and half-an-hour for tea. One day leave off will be given every week, if possible; and 14 days' leave in the year.

The editor of the *Evening Standard* has received the following letter from "A Vice-President, Red Cross Society":—

"Sir,—In allusion to your paragraph, the 'Musterling Minx,' in the issue of September 2nd, may I say that I have reason to believe that there is a widespread feeling of indignation among the V.A. Detachments on account of the arrogance and incivility of the trained nurse?

Doubtless there are noble exceptions, but speaking as a rule, to quote the words of an eminent novelist, writing to me on the subject, 'these little minds, clothed in brief authority, have used that authority in such a way that at the end of the War the trained nurse will find herself generally discredited.'

'I will quote one statement made to me: 'We—that is, the trained nurses—take care to teach the V.A.D.s nothing.'

'The most perfunctory inquiry among the Red Cross hospitals will demonstrate that this is not an isolated case of spitefulness. It generally requires some specific event to bring dissatisfaction to a head. The treatment of the V.A.D.s has been the proverbial last straw, but the resentment caused by the trained nurses' was simmering long before the War. Then the majority of us were helpless through ignorance. Now, when at least one-third of the finest women of the country, drawn from all classes, know something of what the surgical ward, the pneumonia ward, the theatre itself, entail the case is altered.

'The trained nurse must either improve her ways or go under. It is up to us members of the Red Cross to see that the tyranny which made a nurse so often an aggravation of illness does not occur again.'

'We wonder what the trained nurse has to say in reply.'

We have often pointed out that the work of a British nurse in French military hospitals under the direction of French military medical officers, and where conditions are so different to those obtaining in English military hospitals, is one of very great difficulty and requiring the utmost skill and tact, and when it was first proposed to organize the French Flag Nursing Corps under these conditions we were told it was a hopeless task. The two years' work of this Corps in France has anyway disproved this pessimistic view, although the difficulties remain; and it is exceedingly creditable to so many of the Sisters that they have succeeded in spite of such difficulties.

Now Australia proposes to help our French

Allies in the same way, and twenty nurses, a gift to the French Government from the New South Wales Branch of the Red Cross Society, which has equipped and will maintain the nurses in France, left Australia on July 4th on the hospital ship *Knowana* for Europe. The Australian Jockey Club, with truly patriotic spirit, has offered to maintain the twenty nurses for six months, a matter of £1,500. The Lismore Branch of the Red Cross has given £150.

The following are the nurses selected, all of whom are members of the Australasian Trained Nurses Association, and are provided with their registration certificates and the badge of silver

and dark blue enamel: Mrs. Elsie Cook, Miss N. Weston Crommelin, Miss Lynette E. Crozier, Miss Dorothy E. Duffy, Miss Alice F. Gray, Miss Fanny M. Harris, Miss Winifred Hough, Miss Susan Hughes, Miss Ruby Hungertord, Miss Jessie T. Hutchinson, Miss Annie Jamieson, Miss Hilda Laxton, Mrs. Jessie McKillop, Miss Ida J. Moreton, Miss Olive H. Norman, Miss Alice E. Robinson, Miss Grace Sheridan, Miss Lilian F. Thompson, Miss Helen S. Wallace, and Miss Elfrida Warner.

In addition to the nurses, Miss Hamilton Moore, masseuse (a registered member of the Australian Massage Association), has been sent to France, and as it was impossible to secure nurses who spoke French, Mlle. Niau accompanied the nurses to England to give them instruction on the voyage. But the only plan by which "grown ups" who know not French can obtain a working use of the tongue is to study it assiduously when amongst the people, and this no doubt the Australian nurses will recognise as a duty to their patients.

A departure has been made, says the *Australian Nurses' Journal*, from the well-known uniform of the nurses, with a view to doing away with the cape coats and obviating the necessity of wearing any outer coat, unless, of course, the weather should demand it. As these nurses are not permitted to wear anything approaching the military uniform in colour, the Red Cross Society has



MISS MABEL PACKHAM.

Who has been rescued after being a prisoner with the Germans in East Africa for two years.

decided on a neat dark blue uniform, consisting of a tailored Norfolk coat and skirt with a very slight piping of pale blue (the New South Wales colour) on collar and on coat-sleeves. The same colour is shown again in a hat-band on a very dark blue felt hat. A comfortable double-breasted military overcoat of dark blue, lined with white-satin, is to be provided, and this will be worn when necessary, but the lighter coat and skirt will really be a uniform in itself. The indoor uniform is a pretty dark blue-striped zephyr. To the outfit given by the Society three dark blue aprons are added of the same material, for working purposes. White belts complete a very serviceable indoor uniform. The whole of the twenty nurses are delighted with the choice of uniform, commenting on its neatness and suitability.

Special badges have been designed. Over a red cross is the word "Australia," and under it the words "New South Wales."

Owing to a printer's error in notifying the professional training of Miss Nora Easeby—awarded the Military Medal—it appeared that she was trained for two years only. Miss Easeby entered the training school at St. Thomas's Hospital in February, 1904, and completed the four years' course in April, 1908.

MOTOR FIELD OPERATING THEATRE.

The Motor Field Operating Theatre, which is to be presented to the Italian Government by Sir Rennell Rodd, the British Ambassador at Rome, on behalf of the Wounded Allies Committee, was on view on September 1st in the grounds of Aldford House, Park Lane, where Sir William Collins, whose idea it was, Mr. J. N. Walsford, and Sister Mabel of the London Ten perance Hospital, were describing its special features. Very spick and span it looked, painted in the Italian colours—dark green with white panels, on which the red cross and red lettering showed up conspicuously.

It is the first theatre of its kind, and is arranged in a 25-h.p. motor ambulance, and anyone who knows Sir William Collins will know that its details are thoroughly practical, from the wide steps of an easy gradient up which the patients can be easily carried, the zinc floor which can be readily sluiced, the stanchion on which a stretcher can be placed and the operation, in many cases, performed without jarring the wounded man by removing him to the operating table, and many other devices which occur to the expert.

Sir William Collins holds that in abdominal cases every half hour is of importance and early operation is most efficacious to arrest hæmorrhage and anticipate sepsis.

The Italian Government has most gratefully accepted the gift. The Belgian authorities are hoping for one. Perhaps before the end of the war one may be available for the benefit of our own wounded.

FRENCH FLAG NURSING CORPS.

The candidates on the waiting list will be called up for duty as required. The need of trained nurses for our own wounded men has been so urgent lately that the Committee has only filled vacancies and has not added to the staff of Sisters in France.

On the occasion of Miss Ellison's last visit to Hôpital Réh-val, at Nemichâtem, a "revue" was played, and the following verses referring to the Sisters were presented to her. The second verse aroused great amusement. The Médecin Chef, who gave a luncheon in Miss Ellison's honour, expressed himself as more than satisfied with the services of the Sisters. Miss Sutton, the very valued supervisor, is now taking a short holiday after eighteen months' hard work, as the guest of M. Lagon, Hôpital de France, Chambéry, in Savoy. M. Lagon has most kindly offered hospitality at this delightful place to the Sisters of the F.F.N.C., from which the most charming tours can be taken.

NOS INFIRMIÈRES.

Sur l'air, "Les Demoiselles d'aujourd'hui."

(Couplets de la Revue "H.R.I.")

On les voit glisser dans les salles,
Ressemblant aux blanches vestales;
Elles trottent le jour, la nuit,
Les Infirmières d' H.R.I.

Aucune d'elles n'est coquette;
Elles dédaignent la toilette,
Les fards et la poudre de riz,
Les Infirmières d' H.R.I.

Leurs coiffes ont des grâces d'ailes;
Elles sont gaîment maternelles,
Et le malade les chérit,
Les Infirmières d' H.R.I.

Fuyant le bruit et le tapage,
Elles ne font pas étalage,
De leur charme et de leur esprit,
Les Infirmières d' H.R.I.

Pratiquant l' "Union Sacrée,"
Et dédaignant les miaurées,
Elles ignorent tout conflit,
Les Infirmières d' H.R.I.

Irlandaises, Russe, Écossaises,
Anglaises, Galloise et Françaises,
L' Alliance les réunit,
Les Infirmières d' H.R.I.

PARCOLLET.

Here is a note from a kind friend who, we feel sure, has all our sympathy.—"Mrs. Whiting sends £1, the greater part of it from the sale of a favourite mare, which, having met with an accident, had to be destroyed."

HÔPITAL MOBILE NO. 1.

Le Petit Paradis des Blessés.

The Hôpital Mobile No. 1 (somewhere in France), organized by Mrs. Borden Turner, and presented to the French Army in July, 1915, has played a noble part in this war, and has been called by many of the French Poilus, "Le petit Paradis des Blessés." Built in the seclusion of a green meadow, on the very outskirts of what once was a quiet little village, each little wooden hut with its clusters of bright coloured nasturtiums has indeed proved a haven to many of those brave enduring

trenches, the wounded arrive direct from the *poste de secours* and are taken to the *Salle des Entrées*, where they are injected at once with the anti-tetanus serum, and, after medical examination, are bed-bathed, then either taken to the X-Ray Department or the *Salle de pansements* according to nature of the wound, then to the operating room. A great many of the cases arrive between 1 and 5 a.m. All English nurses who have had the privilege to nurse among the French soldiers know what wonderful patience and endurance the French Poilus have always shown—there never were such patients. Never a murmur—always plucky and wonderfully cheerful.



MEDECIN CHEF, MRS. BORDEN TURNER, AND GROUP OF ENGLISH, AMERICAN, AND CANADIAN TRAINED NURSES AT LE PETIT PARADIS DES BLESSÉS.

soldiers of France. The hospital consists of huts of twenty beds, as wards. Each hut, separated by boarded pathways, stands a few feet apart. There are sixteen of these huts, each one playing its part. The *Salle des Entrées* and dispensary, the *Salle d'Opérations* and X Ray, the *Salle de Pansements*, kitchens, laundry and linen room, and the officers' and Sisters' quarters, and Mrs. Turner's hut with telephone attached. The hospital is wonderfully equipped and every detail which goes towards the recovery and comfort of the wounded is obtained. The medical staff is made up of a unit of the *Service de Santé* with a staff of *infirmiers*. The Sisters are English-, Canadian-, and American-trained nurses. The hospital being situated at a very few miles from the

"Never shall I forget at the beginning of this year," writes a Sister, "when things were pretty hot, in our *secteur*, and convoys of wounded arriving day and night, one poor dear boy, seeing how rushed we were, said to me, 'Oh! Mademoiselle, please attend to the others, they are worse than I am,' and yet, when his turn came, how underneath those bandages a most ghastly wound was discovered, which was beyond human aid, and in a few days he died in great agony. Those are the men the Germans think they can break! The spirit of such men as these can never be broken, and we who are with them in their dreadful sufferings have the greatest admiration for them. The grateful handshake when they leave us, and their letters after, wishing they could

stay with us until they are able to get on their feet.

Fortunately for the London Sisters of the most skilled members of the British Red Cross Nursing Corps have been secured on its nursing staff. Sister Hanning helped to organize the Nursing Department last year, and is still in valuable work. Sisters M. Murrich and M. Turner of the first Canadian Unit, and Sisters M. C. Jones, Lendrum, and Matthews have won high opinions from doctors and patients, and all greatly appreciate the kindness and consideration with which they are treated by Mrs. Borden, Turner, and the *Melburn Chef*, M. Chon.

CARE OF THE WOUNDED.

Queen Marie of Roumania has had the Palace at Bukarest transformed into a hospital for the wounded, and will herself take an active part in seeing to the comfort of the patients.

Lady Marconi appeals on behalf of the Italian Red Cross. "Up to now," she says, "and with the generous help of the British War Supply Depots and other relief committees, the Italian Red Cross in London has been able to send to Italy a supply of necessaries for the hospitals of things for the moment unobtainable in Italy, but owing to the enormous influx of wounded caused by the fighting in the great advance and the taking of Gorizia and the very heavy fighting in the Trentino, the funds at present are totally inadequate to cope with the quantity of urgent appeals from the various hospitals in Italy and on the Trentino and Isonzo fronts. It is only in view of the urgent need that I ask the people of my native country to help with any sum they can afford to give towards the alleviation of the sufferings of the sick and wounded Italian soldiers. All particulars may be obtained at the Italian Red Cross, 14, Weymouth Street, Portland Place, W."

JOINT WAR COMMITTEE.

HOMES.

The following Sisters have been deputed for duty in Home Hospitals:—

St. John's V.A.D. Hosp., Muthew's Hall, Willesden.—Miss A. Kane.

Exeter Hosp.—Miss L. Dunce.

Red Cross Hosp., Huddersfield, R.L.—Miss E. D'Arvey.

Aux. Mil. Hosp., Waverley Place, Farnham.—Miss A. E. Fauke.

Aux. Mil. Hosp., Southall, Notts.—Miss A. Kenwright.

Fremington's Hosp., Fulham Road, S.W.—Miss J. K. Bennett, Miss B. M. Harris, and Miss E. Smith.

V.A.D. Hosp., Newton Abbott.—Miss E. Unsworth.

Green Hill Hosp., Sherborne, Dorset.—Miss M. B. Gilmore.

St. Leonards, M.—Miss M. A. S.

Home V.A.D. Hosp., M.—Miss M. J.

Hosp. for Officers, M.—Miss M. J.

V.A.D. Hosp., Coventry, M.—Miss M. E. Pugh.

Exeter Hosp., Devon, M.—Miss L. R. Seymour.

St. John's Hosp., Spalding, M.—Miss G. M. Pike.

Exeter Hosp., Devon, M.—Miss S. Lyons.

Home V.A.D. Hosp., Devon, M.—Miss E. A. Wellbridge.

Red Cross Aux. Hosp., Ealing, M.—Miss F. M. Fry.

Home V.A.D. Hosp., Stratford, Lancs.—Miss M. North.

St. John's Hosp., Ebbw Vale, M.—Miss D. L. Cartwright.

Home V.A.D. Hosp., Ebbw Vale, M.—Miss A. Crawford.

Red Cross Hosp., Ardara, Lancs.—Miss P. Maplefort.

Canon Park, Gillingham, M.—Miss M. F. F. Fish.

Red Cross Hosp., Christchurch, Hants.—Miss E. O'Callaghan.

Hosp. for Officers, 24, Park Street, M.—Miss L. A. Warwick.

Stamford, Forts Green, N.—Miss F. Heikmore.

Brooklands, Weybridge.—Miss E. B. Owen.

Red Cross Hosp., Tawnton.—Miss F. B. Fish.

Donsdale Hosp., Westborough.—Miss M. C. Ward.

Abbots Ripton, Huntingdon.—Miss M. Jelly.

Red Cross Hosp., Northampton, M.—Miss A. Coker.

Hosp. for Officers, Storey Knoll, Torquay.—Miss M. Rudlock.

Marble Red Cross Hosp., Brighton.—Miss A. Aikman.

Highfield Hall, Southampton.—Miss M. Watson.

H. G. Rough Mill Hosp., Haslemere.—Miss K. Farrington.

Stanish Hosp., Stenhouse, Gloucester.—Miss E. Nelson.

Red Cross Hosp., Chippenham, Wills.—Mrs. E. L. Vicborn.

Red Cross Hosp., Banbury.—Miss K. M. Lyne.

Fairfax Aux. Hosp., Honour Oak Road, Farnham.—Miss M. M. Fivash.

Regent's Park Hosp., Southampton.—Miss L. J. Kinley.

Weymouth Red Cross Hosp., Dymchurch.—Miss M. S. Rue.

Red Cross Hosp., Gloucester.—Miss F. Turner.

The Melton Hosp., 184 Queen's Gate, S.W.—Miss M. E. James.

Red Cross Hosp., Huntingdon.—Miss S. W. Luckin.

ABROAD.

Bedouin Head Quarters.—Miss A. M. Armstrong.

Miss F. Chandler and Miss R. Kilby.

Brigade Hosp.—Miss A. M. Reynolds.

Le Touquet No. 1 Hosp.—Miss L. Steele.

THE SHAKESPEARE HUT.

On Friday last the opening of the Y.M.C.A. Shakespeare Hut, situated on the north side of the British Museum, was the occasion of an inspiring ceremony, and must have been an immense gratification to all those immediately concerned in its promotion.

The Hut is erected on the site that was secured by the Committee of the Shakespeare Memorial Theatre, the building of which, owing to the exigencies of the war, has for the time being been abandoned. This Committee have not only lent their site for its present purpose, but have contributed the funds for the Concert Hall in the Hut.

Mrs. Alec Tweedie, the prime mover of this and many other like schemes, has herself presented the lounge in memory of her young son, 2nd Lieut. Leslie Tweedie, R.F.A., killed in action last January.

A large number of persons gathered at the opening ceremony, which took place in the memorial Lounge.

The large Tea Room presented by the borough of Marylebone was filled to its utmost limits by invited guests from various military hospitals, and a generous tea was provided. On their arrival the men were welcomed by the canteen workers, whose pretty soft red overalls harmonised well with the blue and gray uniforms of the wounded and the uniforms of the civilian nurses in attendance on their patients. Each man received a packet of cigarettes which they were not slow to sample. This hut was alluded to in a speech by the Secretary of the Y.M.C.A., as the Hut de Luxe, and well deserves this appellation.

Sleeping accommodation can be provided for 250 men at prices ranging from one penny to ninepence. A penny purchases a rug on the floor, and ninepence secures a bunk in a cubicle for two which can be locked up. There are intermediate grades at threepence and sixpence. There are splendid arrangements for hot baths. A magnificent kitchen promises well for the canteen. A delightful Rest Room, presented by the Borough of Westminster, provides small writing-tables and writing materials. A bureau in the hall, where tickets for bed and breakfast may be purchased, has a notice advising that all valables should be deposited there. The spacious billiard-room, with several tables, is the gift of the Kensington

Borough. The clink of the balls mingled cheerfully with the voice of the gramophone and the hum of conversation, giving the visitors a foretaste of what will take place under this roof so long as the war lasts.

Field Marshal Viscount French, G.C.B., O.M., G.C.V.O., K.C.M.G., performed the opening ceremony.

He spoke in sympathetic allusion to the young life laid down in the person of Leslie Tweedie, in whose memory the lounge was dedicated, and warmly thanked Mrs. Alec Tweedie for her magnificent work connected with the erection of Y.M.C.A. huts. An immense change for the better had, he said, come over the personnel of the Army in the last few years, a great deal of which, he thought, might be attributed to the influence of these huts. Lord French in eloquent terms expressed his admiration and appreciation of the splendid

devotion of the women of England, which had been shown in such a variety of ways, no matter how menial the work. Of their work for the sick and wounded it was difficult to speak, but when the war came to be chronicled, their part would form one of the brightest pages in history. Speaking of the men in the Army, he said that their splendid courage had never been surpassed. He spoke with emotion of the blood-stained battlefields, and said that this war had demanded more nerve and courage than any other and it had been freely given. Sir Edward Clarke, K.C., P.C., the Chairman, and the Secretary of the



MRS. ALEC TWEEDIE.

Y.M.C.A. also made speeches. Miss Grainger Kerr delightfully rendered the song "There's a Land" (*Allison*). The Dedicatory Prayer was read by Canon Walter Hicks, and the proceedings closed with the National Anthem.

Tea was afterwards served, and the guests were invited to inspect the Hut.

H. H.

STATE REGISTRATION.

A meeting was held last Saturday in the Out-patients' Hall, at the Sussex County Hospital, Brighton, at which Mr. Arthur Stanley, M.P., spoke in support of the College of Nursing, Ltd., and of State Registration of Nurses. Miss Cox-Davies urged that not a moment's delay should occur in nurses adding their names to the College register.

FREEMASONS' WAR HOSPITAL.

The building that was formerly known as the Chelsea Hospital for Women, Fulham Road, S.W., has been taken over by the Masonic Nursing Home Committee, and is now the Freemasons' War Hospital.

On Wednesday, September 6th, from 12.4 p.m., the building was formally inspected by the Committee and other invited guests. Although there were so far no patients, the visitors found ample interest in the admirable new equipment and the carefully thought out detail of the hospital. The corridors and wards were decorated with fine palms and lovely flowers and a constant stream of visitors kept the nursing staff busy answering questions and explaining various points of interest.

Appeals for various gifts occupied prominent positions. It was gratifying to note that, although everything had been prepared for the comfort and happiness of the prospective patients, there was an entire absence of anything that suggested extravagance. The wards were pretty and cheerful, and, above all, homely. The bed quilts were particularly sensible and far better adapted to their purpose than many of the "lady-like" coverings we have seen in some war hospitals. "Tommy"

will be able to give these a good pull over his shoulders without fear of disaster. On the first two floors the wards are small, containing from three to five beds. The bath rooms and lavatories are those which were used in the original hospital, and, although not of the latest pattern, are serviceable and sanitary. A pulley from the ceiling over the bath was an arrangement worth noting. There is a fine, well-equipped theatre on the top floor, and the hospital is fitted with the now indispensable X-ray and massage rooms. As it is to be a primary hospital, there is no doubt but that all these departments will be in constant use.

The ward kitchens were particularly good and commodious, and each boasted a convenient gas-cooking stove.

The Matron—Miss Windermer—was trained at

Guy's Hospital, where she worked for many years in Bright ward. She was recently Night Sister at the Fishmongers' Hall. The nursing staff further consists of four Sisters, four Staff Nurses, V.A.D. probationers, and voluntary help. The kitchen is in charge of voluntary workers.

The Matron is happy in the choice of her uniform for she has inadvertently lit upon the colour of the Grand Lodge of Freemasons.

On Thursday afternoon, September 7th, the staff had the privilege of each inviting a friend to tea and to informally inspect the newly-equipped hospital. We wish complete recovery to every sick hero who enters this hospitable home.

It is always a matter for congratulation when a hospital can be secured for our soldiers, as it is far less costly than adapting schools and private houses, and the work can be much more conveniently organized.



MISS WINDERMER ON RIGHT.

yet they look as if they would drop to bits. There is no doubt about it—these French peasant women possess remarkable courage. I watched them cutting grass in a field which was well within the firing zone, and I saw two "crumps" come down in the field they were working in; but they just went on as if nothing had happened. The other day when I was up at the gun I passed by a woman in a field tying up a cow's leg. I asked what was the matter. She replied, "O ce n'est pas grave. Monsieur, ce n'est qu'un éclat d'obus." ("It is nothing, sir, but a shell splinter.") Apparently a shell had fallen in the field in which the cow was grazing and wounded it slightly; yet the woman did not seem to think it was anything peculiar that it should be hit by a bit of shell."

An officer writing from France, whose letter is published in the *Times*, says:—

"The French people have started their harvest and, my word how the women do work. From dawn to dusk they slave in the fields. Their energy seems endless, almost like those slim-looking *percherons* that drag their primitive-looking carts. To me it is marvellous what this type of horse will drag, and the extraordinary stamina they possess. They seem to do about twice the work that our great Shire horses do, and

APPOINTMENTS.

MATRON.

Bermerside Home and Schools.—Miss Elizabeth J. Colley has been appointed Matron. She was trained at Towneley Hospital, Bolton, and has been temporary Matron at the Children's Hospital, Bradford.

NURSE MATRON.

Cottage Hospital, Marlow, Bucks.—Miss B. H. Neiland has been appointed Nurse Matron. She was trained at Bury Hospital, Lancashire, and has been staff nurse at the Stockton and Thornaby Hospital, Sister at the Victoria Cottage Hospital, Guernsey, at Gravesend Hospital, and at the Royal Albert Hospital, Devonport.

Isolation Hospital, Clifton, Brighouse.—Miss Florence E. Whitehouse has been appointed Nurse Matron. She was trained at Croydon Infirmary, and has held the position of Charge Nurse and Assistant Matron, and has been Matron of the following hospitals—Bencon Hill Infectious Hospital, Faversham; Bromley Sanatorium; Bury Dispensary and Hospital; and is at present Matron of the Isolation Hospital, Yarnfield, Stone, Staffs.

MASSAGE AND THEATRE SISTER

City of Westminster Union Infirmary, Fulham Road, S.W.—Miss Clara A. Walker has been appointed Massage and Theatre Sister. She was trained at West Didsbury Infirmary and has held the positions of Sister at West Didsbury Military Hospital, Massage and Theatre and Ward Sister at Edmonton Military Hospital, and Sister at the West Didsbury Infirmary.

SISTER.

Red Cross Hospital, Sutton, Surrey.—Miss Evelyn M. Wood has been appointed Sister. She was trained at the Meath Hospital and County Dublin Infirmary. She has held the position of Sister in several hospitals, Night Sister, and Sister-in-Charge of the Yeovil Nursing Home.

HEAD NURSE.

Wharfedale Union Infirmary.—Miss Clare E. Cooke has been appointed Head Nurse. She was trained at the Union Infirmary, Leicester, where she was promoted to Charge Nurse, and has also been Charge Nurse and Night Sister at Tynemouth Union.

CHARGE NURSE.

Hackney Union Infirmary.—Miss Martha Blanchard has been appointed Charge Nurse (Sister). She was trained at Ecclesall, Bierlow Union, Sheffield, and has been Sister at Bierlow Union and Health Sister at St. Helens.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Daisy F. Tough is appointed to Dorsetshire as Assistant Superintendent. Miss Tough received general training at the Brighton Infirmary, midwifery training at the Kensington Infirmary, and district training at the Northampton Home.

Miss Ivy A. Fawkes is appointed to Nelson; Miss Mary E. Griffin, to St. Ives; Miss Barbara C. Hingston-Randolph, to Sevenoaks.

NATIONAL UNION OF TRAINED NURSES.

NEW APPOINTMENTS.

The following appointments have been made through the N.U.T.N.:—

Exeter U.A. Hospital.—Miss Allen, Miss Hulton, Miss Palmer, Sisters.

Friends' War Victims Relief Committee, Chilons.—Miss Cawood, Matron.

Officers' Convalescent Home, Torquay.—Miss Tattam, Matron.

Towneley's Military Hospital.—Mrs. Clarke, Staff Nurse.

PRIZES FOR NURSES.

The following prizes have been awarded at the Rochdale Infirmary to members of the nursing staff:—

In the senior division, the first prize, a gold medal, presented by Sir James E. Jones, was awarded to Nurse Irene Saturley. The second prize, a silver medal, given by Sir Samuel Turner, J.P., was won by Nurse Hannah Leasor; and the third, a book, "Medical Dictionary," given by Mrs. Clegg, by Nurse Florence Robinson. These three candidates ran very close in the number of marks attained.

In the junior division, the first prize—a bronze medal, presented by Councillor Davidson, was awarded to Nurse Lillian Mather.

PRESENTATION OF SILVER MEDAL.

Sister Margaret Blundell, of Hope Hospital, Pendleton, Manchester, has been successful in obtaining the first silver medal (presented by Mr. F. Townson, ex-clerk to the Guardians) for "excellence in nursing and conduct," and she has been heartily congratulated on being the first silver medallist of the hospital.

RESIGNATIONS.

After five years of devoted service as Superintendent of the Queen Victoria Nursing Institute, Torquay, Miss Lee Smith has resigned that position. Dr. Makeig Jones, who has been so closely associated with the admirable work of the Institute, on behalf of subscribers, presented Miss Lee Smith recently with a solid silver tea service, while Mrs. Makeig Jones gave her a very handsome wedgwood bowl (designed by Miss Makeig Jones) from the nursing staff. After a rest, Miss Lee Smith is taking up a fresh appointment in the North. She will be succeeded as Superintendent of the Institution at Torquay by Miss Noiah Brindley, late Assistant Superintendent of the Three Towns Nursing Association, Plymouth.

Miss Blake, Matron of the Herefordshire General Hospital, has resigned the position, much to the regret of the Committee.

OUR ROLL OF HONOUR.

We regret to note in Wednesday's casualty lists the deaths of Staff Nurses A. V. O'Grady and K. Power, of the Australian Army Nursing Service.

NURSING ECHOES.

The King and Queen have sent handsome donations to Mrs. Drew, it being the jubilee year of the "Catherine Gladstone" Free Convalescent Home at Mitcham, thus showing their approval of the work done by this useful charity, and their regard for the memory of Mrs. Gladstone.

Speaking recently at a meeting in support of the home, Colonel Fenwick, of the London Hospital, referred to the cholera outbreak of 1866.

"Few who knew Mrs. Gladstone at that time," he said, "were aware of the extent of her foresight, and her power of calm self-detachment in times of danger and difficulty. When the wave of cholera broke over the East End of London (and cholera is like lightning, destructive and erratic in its course—one side of a street almost depopulated, while the other looked on in horror at the ravages of death across the road) the London Hospital was rapidly crowded with patients. The crush became so great that often one of the victims was just pulled off a bed on to the floor to make room for another just brought in.

"Amid these scenes of terror and suffering and death moved Mrs. Gladstone, with no thought of herself or her own danger, and with a quiet assurance and calm that brought comfort to the sick and dying, and courage to the overworked staff, carrying off in her own arms the babies whose parents had died of the scourge. It was her wisdom that foresaw the benefits of succour for the children, and the necessity of getting those who were recovering into the country. She made her great appeal, to which the heart of England nobly responded, enabling her to start without loss of time an orphanage and a convalescent home. From her original success in providing a free haven for the convalescent patients arose the London Hospital system of fifty-seven centres."

To mark the Diamond Jubilee of the Great Northern (Central) Hospital, the Committee of Management have been permitted to arrange a meeting at the Mansion House, on October 18th, at 3 p.m., in aid of the funds, at which the Lord Mayor will preside. It is earnestly hoped that in consideration of the increasing burden laid upon the hospital's resources the public will help the Committee in their efforts, and that liberal contributions will be received, which will accord with the well-known generosity of the benevolent.

Of the staff of eighty-six nurses, fifty-five are lodged in four private houses near by—an arrangement neither conducive to convenience nor economy, and it is hoped before long to raise a sum for building a nurses' home, to include an institute for private nurses for No. 11 London.

No trained nurse with less capital than £500 after equipment should attempt to run a Nursing Home. We noted recently that a receiving order has been made against a proprietress of a Nursing Home at Doncaster. Debtor's statement of affairs shows liabilities expected to rank for dividend amounting to £607 13s. 8d., and assets estimated to produce £85 17s. 3d., leaving a deficiency of £521 18s. 5d. The causes of failure as alleged by the debtor are as follows:—"I was away ill, or things would have gone on all right. I had every confidence it would be all right, or I should not have tried to take the business over. I have heart trouble, and have been under treatment for same."

From the Official Receiver's observations it appears the debtor commenced business in June, 1915, when she took over "The Victoria Nursing Home," with a borrowed capital of £25, having formerly been engaged as a nurse at the home. To enable her to pay the amount of the valuation of the home she borrowed £200 from a moneylender, giving him as security a bill of sale of the furniture, fittings, &c. She had repaid about £150 on account of this loan. In April last the moneylender took possession of the nursing home for the balance of his loan, and practically the whole of the furniture was sold to realise the amount owing to him.

This is a sad story of business incapacity, and should be a warning to others not to venture upon expenditure without a reserve of capital; it is sure to result in distress and disaster.

Miss Mary A. Owens, R.N., of Savannah, Georgia, describes in the *American Journal of Nursing* her experiences in the Southern Pine-lands. She writes:—

"On arrival, after a hurry call to the country, I found a typhoid patient, about whom the neighbours, as well as the family, were anxious. The telephone was constantly ringing, and such answers as the following were clearly audible to me in the patient's room: 'Yes, doin' well; we've got a trained nurse from the city, and she's a plum good 'un.' 'Yes, my wife's improvin' ever since the nurse come.' 'She's the first real nurse that's ever been in this county.' But the climax was reached when these words resounded through the house: 'Yes, a reel trained nurse; just

come in and look at her; she's all in white.' Then I heard 'lion and a kangaroo,' and discovered that I with the circus, also lately arrived on a first visit, was dividing the attention of this metropolis. The next day being Sunday, and the circus having departed, at least thirty people called, ostensibly to offer their services, really to 'look at her.' The patient recovered, and the family decided that in the future they must have a 'reel nurse' when anyone was 'took dangerous.'

"The next call was to a case of spinal meningitis—a bright little boy of ten. His father was the prosperous owner of many acres of pineland and a lumber mill. I presume he could write and cipher. The mother could write a fairly good letter, but had no idea of house-keeping. Her expression of prosperity was the unlimited use of lard; so everything was fried, from blackberrys to so-called beefsteak, both of which were set over the fire in a cold pan of cold lard! However, I was allowed to get and prepare for the patient whatever I wished. After some weeks, when he was very hungry, he asked for nourishment before it was due. When refused, he said, looking at the grandfather clock, 'O, Miss Blank, you go by the minute hand, but my stomach goes by the second hand.' I relaxed my rule, and served buttermilk. One day I asked for port wine for him. His father demurred a little, but said, 'Yes, if you think so; and as the whole French nation live on cake and wine, it may be good.' The child had been ill for months before I went there, and as it was evident he would never be strong, I sent him, when I went home, a little typewriter, which he learned to use perfectly, and on which he wrote me long letters. I was invited several times to visit the family. Once, as I passed the house, the grateful mother came out and said, 'Won't you light and take some juice?' Her husband was grinding sugar cane, and the juice is considered delicious; most of it being often consumed by inconsiderate visitors, to the great loss of the children, who sadly miss the syrup which should have been made from it, but these people 'use hospitality' without stint. After the draught, which courtesy and not pleasure, in my case, demanded, she added in the most cordial manner, 'Bring yer knittin' and spend a week.'

"The little boy lived six years, and then one day his sad-faced father came and asked me to go and comfort his mother."

Miss Mary Burr, now resident in Switzerland, has had an admirable article in the *American Journal of Nursing* on "The Effect of War on the Training and Education of Nurses."

STATE LEGISLATION AND THE COLLEGE OF NURSING.

Now that the Council of the College of Nursing, Ltd. (a non-professional Company), have considered the last draft of amendments to its Bill for the Registration of Nurses suggested by the Central Committee for the State Registration of Trained Nurses; and have not agreed to the two most important—(1) the Constitution of the General Nursing Council and (2) provision for hospital training; we, in response to many requests from matrons and nurses, propose to report briefly the result of negotiations between the Central Committee for State Registration of Nurses and the College of Nursing, which took place in the hope of agreeing upon a conjoint Bill.

It will be remembered that the Bill drafted by the Central Committee was accorded a remarkable reception in the House of Commons when introduced, under the ten minutes rule, by Dr. Chapple in 1914, when it was accorded a first reading by a majority of 229, composed of members of all Parties in the House. The result of this test was very strong proof that the work of the constituent Societies which form the Central Committee had during the past decade thoroughly educated the constituencies, and convinced a very large majority of members of Parliament that the principle of State Registration of Nurses is thoroughly sound and worthy of support.

The Bill which, when introduced into the House of Commons in 1914, received such widespread support was very similar to that promoted by the Society for the State Registration of Trained Nurses, which passed through all its stages without a division in the House of Lords in 1908; and was the result of a consensus of professional opinion in England, Scotland, and Ireland. Thus there was no reason to fear a second reading in the House of Commons; indeed, so sure was it of passing into law, if it had not been purposely excluded from consideration, that it was realised by those who opposed it that interested opposition had had its day, and that its opposers must bring forward a substitute scheme, or the just and progressive measure, the Nurses' Registration Bill, would become law.

Then, once more, we were offered a voluntary scheme of registration—a quarter of a century behind time—the Guy's scheme of 1905 under a new name, which had been opposed and defeated before the Board of Trade.

The evolution of the College of Nursing—which has been faithfully reported in THE

BRITISH JOURNAL OF NURSING, the recognised organ for higher education and legal registration of trained nurses, is fresh in all our minds. Its rapid conversion from a system of useless voluntary registration to the need for State Registration—if it was not to be a dismal failure—and the negotiations between its representatives and those of the constitutional Registrationists, have been widely commented upon in the press.

These negotiations have not yet been discontinued, and it is in the hope of coming ultimately to an agreement, honourable to the rank and file of the nursing profession, that we propose to publish in parallel columns the proposals of the Nursing College as embodied in its first and subsequent Bills, of which there have been six, although the most recent is issued as the "Fourth Draft, as approved by the Council of the College of Nursing, Ltd., July 27th, 1910."

Let us hope, therefore, that this Bill, although a very great advance on No. 1, is not in final form, as, though the latest Draft contains so many amendments proposed by the Central Committee, others, which it considers imperative for the safe and just organization of the Nursing Profession, have yet to be accepted before the Committee can give its support to the Bill.

Without bitterness it is our duty to remember that the College of Nursing Company is a body of laymen, who, without a mandate from the Nursing Profession, and, indeed, contrary to its considered convictions, is attempting to set up a Governing Body for thousands of skilled women workers, and that the more intelligent members of the profession strongly deprecate this action, however well intentioned it may be. We are assured that everything is being done for our ultimate good, and like a flock of sheep nurses are being rounded up by patriarchal persons and directed into the Nursing College fold.

The fact is that it is our duty to consider carefully any system of legislation and government by which it is proposed that we shall be controlled; and we advance without any hesitation that the simple form of professional organization—as proposed by the Bill of the Central Committee, by which Parliament sets up a Central Authority (the General Nursing Council) composed of professional persons who understand the science and practice of nursing, and who are therefore qualified to define nursing educational standards, and to certificate and register such trained nurses as give evidence after examination that they have attained such standards (a system in force

under the Medical, Midwives, and Teachers Acts) is the only satisfactory system.

The Nursing College Scheme is set up entirely by lay male authority. Its constitution is cumbersome in the extreme, with its huge Consultative Board composed largely of the laity, already wrangling about what they do not understand. It has started out on the charity ticket, and even if the Bill is so amended as to be ultimately supported as a conjoint Bill by the Central Committee, it will be a makeshift until such time as, in the dim and distant future, trained nurses are accorded the same degree of professional self-government in Europe, as they already enjoy in the United States of America. We have no delusions as to the degree of self-government the nursing profession will secure under the College Constitution. There is nothing to prevent the Consultative Board becoming almost entirely composed of the laity, as indeed it is. Membership of the College can be bought. No Matron or nurse who is not in active practice—that is, no *economically independent* member of the profession—is eligible to represent her profession on the Council, although no such drastic restriction is in force for medical members. The subscription of a guinea paid by nurses for registration and membership is not sufficient to make their organization self-supporting, and therefore independent, and so far all the Hon. Official positions have been given to men, so that executive power is in the hands of non-professional persons.

We merely allude to a few of these idiosyncrasies of the Nursing College Constitution which make it indefensible in the opinion of those who claim independence and a wise degree of self-government for the Nursing Profession, as secured by the form of legislation proposed by the Central Committee. There is no power behind their Bill: its General Nursing Council is the supreme authority. But behind the College Bill is the dangerous Memorandum and Articles of Association of the College of Nursing, which must either be amended or opposed, unless trained nurses are prepared to hand over the practical control of their profession to those who employ them and to their officials. We shall deal with these provisions in a future article.

When, after incorporation by the Board of Trade as a limited Company, the College of Nursing decided to support State Registration, it was proposed that the existing Nurses' Registration Bill should be taken as the basis of discussion. This was not done. And an informal discussion on the Constitution of its Council did not result in agreement; the pro-

posals of the College that the Governing Body of the whole Nursing Profession should consist of three members of the Privy Council, three members of the General Medical Council, and six members of the College of Nursing, all of whom might have been men, was, of course, summarily rejected by the Central Committee delegates.

A few days later the First Draft of a Bill for the Registration of Nurses drafted by the College was in print, presumably approved by the Matrons and others composing the College Council. This Bill omitted from its provisions (1) direct representation on the Council or Governing Body of the Registered Nurses; (2) the reservation of the title of "Registered Nurse" to general trained women nurses; (3) made no provision to register Male Nurses; (4) took power to remove nurses from the Register, but omitted to provide power of appeal to the High Courts for nurses so removed; (5) omitted to define who may be registered; (6) omitted to secure a definite term of general hospital training or recognition of fever training; (7) omitted power of inspection of training schools. It was, in fact, a skeleton of legislation, designed, no doubt, to disarm criticism in Parliament, but worse than useless as a measure of professional reform.

Conferences between the representatives of the Central Committee and the College have resulted in marked improvement in the provisions of the Bill, but it cannot yet be considered a safe and effective measure. Let the profession arouse itself, and determine that any Nursing Bill shall be made just to nurses and useful to the community before it is passed into law.

(To be continued.)

SOCIETY FOR THE STATE REGISTRATION OF NURSES.

There will be a meeting of the Executive Committee on Thursday, September 21st, at 431, Oxford Street, W., to consider the Fourth Draft of the Nurses' Registration Bill issued by the College of Nursing. The Memorandum and revised Articles of Association will also be considered. Members are requested to bring copies of the Bill and Articles with them; they can be obtained from Eyre & Spottiswoode, East Harding Street, E.C.

A meeting of the Central Committee for the State Registration of Nurses will be held on Thursday, September 28th, at 2.30 p.m., in the Council Chamber of the British Medical Association, 420, Strand, W.C.

A MODEL CLUB FOR NURSES IN NEW YORK.

The Central Club for Nurses in New York City opened its new 400,000 dollar building at 132 to 138, East Forty-fifth Street, on May 1st, says the *Modern Hospital*. It is an imposing fourteen-storey, fireproof building of Italian design, and is to take the place of the old club building at 54, East Thirty-fourth Street. In the basement is the laundry, kitchen, filtration and refrigeration plants, and servants' dining room. On the first floor are club offices, safe deposit vaults, reception room, restaurant, cafeteria, and tea room, while the second floor has the library, rest room, committee rooms, offices, and an assembly and living room. From the third to the twelfth floor, inclusive, will be 218 single rooms and eighteen of larger size. The thirteenth floor will have a roof garden, storage rooms, and lockers.

The Club is a branch of the Young Women's Christian Association and the first of its kind in America. It was organised in May, 1910, under the auspices of the National board, with the indorsement of the New York County Registered Nurses' Association and the superintendents of the leading training schools for nurses of New York, its purpose being to provide central headquarters for graduate nurses which offer the freedom and advantages of home life. The Club will not maintain a registry, as its object is purely social. The ethical side will be taken care of by the New York County Registered Nurses' Association, which will have its registry located in the building.

The underlying thought of the women who have worked so untiringly to secure this building is expressed in the following message by Mrs. Nathaniel Bowditch Potter, chairman of the committee of management, read at the laying of the cornerstone and a copy of which is placed at the very foundation:

"To the nursing profession, each member of the community, sooner or later, owes a debt of gratitude which it can ill afford to neglect, yet which it can with difficulty repay. As a token of appreciation and faith, the public offers to the nurses of New York City this building, with the affection of many friends and in the hope that it may long stand as a centre of rest and refreshment to many generations of nurses; that within its walls they may never fail to find that physical rest, mental refreshment, and spiritual renewal so necessary to those who are called to give themselves unspareingly—and, when the call comes, recklessly—to those who suffer and who die. May the Club ever hold before its members that high ideal of the profession which lays emphasis on the fact that its work is not a business, but a vocation, to which, when a woman is called, she dedicates not only her abilities and skill, but her character and life, with the true self-forgetfulness of those who serve. To look back across the years and to see many noble lives heartened for their task, standing as a

promise of other lives to come, will be sufficient for those of us, both within the profession and outside of it, who have laboured to bring this Club into being, and to hold it true to its great Christian ideal, as its steadfast purpose, an unalterable vision."

BOOK OF THE WEEK.

"DAMARIS."*

It is some long time since we have had a novel from Lucas Malet's pen, and we have awaited the arrival of "Damaris" with some impatience.

It would, perhaps, have been more fitting if the book had been styled "Henrietta," for the whole interest lies in the speculation as to what line of conduct Henrietta Pereira will pursue.

The scene is laid in North-West India, and Lucas Malet does not fail to make the most of its vivid surroundings, and portrays the effect of its environment on European character with convincing skill.

Damaris is the five-year-old daughter and only child of the widowed Commissioner Verity.

The climate had taken its toll of the naturally hyper-sensitive child and left a lovely little bundle of nerves and naughtiness. The imaginative child is generally somewhat overdrawn in fiction, and little Damaris is no exception to the rule. Her devoted English nurse and guardian Sarah Watson—is a specimen of a solitary, hard-natured, jealous Puritan woman, in whom the wells of tenderness exist only for her nursing and her master.

It was into this circle that Henrietta Pereira was introduced. After many years the unused rooms formerly occupied by Damaris' young mother were swept and garnished for the reception of a guest. Damaris and Mrs. Watson viewed these proceedings with profound distrust.

The woman, as she sat working in the spacious afternoon quiet of the princely oriental house, disapproved of the preparations which she had that morning superintended. "Yet they were ordered by the infallible one. How could he do wrong?"

Damaris, at the sight of her father—notably tall, arrogantly careless of observation—entering the waiting carriage drew herself up, shaking out her muslin skirts and planting her bronze-shod feet proudly.

"Who's the Commissioner Sahib going to meet, Nannie?" she demanded.

"A lady who you and I don't know, Miss Damaris."

"Don't you like the lady to come?" the child asked.

"It's not my place to like or dislike anyone whom the Commissioner chooses to ask here."

Damaris looked at her observantly. "Never mind, Nannie," she said, with an air of patronage, vastly engaging; "if she's not a nice lady, we'll have her sent away again d'rekly; I'll speak to the Commissioner Sahib."

*By Lucas Malet. Hutchinson & Co., London.

If Henrietta Pereira was not a nice lady, she was at least a very attractive one, and little imaginative Damaris at once fell down and worshipped her.

The period of these happenings was the early sixties, and it adds somewhat to the piquancy of the situation that Henrietta's appearance and dress, of course, corresponded. We are bound to add that it was the only early Victorian thing left at her so far as we can discover. But, perhaps, after all, human nature does not differ much, whether it be clothed in crinolines or short tailor skirts, or whether it is born in the nineteenth or twentieth century. Henrietta also wore a long curl depending from her left ear.

She and Colonel Verity had been sweethearts in bygone days, before either of them were married, and at the time of this story Henrietta was in possession of a second husband. She is described "as a woman of exquisite surfaces"; and, perhaps, it was owing to the lack of depth in her that she proposed herself for a visit to Colonel Verity. Apparently it was just the playing with fire that attracted her. When the visit was lengthened into weeks, scandal began to be whispered about Colonel Verity and his beautiful guest, but the devotion of little Damaris grew and multiplied.

Lugard, the young subaltern, regarded the situation with a troubled mind. Verity had been his Galahad, and it was with reluctance that he recognised him as a Lancelot.

"The devil's own plague on pretty women!" he said, bitterly, under his breath.

But on a nature like that of Henrietta the flesh pots ever hold the firmest sway, and the importunities of the Commissioner forced a decision. So, in his brief absence from home, she returned to her despised but adoring husband and all the solid comfort that he stood for.

Verity, whose passion was genuine enough, raged after his kind; but little Damaris came near to dying of grief for the loss of her pretty lady.

The dramatic ending to the story strikes us as unreal and overstrained, even allowing for the natural effect that the critical condition of little Damaris would produce upon her father. Human nature does not alter thus suddenly. He swears never again to have any dealings with women, if his little daughter is spared. Although the story is undeniably interesting and the descriptions often fascinating, there is that about it which makes us hesitate to recommend it unreservedly. H. H.

COMING EVENTS.

September 21st. Meeting Executive Committee Society for the State Registration of Trained Nurses, 431, Oxford Street, London, W., 4.30 p.m.

September 28th. Central Committee for the State Registration of Nurses: Meeting Executive Committee, 431, Oxford Street, London, W., 11.30 a.m.; Meeting Central Committee, Council Chamber, British Medical Association, 129, Strand, London, W.C., 2.30 p.m.

WORD FOR THE WEEK.

HONOURABLE ADVANCEMENT FOR MY OWN SOUL.

I am now no longer untried. Two weeks' action in a great battle is to my credit, and if my faith in the wisdom of my course or my enthusiasm for the cause had been due to fail it would have done so during that time. But it has only become stronger. I find myself a soldier among millions of others in the great Allied armies fighting for all I believe right and civilised and humane against a power which is evil and which threatens the existence of all the right we prize and the freedom we enjoy.

"It may seem to you that for me this is all quite uncalculated, that it can only mean either the supreme sacrifice for nothing, or at best some of the best years of my life wasted; but I tell you that not only am I willing to give my life to this enterprise (for that is comparatively easy except when I think of you), but that I firmly believe—and I live through it to spend a useful lifetime with you—that never will I have an opportunity to gain so much honourable advancement for my own soul or to do so much for the cause of the world's progress, as I have here—daily defending the liberty that mankind has so far gained against the attack of an enemy who would deprive us of it and set the world back some centuries, if he could have his way. I think less of myself than I did, less of the heights of personal success I aspired to climb, and more of the service that each of us must render in payment for the right to live, and by virtue of which only we can progress.

"Yes, my dearest folks, we are indeed doing the world's work over here, and I am in it to the hilt."

Letter from the late Harry Butters, R.F.A., to "my dearest folks."

COME!

Hark! I hear the tramp of thousands
And of armed men the hum;
Lo! a nation's hosts have gathered
Round the quick alarming drum—
Saying, "Come,
Freemen, come!"
Ere your heritage be wasted," said the quick
alarming drum.

Let me of my heart take counsel,
"War is not of life the sun;
Who shall stay and reap the harvest
When the autumn days shall come?"

But the drum
Echoed, "Come!
Death shall reap the braver harvest," said the
solemn-sounding drum.

—Bret Harte.

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.

**NATIONAL COUNCIL FOR COMBATING
VENEREAL DISEASES.**

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—As some misunderstanding seems to have arisen in regard to the attitude of the National Council for Combating Venereal Diseases towards the question of compulsory notification of venereal disease, we desire to point out that we are determined to adhere strictly to the recommendations of the Royal Commission. That body carefully considered this question, and arrived at the conclusion that notification at the present time was impracticable and might be detrimental to the operation of the measures it advocated.

A great mass of evidence was taken, and the balance was strongly opposed to compulsory methods of this nature. The Commissioners, however, recognised that, when public opinion became more enlightened and adequate facilities for treatment had been provided, "the question of notification should then be further considered." They added that, when these conditions have been fulfilled, it is "possible" that . . . notification in some form will be demanded."

We are convinced that this view is sound, and the National Council will, therefore, lend no support to any proposals having for their object the establishment of compulsory notification proposals which would necessarily lead to controversy at a time when unanimity of effort is essential.

We are, Madam,
Yours obediently,

SYDENHAM, President.

THOMAS BARLOW.

HUBERT M. SOUTHWARK, Vice-President.

Kingsway House,
Kingsway, W.C.

DO NURSES STAND TOO MUCH?

DEAR MADAM.—In my experience, the one time that the nurses in a ward do sit down is when the visiting physician or surgeon is expected. The ward is all tidied up, spick and span; and ward work (cleaning, tidying cupboard, &c., that is to say) cannot be begun until the afternoon round is over. Therefore the waiting time is usually occupied in preparing dressings and so on—work which is easily covered up and left when the ward door opens and the staff appears. Indeed, this is so usual, that after I had left my training school and had been appointed Matron of a hospital where a member of the former was also visiting surgeon, he one day asked me at which the nurses worked the harder. I replied that

I did not think there was a very much difference and he said the reason he asked was that a nurse at his had gone to train at the former hospital and she found the work very hard. He was much surprised because she never he went to the ward in the afternoon the nurses seemed to be sitting down and he did not think they could be very hard worked. I explained that the work of the moment was waiting for his round and something of what took place at other times. He was very considerably astonished, and left sure he could not stand it.

Yours, &c.
MATRON.

WHAT WILL OUR POSITION BE?

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM, Matrons of Poor Law Infirmaries might well pause to consider what their position will be when the Consultative Board of the College of Nursing gets to work. Hearing that our Board had been invited to appoint two representatives, I naturally concluded that, as nursing was to be considered, I should have been one of those selected. But no such thing, and lay Guardians were chosen, and when I asked for information I was told that when they had considered questions I should be told what had been decided. You know what an uphill struggle I have had to get this training school to its present level, and if our College and our standards are to be governed by the laity, we indeed for Infirmity Matrons. Surely our difficulties are sufficient at present without further trouble. The Consultative Board is, in my opinion, a great mistake, and will lead to all sorts of interference in nursing by people who do not know what is required, from an educational point of view. The attitude of the Poor Law Officers' Association proves the truth of this.

Yours always gratefully,
THE LAW MATRON.

We approve of the Nursing Profession being governed by a General Nursing Council appointed by Parliament, without further interference, as the Medical Profession is by the General Medical Council. The more simple the system of professional organisation the better. (Etc.)

A POINT AT ISSUE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In the interesting replies to the Prize Competition question last week Miss Amy Plupps writes, "Every means must be taken to prevent the occurrence of bed-sores," and Miss A. M. Ashdown writes, "Bed-sores do not occur." Which of these ladies is right? I am deeply interested in the nursing of acute Poliomyelitis and shall be deeply grateful if either or both of the writers will give me their reasons for forming opposite opinions on the point at issue. I find the Competition Papers most just andative.

Yours truly,
A TERRITORIAL SISTER.

REPLIES TO CORRESPONDENTS.

May 22, 1910.—To the Editor, Matron. I have been given by F. M. MacGill, M.D., the instructions for the book "Notes on Galvanic and Faradic Currents," follows:—"Place a large, anodal pad below the part of the spine which supplies the affected muscles." Attach the cathode to a small pad, roller or disc. This is to be continued 15-20 minutes and on the affected muscles, causing contractions. Before beginning the moves, cut, hold the active electrode on the part steadily for 10-15 minutes until a sufficient amount of current is being passed. Note the strength of this by the galvanometer reading; it will probably be about 100 or 150 mA, so that the patient can comfortably take.

Then turn the galvanometer out of the circuit to prevent any undue strain on its mechanism.

The motor point of every affected muscle is to be especially probed out and treated by the active electrode in order to get the best contractions.

The work from which we quote is published by H. K. Lewis & Co., Ltd., 150, Gower Street, London, W.C.

F. M. T.—Write to the Secretary, College of Nursing, 6, Vere Street, London, W., for information. We are informed that Cottage Nurses are not eligible for registration and membership of the College, but uncertificated nurses will be presumably on the General Register with these certificated, as class 3 provides for their registration. Class 2 is specially arranged for London Hospital nurses, as it is the only school which only trains for two years, and exacts two years' service on the private staff.

OUR PRIZE COMPETITIONS.

September 23rd.—Give the different kinds of sputum, mentioning the cases in which each is found. How would you disintect that from a case of Phthisis?

September 30th.—What conditions are likely to lead to rupture of the perineum?

SOCIETY FOR STATE REGISTRATION OF TRAINED NURSES.

The object of the above Society is: To obtain an Act of Parliament providing for the Legal Registration of Trained Nurses, so as to obtain for them the protected title of "Registered Nurse," and thus distinguish qualified from unqualified nurses. Every nurse holding a certificate for three years' general training should join the Society. Apply to the Hon. Sec., 431, Oxford Street, London, W.

OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by leading as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management as advertisers.

The Midwife.

MIDWIVES AND ANTE-NATAL CARE.

The desire (says *The Lancet*) to diminish the effect of the ravages of war upon the population of the United Kingdom is likely to concentrate public attention for many years to come upon the birth rate and upon the death rate among infants. The introduction of reforms will arrive, which but for the war might have been condemned to a slower process of development. In particular, ante-natal care of mothers, and the consideration as potential mothers of young girls, are likely to receive closer and more general consideration in the near future. In a lecture recently delivered before the Gloucester City and County Midwives Association by Miss L. G. Rogers, an inspector of midwives, stress was laid upon the necessity for providing ante-natal care through the medium of midwives, if it were desired to render it general and effective. The midwife, it was declared, was in a better position than anybody else to influence the mother, without whose goodwill and co-operation no satisfactory result can be achieved. In this connection the lecturer claimed that the provision of ante-natal care must receive due consideration from the Central Midwives Board, and also that the remuneration of midwives must be increased. This latter condition would no doubt have two results. Prospects of a better livelihood would attract a higher class of women to the work, and would also increase the number of candidates for qualification. Such an increase is highly desirable, because there are not too many midwives in practice, and to impose extra work in the shape of increased attention to the requirements of the mother before birth would only be possible in the case of women whose time was not already filled up. In any event increased duties without recognition of the need for increased fees would convert ante-natal care into charitable work at the midwife's expense. On the whole, we are in accord with the suggestions made. We do not see any reason why the training of midwives to advise pregnant women as to the requirements of their condition, or the attraction of well-educated and intelligent women into the midwife's profession, should cause any trespass upon the domain rightly reserved for the medical practitioner. On the other hand, however, the question of remuneration must be solved with due consideration for the ability of patients to pay more in those classes for whose benefit the certified midwife has been brought into existence. The trade of the "handy-woman" is not yet stamped out in some places, and any raising of the fees of her qualified competitors would increase her *clientele*. The conditions asked for by the lecturer referred to, do not, therefore, seem likely to be realised without legislative intervention.

A POPULAR FALLACY.

Reports of the medical officers of health of the London boroughs disprove the theory that in war time there is an unusually large preponderance of boys born. The annual report of the Deptford Medical Officer shows that last year as many girls as boys were born, which really means a subsequent surplus of girls, because the death rate of male children is always higher than that of girls. The Poplar report, which was recently issued, recorded the birth of more girls than boys.

THE PUERPERIUM.

A writer in the *New York Medical Journal* gives some hints for the management of puerperal women. He thinks it unwise to bind the abdomen tightly, as involution is not thereby promoted. The patient need not be kept flat on her back for any length of time. Starvation for the first few days is not necessary, judicious liberality in diet gives better lactation and earlier convalescence. A post-partum high temperature, even if accompanied by a foul discharge and some subinvolution, is better treated by elevating the head of the bed to facilitate drainage and giving one or more doses of ergot or pituitary extract. Intra-uterine douches or curetting is a questionable method of treatment. If the milk has to be dried up, the breasts should be left absolutely and severely alone. The usual treatments are useless.

NITROUS OXIDE IN LABOUR.

An American physician strongly recommends the use of nitrous oxide gas mixed with oxygen in obstetrical cases. Dentists give it to the stage of analgesia to thousands of patients every year. It is quickly eliminated and has no ill effects on mother or child. It rather hastens delivery, as the mother is able to render more assistance. The cost is about \$1.50 an hour and it is rarely necessary to use it as long as six hours. In a discussion on this paper the use of novocain was advocated, in addition, to relax the levator ani muscles and perineal body; the drug was injected into the parts. Another physician had found nervin, given hypodermically as soon as the pains became severe, afforded great relief.

LOSS OF WEIGHT.

It is stated that the decrease of weight in newborn infants is caused by the loss of water, eliminated through the lungs, skin, kidneys and intestines. This should be supplied by adding barley-water to the milk after a few days, or giving it at first if the mother's milk is slow in coming.

The menace lies not in battle casualties, but in empty cradles.—SIR GEORGE BEATSON.

THE BRITISH JOURNAL OF NURSING

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Vol. LVIII.

EDITORIAL.

A NATIONAL QUIVER FULL.

The annual report of Sir George Newman, the Chief Medical Officer of the Board of Education for 1915, has been issued as a Blue-Book, and is a careful study of the question of child welfare—imperative at this crisis to the national existence. It will well repay exhaustive consideration.

Many of the greatest minds in the British Empire are now occupied with the problems which must be faced and solved "after the war." All thoughtful people realize that nothing will, in our time, be ever again the same, as it was before the present cataclysm burst over Europe. The conditions of national finance and of international trade, which have been slowly evolved during hundreds of years, will all be swept into the melting pot, and at present no one can say in what form they will ultimately emerge.

The many social conditions which will be altered, from the bedrock upwards, can at present be only dimly foreseen, but there are certain basic facts which are already apparent. The loss of splendid young British lives is now to be counted by hundreds every week, while thousands are receiving wounds which will more or less disable them from active exertions for the rest of their lives. When it is remembered that it was the best and bravest of Britain's manhood who were the first to answer the country's call, and that it is these who now fill the casualty lists each day—the wastage is seen to be even more utterly piteous to us because it is so utterly irreparable in our day and generation. When the war is over, the first question which the British Empire, and the other nations involved, will have to answer is—How shall this terrible wastage of men be made good?

For the welfare of each race, for the work and prosperity of each country in future, the problem must be solved, as speedily as possible; and it will doubtless be dealt with by each nation in its own instinctive and distinctive methods.

In these islands, we shall probably, therefore, be quite conservative of old time manners and morals; but we trust that we shall carry that conservatism to greater lengths than ever before in our legislation and care for the children. There is not—there never has been—anything radically wrong with the British birth-rate. Compared with that of other nations, our infantile death-rate has not been excessive.

But the first step to be taken—in respect to making good the wastage of war—must be to devote more systematic care, than has ever yet been given, to the development of the nation's greatest wealth—the children of the coming generation. And more happy, than even in the Psalmist's days, will be the country of the future that hath its quiver full of them. More careful education of the mothers of England—as to the feeding, clothing, and rearing of infants; more efficient provision of medical and nursing care for the child in the critical first three years of its life—would in ten years replace the whole male loss of the war. For it is too little understood by the people, that the birth of males in Great Britain is definitely larger than that of females; and that increased care and knowledge would prevent the greater mortality of male infants which, in the first five years of life, reduces the number of each sex to an equality. After infancy, the need for better care of the growing child is becoming recognized, and school doctors and nurses have already accomplished a great national work. The early detection of eye weakness or disease has saved thousands from blindness. The

early removal of adenoids has secured to many thousands, better nutrition of body and greater activity of brain than they would ever have had in olden days.

It is, in these directions, therefore, that we hope Parliament will work—in the solution of the great problem of making good the terrible war wastage of our splendid men.

OUR PRIZE COMPETITION.

DESCRIBE THE DIFFERENT KINDS OF SPUTUM, MENTIONING THE CASE IN WHICH EACH IS FOUND. HOW WOULD YOU DISINFECT THAT FROM A CASE OF PHTHISIS?

We have pleasure in awarding the prize this week to Miss Doris Taylor, St. Bartholomew's Hospital, Rochester.

*PRIZE PAPER.

The various kinds of sputum are as follows:

1. *The sputum of phthisis*, sometimes called *flocculent*, because the sputa resemble irregular balls of wool. This sputum is most copious in the early morning. In the early stages of the disease it is not different from that of bronchitis, but when the disease is well established, the sputum is purulent and streaked with blood, the individual sputa remaining apart. The sputum of phthisis is distinguished by the presence of blood and the tubercle bacilli.

2. *The sputum of pneumonia*, which is rust-coloured, sometimes even bright red. It is very viscid, and is adherent to the vessel containing it. If examined microscopically, pneumococci can be detected.

3. *The sputum of bronchitis* is scanty at first, consisting of thin, frothy mucus, with sometimes a tinge of blood. In a few days, when coughing becomes easier, the expectoration is more abundant, opaque, and yellow or green from the addition of leucocytes. Owing to accumulation during sleep, expectoration is greater in the morning. In large towns the sputum is frequently black with pigment derived from the atmosphere.

4. *The sputum of fetid bronchitis* has an offensive odour for its principal feature. This odour is due to the secretions accumulating in the dilated bronchial tubes having undergone decomposition.

5. *The sputum of bronchiectasis* is either purulent and airless or fetid and frothy, like that of fetid bronchitis.

6. *The sputum of plastic bronchitis* is seldom seen, as the disease is extremely rare. This affection is characterised by the expectoration of casts of the bronchial tubes; the cast is not

generally thicker than a goose quill, and varies in length from $1\frac{1}{2}$ to $2\frac{1}{2}$ inches. It has a grey or whitish yellow colour; the casts are not solid, except from the smallest tubes.

7. In cases of *carcinoma of the lung*, the sputum is mucus tinged with blood, and sometimes mucus mixed with large quantities of blood. Occasionally it is dark in colour, and resembles currant jelly, but hæmoptysis is rare in these cases.

8. *The sputum in pulmonary gangrene* is of a putrid odour, it is grey or greenish brown, and fragments of gangrenous lung tissue may be found.

9. *The sputum of asthma* consists of thin, transparent mucus, and may be mixed with a little blood; it often contains ciliated epithelial cells. (Ciliated epithelium is found lining the trachea and bronchial tubes.)

The main point to remember when disinfecting the sputum of a phthisical patient is to keep that sputum moist. Expectoration is the great source of infection in these cases, and if the sputum is allowed to dry, the bacilli will gain access to the surrounding air.

The patient must expectorate into a vessel containing a little strong soda solution, or else sol. carbolic acid 1-20, and the vessel must be kept covered.

Out of doors a pocket spittoon containing soda solution can be used.

All infected sputum should be burnt, if possible.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Mrs. M. A. Ross, Miss M. C. Brown, Mrs. Farthing, Miss K. Temple.

Mrs. M. A. Ross gives the following method of disinfecting the sputum:—

The patient should have a special cup, and, if able to go about, a flask also. In the bottom of each cup or flask a liquid disinfectant should be poured. (It is essential that the sputum be kept moist, as particles of dried sputum carry infection.)

If the patient is in a sanatorium the sputum cups are collected at regular intervals and emptied into a consumer. This is a special pan with an opening top and bottom, the top fitted with a lid, and the bottom with a small fire grate or door. This pan is encased in brick-work, and the fire is put inside the pan (hence the necessity for the door at the bottom). The sputum is emptied into this consumer.

QUESTION FOR NEXT WEEK.

What conditions are likely to lead to rupture of the perineum?

TRENCH FEVER: THE FIELD VOLE, A POSSIBLE ORIGIN.

Dr. W. J. Rutherford, Temporary Lieut. R.A.M.C., has a most interesting article in last week's *British Medical Journal* on the origin of Trench Fever. He states that when a new disease is encountered, the question naturally presents itself, Is there any other new condition or association of conditions existing with regard to those attacked by this disease? and adds:—Looked at in this way it is not difficult to assert that there is such a new condition of biological importance, this being the commensal association with human beings of the long-tailed field vole, or field mouse. He calls attention to the fact that the trenches along the western front have for some time swarmed with rats and mice. Rats are the disseminators of plague, as well as the less familiar sokodu, or rat-bite fever, besides being subject to the bacillus of pseudo-leprosy, and acting as the source of trichiniasis by conveying that infection to the pig, while the possibility that they might act as a reservoir for the virus has been suggested. Mice are not generally indicated as disseminators of anything worse than favus. The mice in the trenches are not, however, the ordinary house mice that have always lived in domestic association with humanity, but the species particularized zoologically as the long-tailed vole, which is subject to extensive epizootics of high mortality while living in a state of nature. . . . Field mice have been blamed as the source of a disease now extinct—the sweating sickness, or *sudor anglicus*, of the Middle Ages—of which a small epidemic, however, is said to have broken out in the South-West of France in the early years of the present century; it seems reasonable to suggest that they may perhaps be the source from which the infection of this new "trench fever" is derived. There are innumerable opportunities for the spread of infection from the rodents in the trenches apart altogether from dissemination by their parasites; indeed, the chances of infection by organisms carried by the field voles in the trenches are endless.

Dr. W. J. Rutherford predicts that if the increase of these rodents, rats and voles alike, is not checked, their rate of multiplication will result in their overflowing the districts adjacent to the line held by the troops and causing damage to the crops, or else in the development of a sudden epizootic of some virulent disease which will effectually keep down their numbers. In this latter case, if trench fever

has anything to do with these creatures, the possibility of human infection will be greatly increased.

CELLULOID DRESSINGS FOR WOUNDS.

The dressing of lacerated wounds and of operation cases has hitherto of necessity been a source of dread in anticipation, and too often an agony of realisation. In the present war these terrors have been multiplied many times in consequence of the terrible and unprecedented nature of wounds caused by high explosives. It is therefore with intense interest and hope that we learn of the new method of dressing introduced by Sir Almoth Wright into the military wards of St. Mary's Hospital, Paddington.

It is extraordinarily simple. A very thin piece of perforated celluloid is placed next the wound before the dressings are applied, the result being that the dressings come away quite easily, instead of the too often painful process of removing them.

The celluloid, which is perforated till it becomes more holes than material, is rendered soft and pliable by soaking in a 20 per cent. solution of carbolic acid, and then washed in a weak solution of salt, and is laid directly on the raw granulating surface. Fine lint, soaked in a 5 per cent. solution of common salt or sterile water, is then placed over the celluloid, after which firm bandages are applied.

The use of antiseptics has been discontinued at St. Mary's Hospital. The surgeon in charge has made the following statement to the press:

"The wounds are kept wet with weak salt-and-water solution, and that is all the local treatment they get. In addition, immediately on the patient's admission we attempt to find out just what germs are present in the wound, and the man is then inoculated with a serum prepared in the laboratory from this type of germ.

"We have proved experimentally that certain germs commonly found in wounds, while destroyed by strong antiseptic solutions such as carbolic, actually grow all the faster in very weak solutions, such as are often formed in the depths of a wound when a little antiseptic has been diluted down with a large amount of the natural fluid of the body. Hence our practical discontinuance of the use of antiseptics and the substitution of the salt solution, which, here at any rate, has been found to give much better results."

NURSING AND THE WAR.

The King paid a visit to Oxford last week, and called on the sick and wounded in the Southern General Hospital, where he was received by Lieutenant Colonel Ranking, the administrator; Miss Watt, the Matron; and Miss White. All the wards were visited, and the King spoke to many of the wounded soldiers, who were delighted with his kind manner and interest in their sufferings. As he left, the convalescent patients raised hearty cheers. The nursing staff were well to the fore, neat and speckless in their becoming uniform.

We are indebted to the *British Australian* for the loan of the portraits of Private Jackson, V.C., and the Australian nurses. Sister Boissier (in the centre) holds the R.R.C. for service in Egypt, and is evidently delighted that her brave compatriot has also received royal recognition for heroic service to the Empire.

We congratulate Mr. Lloyd George, the new Secretary of State for War, on appointing a committee to consider the existing system of obtaining nurses for the hospitals for sick and wounded soldiers at home and abroad, and to make such recommendations as they may consider necessary for augmenting the supply—a step we strongly urged upon the late Secretary of State for War and the Army Medical Department in 1914; but we, with other professional nurses, take the very strongest exception to the constitution of the committee now appointed, in that it entirely excludes expert nursing opinion, as there is not one qualified nurse upon it.

SUPPLY OF NURSES COMMITTEE.

The Supply of Nurses Committee consists of the following members:—

Mr. W. C. Bridgeman, M.P., one of the Lords Commissioners of the Treasury.

Vicecount Knutsford, Chairman, London Hospital.

Sir Frederick Treves, Bt., Consulting Surgeon, London Hospital.

The Hon. Francis Curzon.

Mrs. Furse, Commandant-in-Chief of the Women's Voluntary Aid Detachments.

Captain Harold Boulton, Vice-Chairman, Queen Victoria's Jubilee Institute for Nurses; and member House Committee London Hospital.

Mr. E. W. Morris, House Governor and Secretary, London Hospital; with

Mr. T. R. Walrond, as Secretary.

In the name of thousands of trained nurses, we claim that before the conditions of their professional work is enquired into, experienced members of their profession should be added to the Committee.

The truth is that hundreds of self-respecting trained nurses absolutely refuse to work in war hospitals under the direction of untrained Commandants, and before they consent to do so, the present indefensible system must be abolished.

The omission of professional representation on this "Supply of Nurses Committee," is a very serious reflection on the status of the Nursing Profession, and it is adding insult to injury that the Commandant-in-Chief (herself untrained) of a system they hold in detestation should be the only woman appointed to consider their economic condition. Let the Secretary of State for War make haste to rectify this most impolitic omission, or there will be a very justifiable expression of indignation upon the part of those upon whom this slur has been cast.



MISS ETHEL HUTCHINSON,
Queen Alexandra's Imperial Military Nursing Service Reserve,
who has been awarded the Military Medal.

THE REGISTRATION OF V.A.D.S.

We quote the following leader, under the title of "The

Nursing Profession," from Monday's *Times*, which is for all practical purposes the organ of the British Red Cross and Voluntary Aid Movement. A straw shows how the wind blows!

"The service rendered by nurses during the war has added lustre to a noble calling. We rejoice, therefore, that certain difficulties which have arisen, more especially in regard to the system of obtaining nurses for military hospitals, are about to form the subject of consideration by a Committee, particulars of which we published on Saturday. Lord Knutsford, chairman of the London Hospital, Sir Frederick Treves, Mrs. Furse, Commandant-in-Chief of the Women's Voluntary Aid Detachments, and Captain Boulton, vice-chairman of Queen Victoria's Jubilee Institute

for Nurses, to mention only four of the members, are distinguished figures in the nursing world and command the confidence of all.* Their task will not be an easy one, for the war has wrought great changes in this as in other professions. A large body of women have become nurses within the last two years, and, having realised the privilege of the work, are anxious to remain in the ranks. These new recruits have not received the full three years' training, which is considered essential by the great hospitals, and therefore, in some areas, friction has arisen between them and the fully certificated nurses. This was inevitable, but it has produced a situation of some delicacy, and has to a certain extent curtailed the supply. A more important matter is the future of these

training as war nurses. While the scheme of a College of Nursing advocated by Mr. Arthur Stanley has opponents, there are reasons for believing it to be a step in the right direction. There is the further question of registration, which would at least prevent the nurse's uniform from being used by the unworthy as a cloak for their ill-deeds. If these just grievances were righted the supply of nurses would be adequate."

This movement to undermine efficient nursing standards must be carefully watched by those who love and honour the profession of nursing. The powers acquired by the College of Nursing Company make it possible to register other than hospital trained nurses.



PRIVATE W. JACKSON, V.C., SISTER BOISSIER, R.R.C. (IN CENTRE), AND AUSTRALIAN SISTERS.

voluntary nurses. Surgeons and doctors who have had V.A.D. members working under them in military hospitals make no secret of their desire to employ them after the war. They are very good material, yet it is clear that most of them will resent having to start on a three years' training after having done a year or more in a military hospital. It is suggested that the civil hospitals should allow probationers who have served in military hospitals to count part of their time in these hospitals towards a general training. This would be a great inducement to women to begin

*None of these persons belong to the "nursing world." In various capacities they employ the services of trained nurses.

A lady acquainted with the devoted service rendered by Nurse Alice Whitecross to sick and wounded soldiers in Dublin, and more particularly with her work of mercy during the recent rebellion, has written to Queen Alexandra on the subject, and has received the following gracious reply:—

Malborough House.

"Dear Madam, Queen Alexandra has desired me to thank you for writing telling her of the heroic work of Nurse Alice Whitecross, one of Her Majesty's nurses, of whom she may indeed feel proud.

"Will you kindly tell Nurse Whitecross how fully the Queen appreciates all she has done and is still doing in the cause of suffering humanity?—Believe me, yours truly CHARLOTTE KNOLLYS.

JOINT WAR COMMITTEE.

AT HOME

The following Sisters have been deputed for duty in the Home Hospitals:—

Beaufort Red Cross Hosp., Coacbridge, Glam.—Miss G. Owen.

Clandon Park, Guildford.—Miss M. E. Cox.

Rushhall, Tunbridge Wells.—Miss E. M. Smith
Miss E. A. Hope.

The Chalet, Hoyalake, Cheshire.—Mrs. A. E. Gallahan.

Red Cross Hosp., Hazelwood, Ryde.—Miss D. Scannell.

Hoole House Hosp., Chester.—Miss D. Jeanes,
Miss F. Clayton.

Red Cross Hosp., Hawkstone, Farcham.—Miss L. A. Filsell.

Mayfield Section Hosp., Woolston, near Southampton.—Miss E. Forster Blake.

Mil. Hosp., Exeter.—Mrs. A. Thompson, Miss B. M. Bond.

Dane John Hosp., Canterbury.—Miss C. Charles,
Miss F. Clayton

Red Cross Hosp., Kentworth.—Miss L. Shephard.

Red Cross Hosp., Pontyclun, Glam.—Miss E. Keys.

Aux. Mil. Hosp., Darley Dale, Derbyshire.—Miss C. D. Hurst.

Pitforn, Kington, Herefordshire.—Miss E. O'Rourke.

V.A.D. Hosp., Pinner Place, Pinner.—Miss I. Sheard.

Red Cross Hosp., Uppingham.—Miss C. Walshe,
Broughall Cottage, Whitechurch, Salop.—Miss F. Jones.

V.A.D. Hosp., Massandra, Weymouth.—Mrs. D. Knox.

Lambeth Aux. Hosp., The Avenue, Norwood.—Miss D. B. Lawrence.

Red Cross Hosp., Malmesbury.—Miss B. E. Jones.

St. George's Hill Golf Club Mil. Hosp., Weybridge.—Miss C. Rapson.

The Maxilla Hosp., Princes Rd., Lambeth.—Mrs. de B. Garton.

V.A.D. Hosp., Holywell Hall, Wylam-on-Tyne.—Mrs. F. E. Oates.

Red Cross Mil. Hosp., Hook, Hants.—Miss M. McGlow.

Highfield Aux. Hosp., Morton, Matton, Yorks.—Miss M. Chillingworth.

St. John's Hosp., Holmesdale Gardens, Hastings.—Miss B. C. Archer.

V.A.D. Hosp., Clifford St., Yorks.—Miss E. M. Hawley.

Officers' Hosp., 19, Hyde Park Gardens.—Miss A. C. Conolly.

Clayton Court Aux. Hosp., East Liss.—Miss I. M. Ketteringham, Miss E. Slane.

Borowood Red Cross Hosp., Calne.—Miss D. Morgan, Miss M. A. Hobday, Miss M. E. Garrard,
Miss E. S. Chinn.

Red Cross Hosp., Corton Presteigne, Radnorshire.—Miss R. X. Mitchell.

Hillfield V.A.D. Hosp., Gloucester.—Miss D. Wainwright.

ABROAD.

Boulogne Headquarters.—Miss R. Kirby.

Brigade Hosp.—Miss M. P. Peter.

No. 2 Anglo-Belge.—Miss B. Wheales, Miss A. Brigley.

Anglo-Russian, Petrograd.—Miss E. Thompson.

Egyptian Unit.—Miss E. Lamper, Miss F. Helmore, Miss E. M. Heywood, Miss C. Geoghan,
Miss S. Nourse, Miss M. Mitchell.

CARE OF THE WOUNDED.

A fully-equipped base hospital unit, consisting of thirty doctors, two dental surgeons and seventy-five nurses, left recently for France, in charge of Lieutenant-Colonel Jones, a well-known Boston surgeon. The hospital is the result of an offer made last November by the Medical Senate of Harvard University to the British Government, and its services are to be available until the end of the War.

Associated with Harvard in providing the hospital are Yale, Columbia, Princeton, Johns Hopkins, and other Universities in America.

The Harvard Unit will work under the direction of the Royal Army Medical Corps.

Queen Marie of Roumania has sent the following telegram to Mr. Alfred Hurst, Edinburgh, Chairman of the National Roumanian Relief Fund: "I am very much touched by your telegram, informing me that a committee is being formed in Edinburgh to present me with motor ambulances and hospital equipment, and more especially as it shows that my father's name is remembered."

The London units of the Scottish Women's Hospitals, which sailed on August 29th from England, in charge of Dr. Elsie Inglis, and with a motor transport section under the Hon. Mrs. Haverfield, have arrived safely in Russia and will be attached to the Russian Army on the Roumanian Front. All the arrangements have been made as regards equipment for a Russian winter-campaign, and the members of the unit will be supplied with fur coats suitable for the rigours of a Russian winter—snow boots, fur caps with ear protectors, &c. This part of the equipment, it was wisely decided, is to be bought on the spot when the Scottish women reached their destination in Russia.

The Marchioness of Londonderry performed the opening ceremony of a sale to provide extra comforts for the wounded soldiers, in the playground of the Metropolitan Hospital, Military Section, Enfield Road, on Thursday last week. The Matron, Nursing Staff and soldiers managed the general stall, and the Home Sister ran the tea room; let us hope they had a real success.

FRENCH FLAG NURSING CORPS.

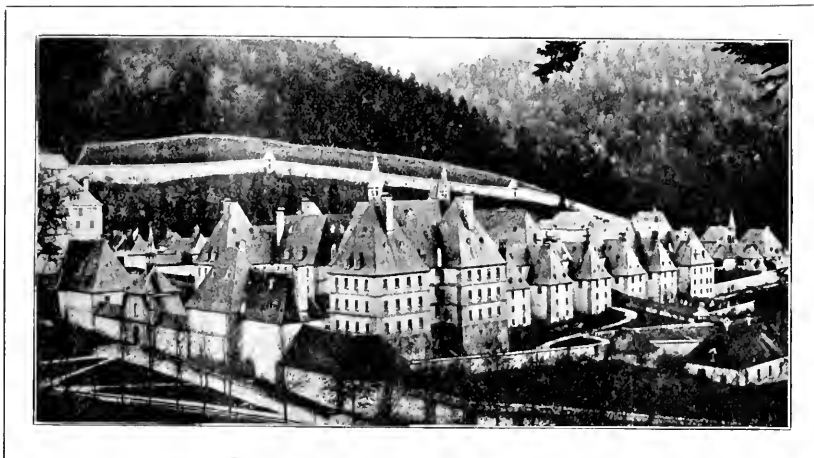
Miss Grace Ellison is in London on the business of the Corps. She has recently visited some of the centres where the Sisters are at work, and realised more than ever how invaluable skilled nursing is in military hospitals. Miss Ellison has followed the nursing controversy for the past two years in the professional Press, and is a convinced State Registrationist. Nursing standards all the time—standards of education, standards of efficiency, standards of economics; how indeed are they to be enforced without the strong arm of the law. Miss Ellison agrees that it cannot be done.

Sister Sutton has returned to duty after a delightful little holiday, the first for eighteen

at Toul, a splendid consignment, including 10 sheets, 12 pillow cases, 5 pyjama suits, 12 night-shirts, 2 cases of dressings, too bandages, and other surgical stores.

We congratulate Sister Willetts, who has received the *Médaille des Epidémies* from the French Government for her devoted services in nursing contagious diseases at Port-a-Binson. In celebration of this honour the Médecin Chef who values the services of the Sisters, and is so kind to them, asked them all to dinner.

Sisters Bright Robinson and Coppin, who have been working at Malo-les-Bains for sixteen months, have been sent on duty at Beveren, as the Hôpital Malo Casino is to be closed at an early date. One



LA GRANDE CHARTREUSE.

months. M. Lugon, of the Hotel de France, Chambéry, received her with the greatest kindness, and nothing could be more comfortable, she writes, than the hotel. She has received every consideration and politeness possible. The town of Chambéry is old, the surrounding scenery magnificent—mountains, mountains all round. Many visits to interesting places near were made, and Sister was specially delighted with a visit to La Grande Chartreuse—the former home of that delectable liqueur; "Les Charnettes," the house and garden where Jean Jacques Rousseau stole some years of happiness out of his troubled life, was of great interest; he said in his *Memoires* "J'ai été heureux j'ai vécu."

The Liverpool Women's War Service Bureau has sent to Miss Wadsworth, Hôpital Thouvenot,

of the Sisters writes, "We have been pleasurable surprised at the amount of kind feeling shown by the civil inhabitants of Malo. Since the date of our departure has been known, we have had so many coming to say "good-bye." Some we have helped in sickness, others have told us their news from dear sons at the front; while from all the shops we have dealt at they presented us with little souvenirs, and we have a wealth of good wishes from all. I had no idea *les petites Anglaises*, as it appears we are called, were so popular. The *personnel* of the hospital with whom we have worked nearly all the time, to whom we must now say good-bye, have all been extremely nice to us."

The Editor will be pleased to hear from Sisters who require hot water bottles, as the cold weather will soon be here.

THE BETHNAL GREEN WAR HOSPITAL.

The Bethnal Green War Hospital is one of those that has been transferred for the time being from the Poor Law to the Military Authorities. The original patients were accommodated in the Bethnal Green Workhouse, and St. George's in the East Infirmary. The original nursing staff were retained by the Guardians to look after their own charges, so it happens that the Matron, Miss E. Dodds, is the only one of the Infirmary staff that remained in the War Hospital.

The hospital accommodates about 700 beds, and the wounded are received here straight from the clearing hospitals. An

hour's notice and a convoy may arrive of any number between ten and fifty. Stretchers and wheeled couches await them at the door and they are conveyed to their respective wards, with the quaint names. The wards for the most part are called by the name of some virtue or attribute, e.g., Patience, Mercy, Justice, &c. The hospital kit in which they arrive is stoved, brushed and folded, and stored in a large storeroom, where many hundreds of neat bundles testified to the labour of this particular department.

The large kitchen is fitted up with modern culinary arrangements, and we were particularly taken with the hot water tins, containing small dishes for each ration. These, we were informed, were a private gift. The laundry has been converted into a department for treatment by Radiant heat and Massage. Here was to be found every appliance that modern ingenuity can devise for the treatment of injured joints and muscles. A fixed bicycle, a mechanical canoe with sculls, a steering wheel, were only some of the contrivances for that purpose. The very newest thing was the apparatus for injecting septic wounds with ozone.

The long dining-room plays many parts; it is also the recreation hall, and on Sunday it serves as a chapel. For the latter purpose it is hung with flags of the Allied nations and crowded out with men. In another part of the building we saw the little ward that is fitted up as a Roman

Catholic Chapel, and it showed both love and care in its arrangements.

The wards are not beautiful, but they spoke eloquently of the fact that in them the happiness and comfort of the men is the first consideration. In spite of their grievous suffering, and often terrible mutilation, the men looked happy and content. They were evidently doing just what they liked to do with reasonable limits. One man lay asleep, his injured arm in splints resting in a sling suspended from a gallows looking arrangement. This by means of pulleys adjusted itself to every position in which the sleeper might turn. It was obvious that the pain and discomfort were largely minimised by this ingenious contrivance.

A delightful little dressing trolley in one of the wards is the envy of the hospital, for it is the only one it can boast. It is rather surprising that such a very necessary aid to surgical nursing should be regarded in the light of an extra, and as such left to the chance charitable donors. Here is an outlet for some generous mind; we can think of no more useful or welcome addition to the equipment of the too often overworked War Sister.

The V.A.D.s are doing good work. The Matron in the early part of the year gave them a course of instruction, of which she is now reaping the benefit. At the end of a year's continuous work and on the Matron's recommendation, a stripe on the left arm is added to their uniform.

Miss Dodds assured us that the most charming thing in the hospital was the infant son of one of the men, who was a constant visitor to his daddy. We were privileged to make his acquaintance as he lay kicking and gurgling on an adjoining bed, and quite endorse the Matron's opinion.

There is an open-air ward, where septic wounds make admirable progress, and under canvas are the "carriers" of the cerebro-spinal bacillus. These are shortly to be removed.

It was pleasant to notice on our exhaustive round that everyone we encountered had a smile and a kind word from the Matron, and the smiles were returned with interest.

The building, which is somewhat grim, was somehow illuminated with kindness and sympathy.



MISS DODDS, MATRON.

Miss Dodds was eloquent on the heroic courage and endurance of her wounded charges. In their worst sufferings they would pronounce any efforts for their relief to be "champion." It is, as she says, a privilege to wait upon such men.

As we left the hospital the men were returning for the tea hour, nearly all carried suggestive little paper bags suggestive of a "relish."

Miss Dodds was trained at the London Hospital, and came straight from her training school to fill the post of Assistant Matron at Bethnal Green Infirmary. Very shortly afterwards the Matron resigned and she was appointed to the position, which she has held ever since.

Colonel E. Hurry Fenwick is the very highly skilled and devoted Commanding Officer.

II. 11.

THE RESULT OF CONSULTATION.

By comparing the Clauses of the First and Fourth Drafts of the Nurses' Registration Bill as proposed by the College of Nursing, we are able in some degree to estimate what has been gained by consultation between the representatives of the Central Committee for State Registration and the Council of the College of Nursing, Ltd. It is to be hoped that disagreement on the principal question at issue—the Constitution of the General Nursing Council—will not compel the Central Council to bring in its own Bill.

A BILL TO PROVIDE FOR THE REGISTRATION OF NURSES.

First Draft of Bill.

1. This Act may for all purposes be cited as the Nurses Registration Act, 1916.

2 (1) Provides for the "College of Nursing" to bear that title without the word "Limited."

Fourth Draft of Bill.

1. Ditto.

2. (1) Ditto.

MEMBERSHIP OF THE COLLEGE.

2. (2) Every nurse registered under this Act shall be entitled to a vote at elections of the Council, and without further fee to become a Member of the College of Nursing.

2. Title of "The General Nursing Council" instead of "The Council" was proposed by Mrs. Fenwick, on behalf of the Central Committee and was agreed to. (3) Only Nurses on the General Register, not Male and Mental Nurses on the Supplementary Registers are now eligible to become *ipso facto* members of the College of Nursing.

First Draft of Bill.

GENERAL AND SUPPLEMENTARY REGISTERS.

3. It shall be the duty of the College of Nursing to form and to keep a Register of Nurses and (if they think fit) a Register of Mental Nurses, and each such Register is hereinafter in this Act included in the term "the Register." The Register already formed by the College of Nursing shall be the first Register under this Act. The College of Nursing shall for the purposes of this Act act by the Council of the College as regulated by rules made under this Act.

CONSTITUTION OF GENERAL NURSING COUNCIL.

4. (1) Rules may be made under this Act:

(1) Regulating the Constitution and proceedings of the College of Nursing and providing, if thought fit, for the representation thereon of the Privy Council, any body representing the medical profession. Provided that not less than two-thirds of the Council shall be elected by the members of the College of Nursing.

1. 4th. Draft of Bill.

3. Proposed by Mrs. Fenwick, and agreed, that there shall be a General Register of Women Nurses, a Supplementary Register of Male Nurses, and a Supplementary Register of Mental Nurses, and each such Register is hereinafter in this Act included in "the Register."

4. (1) Rules shall be made under this Act:

(1) As drafted, this clause provided for no direct representation on the Council for the registered nurses, as the latter are eligible to be members of the College of Nursing. Proposed by Mrs. Fenwick and agreed that the following words be substituted for the last paragraph.

"Provided that not less than two-thirds of the Council shall be elected by the nurses on the General Register under this Act."

Provision is now made under this Section for the representation of the Privy Council, any Government Department, the Nurse Training Schools, the Medical Profession, and the Nurses on the General and Supplementary Registers, but it does not define the authorities which are to be empowered by Parliament to assume part responsibility for the government of the Nursing Profession.

First Draft of Bill.

Fourth Draft of Bill.

First Draft of Bill.

Fourth Draft of Bill.

THE PROVISIONAL COUNCIL.

No provision was made for a Provisional Council until such time as the constituency of Registered Nurses had been formed under the Act.

In the fourth printed issue of the Bill provision for the First Council appears as follows:—

5. (1) After the passing of this Act, and until a date to be fixed by the rules made under this Act the Council shall consist of — members, of whom one-third shall be appointed by the Council of the British Medical Association, one-third shall be appointed by the members of the Central Committee for the State Registration of Nurses, and one-third shall be appointed by the members of the Council holding office on the passing of this Act, and the other members of the Council holding office on the passing of this Act shall thereupon cease to hold office.

5. (1) The representatives of the Central Committee entered into negotiations with the representatives of the Nursing College, to attempt to arrive at a conjoint Bill, on the promise that the Bill should provide that the Central Committee should nominate one-third of the Provisional Council.

The Central Committee agreed to Clause 5 (1) with the following alterations:

"On the passing of this Act and for a term of two years the Council shall consist of 30 persons, of whom 4 shall be appointed by the Privy Council, 3 by the Local Government Board, 3 by the British Medical Association, 10 by the Central Committee, and 10 by the College of Nursing."

APPEAL FROM DECISION OF COUNCIL.

4. vii. Providing for the temporary or permanent removal from the Register of any nurse for such causes or offences, and after such inquiry, and subject to such appeal, as the rules may prescribe.

4. vii. Pointed out by Mrs. Fenwick that there was no provision in the Bill for an aggrieved nurse to appeal from the decision of the Council—as it could make what rules it chose under the Act. It was agreed that a clause providing for an appeal should be inserted in the Bill, and that sub-section vii. 4 should read: "Providing for the temporary or permanent removal from the Register by the Council of any nurse for such causes or offences and after such inquiry as may be prescribed, but subject to the appeal provided for by this Act."

New Clause 15.—Provides the following safeguard for registered nurses. "Any registered nurse, or registered male nurse, or registered mental nurse aggrieved by the decision of the Council removing his or her name from the register

REPRESENTATION OF THE CENTRAL COMMITTEE EXCLUDED FROM THE BILL.

In the next printed issue of the Bill (No. 5) the previous clause 5 (1) was eliminated by the Council of the College, and the following clause substituted:—

5 (1) On the passing of this Act and for a term of two years the Council shall consist of the following forty-five members.

This provision stands in issue 6 of the Bill and in issue 7, described as the Fourth Draft.

At its meeting on July 4th the Central Committee considered the alteration a breach of agreement, and did not agree to clause 5 (1), and at its meeting on July 13th adopted the following constitution of the Provisional Council.

On the passing of this Act and for a term of three years, the Council shall consist of 45 persons, of whom 2 shall be appointed by the Privy Council, 3 by the Local Government Boards, 3 by the Council of the British Medical Associ-

First Draft of Bill.

Fourth Draft of Bill.

may, within three months from the notification of such decision, appeal therefrom to the High Court of Justice in England and Wales, or to the Lord Ordinary, officiating on the Bills in the Court of Session in Scotland, or to the High Court of Justice in Ireland, and such appeal shall be final.

RECOGNITION OF FEVER TRAINING.

No provision was made for recognising as an additional qualification on the General Register a qualification for Fever Nursing.

7. New Clause provides as recommended that "Any Nurse whose name is placed on the General Register and who holds a certificate of the Fever Nurses Association, or its equivalent, granted under conditions approved by the Council, shall be entitled on payment of a registration fee to have the words 'Also trained in Fever Nursing' added to her record in the Register."

PRINCIPLES AGREED UPON AND INCORPORATED IN THE NURSES REGISTRATION BILL.

1. The Governing Body to be termed the General Nursing Council.
2. General and Supplementary Registers for generally trained women nurses, for male and mental nurses. Fever nursing recognised as an additional qualification on General Register.
3. A Provisional Council for two years on passing of Act.
4. Two-thirds direct representation of Registered Nurses on Council.
5. Election by postal ballot for direct representatives.
6. An appeal to the High Courts for a nurse aggrieved by the decision of the Council to remove his or her name from the register.

The Constitution of the General Nursing Council and other matters not yet agreed are still under discussion.

MEETING IN EDINBURGH.

Mr. Stanley spoke at a meeting in St. Andrew's Hall, Edinburgh, on Friday, 15th inst., in support of the College of Nursing, Limited. Lady Susan Gilmore presided. We shall refer to this meeting next week.

STATE REGISTRATION.

A MEETING IN GLASGOW.

As reported in the *Glasgow Herald*, Mr. Arthur Stanley, C.B., M.P., on Thursday, 14th inst., addressed a meeting in the Christian Institute, Glasgow, on the objects of the College of Nursing (Limited). The College has been founded to organise the nursing profession; to secure State registration for the trained nurse; to make and maintain a register of trained nurses and to protect their interests; to raise and maintain the standard of training; and to establish a uniform curriculum and one portal examination.

Lord Inverclyde presided over the meeting. There was a large and representative attendance of nurses. Among others present were: Mr. Arthur Stanley, C.B., M.P., Professor Glaister, Colonel D. J. Mackintosh, M.V.O., Lady Stirling-Maxwell, Sir Matthew Arthur, Dr. McCabbin Johnston, Dr. Ebenezer Duncan, Dr. Maxtone Thom, Miss Gill (matron Edinburgh Royal Infirmary), Miss Melrose (matron Glasgow Royal Infirmary), Miss Gregory South (matron Glasgow Western Infirmary), Miss Campbell (matron Glasgow Victoria Infirmary), and Colonel J. A. Roxburgh.

The Chairman said that they might congratulate themselves that the time was at hand when the registration of nurses would come into force.

THE VALUE OF REGISTRATION.

Mr. Stanley, in explaining the effects of The College of Nursing (Limited), said that one of their first duties would be to draw up a list of recognised training schools, and then they would insist that the training given in these schools and the certificates granted bore something like the same value. He had been told that the question of State recognition was one upon which nurses were divided. That was not the case. Nurses were almost unanimous in their desire to obtain from the State that recognition to which the profession was entitled. Registration was necessary in the interests of *bona fide* nurses as against those impostors who made the most of their imposture. It was also necessary for the protection of the public. It was quite clear that the Council of the College would have to consider the questions relating to the curriculum, to the standard and length of training, and to examinations. These were questions which vitally affected the profession, and if the College was to possess any influence it was obviously necessary that it should at once begin to enrol nurses. They had made a close time of three years, and any *bona fide* nurse could have her name placed on their register. Those whose names were placed on the register now would not have to face any further examination. These were the conditions of registration as they existed at present; what they would be after the lapse of three years it would be for the College to determine. It was obvious that it would be of immense advantage to have a large and powerful

central body to control the destinies of the profession, and to assist the members in every possible way. When a nurse paid the fee for registration, she became, her name was put on the register and she gained a member of the College, and had no more payments to make. He hoped that an indulgent public would help them to provide some of the funds which would be required for the running of the College. Up till the present time he had asked only four people to help—one subscribed £200, another £500, a third £1,000, and a fourth 1,000 guineas. He could not tell what form the Scottish constitution would take, but what they aimed at was to have an autonomous body in Scotland represented on the Central Council in London.

THE REGISTRATION BILL.

In regard to the Registration Bill he pointed out that there had been a good many registration bills. They had been in consultation with those responsible for the present bill, and they had practically adopted that bill. It had been put in somewhat different form after obtaining the advice of Parliamentary counsel, and they wished to settle as much as possible of the controversial matter amongst themselves and out of Parliament. He hoped they would go to Parliament as a united body, with an agreed bill, and that would assure almost certain success. They desired to have a very large amount of support from nurses, and the only way nurses could help them was by registration. If they could obtain the registration of 10,000 nurses before they went to Parliament (and he hoped they would be able to go next month) then he was not without hope that the Government might look upon the bill as a measure that ought to be passed before the war was over. With a strong united body they would be able to make their voice heard not only in the councils of the nation but in the councils of the whole British Empire.

Professor Glaister, in moving a vote of thanks to Mr. Stanley, said that they were now within sight of the registration of nurses in a way they had never been during the past fifteen years or so in which they had been considering the subject.

Dr. Ebenezer Duncan, in moving a vote of thanks to the chairman, said the movement for the registration of nurses had his hearty support.

POOR LAW ASSOCIATIONS AND THE COLLEGE OF NURSING.

WHO SHOULD REPRESENT POOR LAW NURSES.

The controversy is still raging in the *Poor Law Officers' Journal* as to who is to represent Poor Law Nurses on the Council of the College of Nursing, when in our opinion the matter is a nutshell. Poor Law Nurses should represent themselves. The only pity is that they have no

Poor Law Nurses' Association through which to express their special opinions, such as we have recommended should be organised on various occasions. Poor Law Matrons and Superintendent Nurses have their associations. The thousands of Poor Law Nurses should rouse themselves and form themselves into an articulate professional league and co-operate with other professional societies of nurses, so that they can help to make effective representation to Parliament, if necessary, when a Bill is next before it.

THE POOR LAW UNIONS' ASSOCIATION.

The *Poor Law Officers' Journal* reports that on Thursday this week the Executive Council of the Poor Law Unions' Association will meet in London to discuss several important questions. These will include the report by Mr. H. List and Mr. R. A. Leach on the College of Nursing. Mr. List and Mr. Leach were deputed by the Council to watch developments in this matter and report upon them, and their report, which the General Purposes Committee recommend the Council to adopt, is as follows:—"We attended a meeting of the representatives held at the St. Thomas's Hospital, London, on Thursday, June 15th, convened by the Hon. Arthur Stanley, M.P., on the subject of the proposed College of Nursing. The persons present consisted of representatives appointed by Hospital and Poor-Law Training Schools, who had been appointed to attend the meeting, on Mr. Stanley's invitation. The object of the meeting was to form a Consultative Board of the proposed College, and also to consider the first draft of the Bill for the Registration of Nurses.

"At the first glance it would appear that the movement is one for the purpose of securing the registration and improving the status of nurses, and viewed solely in this light there can be no possible objection on the part of any Hospital or Poor-Law Authority having the treatment and care of the sick, but the promoters of the scheme apparently do not propose that the movement shall be limited in this respect. The Bill laid before the meeting is to secure the Registration of Nurses, but under Clause 4 rules may be made for regulating the constitution and proceedings of the Council of the College of Nursing, and providing, if thought fit, for the representation thereon of the Privy Council, and any Government Department, and of the medical profession. There is no provision made for the representation on the Council of the governing bodies of hospitals and Poor-Law training schools for nurses. It appears that the only way in which these authorities may have any voice in the proceedings of the College is by being represented on and through the Consultative Board. This Board will consist of representatives appointed by any Hospital or Poor-Law Authority having under their control the management of a training school for nurses. In effect the Consultative Board may consist of from five to six hundred persons. It will be a most unwieldy and impossible authority for advising the Council on matters to be brought before

the Council, and will ultimately be neither more nor less than an annual conference with no executive functions of any description. The Council of the College will for all practical purposes consist of persons elected by the members of the College of Nursing, namely, the Registered Nurses with a provision that, if thought fit, there may be representatives thereon of the Privy Council, and any Government Department and of the medical profession, but in any case the members of the Council as to two-thirds will be nurses, and, as Mr. Stanley pointed out at the meeting, the nurses will manage their own affairs. It seems clear that the whole question of the recognition of training schools, the curriculum of the training, and the method of training and examination, are matters which will in future be dealt with by the Council of the College of Nursing. The Bill in its passage through Parliament should be carefully watched, and the necessary safeguards inserted, not only in the Bill but in any rules made under Clause 4 thereof to protect the interests of the Poor-Law training schools. We are of opinion that as the fate of something like one hundred Poor-Law training schools will be more or less in the hands of the Council there should be direct representation of these schools on the Council."

NATIONAL POOR-LAW OFFICERS' ASSOCIATION.

At a meeting of the Suffolk Branch of the N.P.L.O.A., Mr. L. W. Greenhalgh, Clerk to the N.P.L.O.A., speaking of the future work of the Association, said:—"I am of opinion that the most important matter before the Association at the present time is the College of Nursing, and its effects upon the Poor-Law Nursing Service."

He described the regulations of the College and the proposal to obtain a Bill for the registration of nurses, and continued: "There are a number of problems to be solved so far as the Poor-Law service is concerned, including the position of Poor-Law Nurses trained in Poor-Law hospitals not recognised by the Local Government Board. Further, the existing problem of securing skilled nursing for the inmates of the hospital wards of Poor-Law institutions in the rural districts is also likely to be affected by the provisions of the Bill and the restrictions on the employment of unregistered nurses which may be the outcome thereof. For these and other reasons, it is of vital importance that the membership of our Association should be strengthened by the accession of Poor-Law nurses in large numbers, so as to give the Association power to act on their behalf."

Again let us urge Poor-Law Nurses to act upon their own behalf. Why does not the Poor Law Matrons' Association take the initiative and help them? The interests of the rank and file are imperative in the organization of the nursing profession—and are not best served without consulting them. Our matrons should be our professional leaders—but not our governors or our grandmothers.

AN OPEN LETTER TO POOR LAW MATRONS AND NURSES.

A meeting of the Poor Law Matrons' Association, was held recently at Chelsea Infirmary, to wish good luck to the College of Nursing, and ladies spoke in warm praise of its ideals. But, seriously, do all these ladies really approve of the clauses of its Memorandum and Articles of Association, and are they in earnest when, as one said, "Mr. Stanley's plan could not be improved"? The "Memo" is before me. I ask the members of the Poor Law Matrons' Association if they approve and recommend Poor Law nurses to support the following objects:—(a) To adopt, if thought fit, the results of examinations held by approved Nursing Schools as sufficient evidence of proficiency.

This, of course, is to give preference and privilege to the large hospital training schools. It would place Poor Law Infirmary nurses in an inferior position, as the infirmaries would not be exempted from a test examination. Moreover, it cuts at the very root of the Central Examination for all nurses, which is imperative if justice is to be done to Poor Law nurses; and, considering that it is printed in the slips of the objects of the College being widely distributed, that object (b) is "To establish a uniform curriculum of training, and a one portal (that is, one standard) examination." I do not see how both objects can stand. If the large hospitals' examinations are to be accepted for registration, then the promise of a "one portal examination" for all cannot be enforced.

Again, take (c); this clause provides that after nurses have passed prescribed examinations, "The College shall not grant, or profess to grant, titles or diplomas."

Did ever before a Collegiate Institution, professing to be an educational authority, and indeed demanding a monopoly to define nursing education, register and control trained nurses, take power to deprive them of honourable titular recognition? The Royal British Nurses' Association, which is a Royal Chartered Body, grants a diploma after examination; there is nothing to prevent other educational authorities, doing the same; but the College of Nursing actually, whilst claiming supreme power over the Nursing Profession, at the same time demands the right to deny its members any recognition of their professional attainments. Why are nurses to be kept at one dead level of certification? Surely we might aspire to an Honours test over and above the recognised minimum standard for registration.

Then consider the Articles. Is it really thought advisable that "subscribers," no matter who, are to be eligible to be members, along with the registered nurses of the Nursing College? Imagine the lady being able to buy membership of the Colleges of Physicians and of Surgeons, or of the Law Council, or indeed of any professional body. Nursing is just as much a highly skilled scientific profession as medicine, is, indeed, interdependent with it. Why, therefore, should the Archbishop of

Canterbury, the Lord Chancellor, the Secretary of State for War, the First Lord of the Admiralty and lesser luminaries be considered qualified to rank as *professional nurses*? Here we have a smack of Gilbert and Sullivan. The only persons qualified to be members of a College of Nursing are the registered nurses themselves, just as registered medical practitioners alone can be members of the Royal Colleges of Physicians and the Royal Colleges of Surgeons.

Then Article 35. Here I find power is taken by the seven members of the laity who are the College of Nursing, and who have appointed its governing body, that no Matron, Sister or Nurse who is not "engaged in the active practice of her profession" shall be eligible to sit on the Council. Thus those women who have the most experience and leisure are purposely excluded, presumably because they would be in a position to express an independent opinion on their own professional affairs. The signatories make no such regulations for the lay and medical members of the Council, these gentlemen may be devoid of experience, or in their dotage; they are eligible to help to govern us if the signatories choose to elect them on to the Council for that purpose.

But I have said enough to prove the injustice and absurdity of any such regulation. Under the provisions of the Nurses' Registration Bill, let us take care that we secure perfect independence to elect whom we choose to represent us on the General Nursing Council. But again I ask my fellow-nurses, who are actively pushing the Nursing College scheme. Do they approve of the provisions in its Constitution to which I have referred, or do they not?

HENRIETTA HAWKINS,

Trained Nurse and Poor Law Guardian.

APPOINTMENTS.

MATRON.

Denbighshire Infirmary, Denbigh.—Miss Mary L. Williams has been appointed Matron. She was trained at the Denbighshire Infirmary for three years and has been Staff Nurse at Putney Hospital, Theatre Sister at the Royal Infirmary, Gloucester, and Sister and Assistant Matron Victoria Hospital, Blackpool.

SISTER. 2

Royal Southern Hospital, Liverpool.—Miss Kathleen Bulley has been appointed Sister. She was trained at Leeds General Infirmary, and has also had fever training; she has been Sister at St. Bartholomew's Hospital, Rochester; and has recently been working for a year in France, on the French Flag Nursing Corps.

York County Hospital.—Miss Dorothy Easley has been appointed Sister. She was trained at Lincoln County Hospital, where she has done holiday Sister's duties.

SCHOOL NURSE.

Southend-on-Sea Education Committee.—Miss Amy G. Brooks has been appointed School Nurse. She was trained at Southwark Infirmary, and has been Staff Nurse at the Children's Hospital, Hither Green, Sister at Woolwich Infirmary, and at Grove Fever Hospital (Military), Tooting.

STAFF NURSE.

Western Fever Hospital, Fulham.—Miss C. Bix has been appointed Staff Nurse. She was trained at the North Eastern Fever Hospital.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Edith Ashworth is appointed to Paddington; Miss Gertrude Butterworth, to Paddington; Miss Emma Greensill, to Windsor; Miss Jessie Kennett, to Skegby; Miss Mildred M. Stephens, to Letchworth; Miss Mary Thompson, to Bamber Bridge.

NURSING APPOINTMENTS AT TYRONE.

At a recent meeting of Tyrone County Council applications were received for the position of Matron and Nurses at the new Sanatorium. Mr. Cote, M.P., thought they should not make the appointments permanent, while so many skilled women were away on war service, and suggested temporary appointments till the end of the war. So far as the matronship was concerned this was refused, and Miss Catherine Stafford, Wexford, was elected by 19 votes to 8. It was agreed to make the nurses' appointments temporary, and Misses C. O'Donnell, C. Birney, and Elizabeth Buttimore were chosen.

OUR ROLL OF HONOUR.

We regret to report the death of Sister Mary A. Doherty, who succumbed to dysentery in the 29th General Hospital, Salonica, on the 5th inst. Deceased was trained in St. Stephen's Hospital, Dublin, and on the outbreak of hostilities volunteered for active service. She was first attached to a general hospital in France, where her work and devotion to duty was of such a character that she was mentioned in despatches by Sir John French. Subsequently she was awarded the Royal Red Cross for devotion to duty. After a short leave of absence at home she was transferred to the 29th General Hospital at Salonica. Some time ago she contracted malaria, but was so far recovered as to be able to resume duty, only to be stricken down with dysentery, and thus give her life for her country.

TO SAVE TIME.

If extra copies of this Journal cannot be obtained through newsgagents, please order direct from the Secretary, BRITISH JOURNAL OF NURSING Office, 431, Oxford Street, London, W., as it saves time. Price, One Penny weekly, and postage.

NURSING ECHOES.

The Queen has consented to become patroness of the West Ham and Eastern General Hospital, Stratford. The hospital will be known in future as Queen Mary's Hospital for the East End.

This will greatly encourage the Matron and nursing staff, all of whom are earnestly engaged in maintaining a very high standard of nursing, and we hope it will bring financial support to a hospital greatly needed by the very poor.

We are informed that the Imperial Nurses' Club will be opened very shortly; premises have been taken at 137, Ebury Street, S.W. (about four minutes' walk from Victoria Station), and it is hoped to announce the date for the formal opening, with further particulars, with as little delay as possible. It has always been the intention of the promoters to have the Club located in the S.W. district—we presume for some good reason, but it appears to be placed some distance from the centre of London, though no doubt in these days easily accessible by bus and tube.

We referred last week to the splendid Club for Nurses in New York, which is the most wonderful place of its kind. The founders of the Imperial Nurses' Club in London cannot do better than accept the ethical standard of its committee as their example, as expressed in the following message from its Chairman, Mrs. N. Bowditch Potter.

THE MESSAGE.

To the nursing profession, each member of the community, sooner or later, owes a debt of gratitude which it can ill afford to neglect, yet which it can with difficulty repay. As a token of appreciation and faith, the public offers to the nurses of New York City this building, with the affection of many friends and in the hope that it may long stand as a centre of rest and refreshment to many generations of nurses; that within its walls they may never fail to find that physical rest, mental refreshment, and spiritual renewal so necessary to those who are called to give themselves unsparingly—and, when the call comes, recklessly—to those who suffer and who die. May the Club ever hold before its members that high ideal of the profession which lays emphasis on the fact that its work is not a business, but a vocation, to which when a woman is called, she dedicates not only her abilities and skill, but her character and life, with the true self-forgetfulness of those who serve. To look back across the years and to see many noble lives heartened for their task, standing as a promise of other lives to come, will be sufficient for those of us, both within the profession and outside

of it, who have laboured to bring this Club into being, and to hold it true to its great Christian ideal, as its steadfast purpose, an unalterable vision.

Miss Beatrice Harraden takes a very real interest in the happiness of nurses, as she knows the value of their skilled attention in sickness. Every nurse has read, many with tears, her beautiful "Ships that pass in the Night." A new work from her pen will be welcomed in the nursing world, and we are to have it next week, under the title of "The Guiding Thread," which is taken from Walt Whitman's "Birds of Passage":—
O, the blest eyes, the happy hearts
That see, that know the guiding thread so fine,
Along the mighty labyrinth.

Serious fires have during the past week broken out at Wrest House and famous Glamis Castle, in both of which were sick and wounded soldiers. The nurses as usual showed great self-possession, and at Wrest helped to carry out the cot cases, and happily there were no casualties, though no doubt it was a nerve shock to all. It means nurses must redouble their efforts to do all in their power to minimise the chance of fire in houses adapted as hospitals, and should warn their charges to use the utmost care when matches are struck.

Miss C. C. du Sautoy, who has recently been working in the Hospital office, has, we believe, resigned, as, we are informed, she did not find a journalistic connection with a proprietary paper for nurses all that fancy painted it. Personally we cannot imagine it possible for a professional woman to find any satisfaction in being attached to a publication which has for years opposed so bitterly every just aspiration of the nursing profession.

ANN WORLEY,

3 years old.

1053.

In quiet sleep here lies the dear remaysn
Of a sweet Babe, her Father's joye and payns,
A pryttye Infant, loved and loyngne, she
Was Beauty's abstract, Love's Epitome.
A lytle Volume, but devyne, wherein
Was scene both Paradise and Cherubin,
While she lived here, which was but lytle space,
A few short yeares, Earth had a Heavenly face
And dead she lookt a lovelye piece of clay
After her shyninge soule had fled away.
Reader, hadst thou her dissolution scene
Thou wouldest have wept had'st thou this mable
beene.

On a Child's grave in Reigate Churchyard.

UNCENSORED LETTERS FROM THE DARDANELLES.

WRITTEN TO HIS ENGLISH WIFE BY A FRENCH MEDICAL OFFICER OF LE CORPS EXPEDITIONNAIRE D'ORIENT.

In reading these letters we must emphasise two facts. They are written by a Frenchman, and published by an Englishwoman—his wife. It is the second fact that is somewhat incomprehensible. The publication of these very intimate present-day letters is explained by her, in her introductory note, and it would be churlish to comment on the making public of what an ordinary woman would have jealously kept to herself, when she gives us the following motives for so doing:—

She says: "The two greatest passions of men, love and war, are at this time mingled in the breasts of thousands of our soldiers. How can they be separated if a true picture is to be given? My husband is only typical of all men fighting for us, and I am glad of this opportunity which may rouse to a still higher degree all our admiration for them."

The purely personal matter with which these letters of absorbing national interest are mingled gives them, no doubt, a reality and conveys an atmosphere which would be lacking were they mere chronicles of war and travel.

We give some typical passages for the benefit of those who are not able to read the book as a whole.

"I am alone in a small restaurant at Alexandria and I think of you passionately. I do hope you are well and happy. Don't be worried about your Joe. He will come back in a few months, and we will love each other more and more."

"As we go into action with the dawn to-morrow, my dear little wife, I have spent these last hours putting into shape all my belongings. In clearing out everything I have decided to send you the diary I kept in Alexandria. Why not? On such occasions a husband should have no secrets, no reservations from the dear wife of his heart. I can trust you to read it as it was meant to be read—and to understand."

Quotations from the Diary at Alexandria.

"At 11 o'clock there was an apparition in my tent. A friend accompanied her. Broken bits of sentences, broken phrases, a laugh that did not ring true. A bewitching little foot swung under the dress. The ankle is of irreprouchable purity of line. . . . When I return to my tent this evening I looked for the marks of her little feet in the sand. My tent is bathed in light and love."

To his wife: "For the world I would not distress you, beloved. Do not take it all too seriously. There is nothing wrong in these femininities."

His wife must, of course, be quite an exceptional woman. We are amused and also gratified

* Anon. William Heinemann, London.

by his attitude to untrained nurses. His wife evidently has arranged to come out in that capacity.

"Let me tell you that I do not approve, that I do not want you to leave Europe with a war mission. I am absolutely put out and annoyed. I don't understand where you get such ideas. There are enough men to support the horrors of war without adding women. You say you want to serve on a boat, but I hope they will take only very experienced nurses. Others are useless, and consequently harmful."

Tenedos.

"Dearest. We are all sad to-day as we mourn one of the best-loved men in the regiment. He was nineteen. Death had accomplished its work. Not only that, but the youthful face, the laughing eyes, were mutilated.

"A man stepped to the edge of the hole. He was an old and hardened 'Poilu.' He said, 'Good-bye, my little one,' in a manner we shall never forget.

"And so, dear one, we are sad and silent tonight.

"Your devoted Joe."

He gives a touching description of his Christmas day:—

"I am alone. My garret has been emptied of the maize which blocked it up. It is almost decent. For Christmas I have lighted seven candles. They spread a solemn, church-like atmosphere and light around my hearth. When Birama came in just now, he burst out laughing. He is not only Singalese, he is Mussulman. What a pity he did not understand and kneel down instead of laughing. It is, however, Christmas, and I wish my tapers to burn all together to remind me of it. How many Christmases have been celebrated by men, and yet the world is as ferocious and cruel as ever. Jesus told us to love one another. Assassination and massacre are still held in honour. What madness attacks men and changes them into brutes.

"A merry Christmas to my darling, so far away and so longed for by her devoted Husband."

The last letter, from Salonica, announces that the eagerly waited for leave has been granted. It is brimful of human anticipation and impatience for the meeting with his wife. He must wait eight days: "There is nothing this moment at Salonica but horrible little ships which take eight or ten days to go to Marseilles." We ought to be very grateful to the anonymous lady who has made such a generous contribution to war literature.

H. H.

The donations from Australia for the "France's Day" Fund of the French Red Cross Society amount to nearly £10,000. The Australian Red Cross Society has given £4,000, the South Australian branch £2,000, the Melbourne branch £1,080, the Western Australian £1,000, and the Tasmanian £700.

BOOK OF THE WEEK.

" BINDWEED."*

There is always a pleasurable anticipation for a first novel, and when—as is the case with this one—the author is announced as a niece of Charles Kingsley and a cousin of Lucas Malet, readers may feel fairly well assured that they will get something up to standard, if not far above it.

"Bindweed" is a powerful story, and assures the fame of its creator. It has a definite purpose. As the foreword denotes, "Passion is a hideous bindweed, which, when it has flowered, withers away, leaving nothing behind it; but love is the true vine, which, binding in holy wedlock, brings fruit into the world." We are grateful to Miss Vallings that, in her virgin soil, she has planted a high moral standard, backed by deeply religious convictions. This is not a goody, goody book; let us make no mistake about that—for it portrays unflinchingly life as it is, life as it existed in gay Paris before a hint of the terrors of war. Miss Vallings discloses not only high literary talent, but also an intimate knowledge of the musical and artistic world generally. The story tells of the discovery of a future prima donna by a great singer in the slums of Paris, and her début under her patronage. Madame Périnot is a creation—a charming, lovable, wholesome creation and she is introduced to the reader, whilst summing up her charms in the mirror. "Forty-five! decidedly, she was handsome; the best was good." The best included good features, charming dimples, successfully treated hair of brilliant copper colour—a singer from her early years, a child of the peasantry. She had married a wealthy man, who died after some years, leaving her again penniless. At the time the story opens, she has again won moderate comfort and ease by the teaching of her art, and supports her old peasant mother who lives with her. And then she discovered Eugénie, the girl dressmaker with the wonderful voice. Eugénie, in her turn, is the child of an illicit love of a lady's maid and an Italian nobleman. Her mother returned broken-hearted to her fierce, devoted sister, Victorine, who sat all day in the market and sold her goods. A coarse, unprepossessing old virago, she nevertheless guarded the young Eugénie with fierce and jealous care, ever with fearful forebodings that she would follow the fate of her mother. Judge then how she received the supplication of this convent-bred child, that she might be trained as an operatic singer.

Violently she opposes the suggestion. "You will always be deceived, my girl, for you will never suspect ill of anyone; for my part, I think it is more profitable to suspect ill—so that one may unexpectedly come across an honest person."

M. Hypolite, also an operatic singer, is described as not really a bad man (we cannot quite agree to

that); a *bon vivant* in many ways, but a fastidious one.

He plays a great part in the story, and his pursuit of Eugénie in spite of the vigilance of her chaperone, Mme. Périnot, is one of the sexvial romances of the story. Her joyous acceptance of his love is cruelly disillusioned when she finds that he has no thought of marriage.

"She was filled with anguish. Gaston, how she loved him! But now all that which had seemed so beautiful became a matter of shame." In a touching letter she says that "for those who love, marriage is but the link that binds them in chains most beautiful. For those who love like this, age cannot touch them, disease cannot disfigure. But will you try to understand I am the kind of woman to whom only the greatest love is acceptable?"

There is a terrible and lurid ending to the book. The mad and coarse Victorine, who has indulged her suspicions of Hypolite and Eugénie till she is beyond control, sought to silence the voice that she believed to be her niece's downfall. She remembered in a flash Eugénie's telling her of two little cords that lay within her throat. In the midst of this horrible scene comes Hypolite, and the woman's fury turns upon him. The struggle results in the death of the old, kindly priest, Abbé Goujon, and finally in the suicide of Victorine. Out of all this horror Hypolite finds his true manhood, and his love for Eugénie an honourable termination. He confesses "that there is no peace, no freedom but that of eternal union."

The sweet pastoral wedding of Marie-Anne and Jacques is the occasion of a visit from her kinswoman, the great singer, who good-naturedly accompanies her peasant mother. In secret, however, she rebels. "Sapristi!" she exclaimed, "what possessed me to come here? I cannot play at simplicity when there are no comforting foot-lights to aid my deception. . . . I have a wolf's hunger on me. If I lived here every remnant of my pride would go, together with the strings of my corsets."

And a year later Jacques came running down the path, and as he ran he leapt into the air. His face was red and his lips moved, but no speech came.

"Speak!" cried Marguerite. "Marie?"

"She is well." His voice came hoarsely. "He is born; my son is born. Ah! he is beautiful, my own little man-child, and strong—strong as a little bull."

Miss Vallings writes of life from many aspects, and they are always interesting.

II, II.

WORD FOR THE WEEK.

Let that which is to come, be as it may,

Darkness, extinction, justice, life intense,

The flies are happy in the summer day,

They will be happy many summers hence.

"Sonnets and Poems,"

John Masefield.

* By Gabrielle Vallings. (London: Hutchinson & 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 LACK OF PROFESSIONAL RESPONSIBILITY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—I read carefully your article on "State Legislation and the College of Nursing," and am grateful for it, as I agree with you that it is "our duty to consider carefully any system of legislation and Government by which it is proposed that we shall be controlled"; but this is just what many persons, no doubt desirous of being kind to us, consider quite superfluous. We are often treated like sheep, because we behave like them, so that the blame is not altogether that of "patriarchal persons."

In this city the Committee of the hospital are discussing the question of paying the guinea fee for its nurses joining the College, an arrangement meant in all kindness, but is it right to "round up" dependent women workers and thus practically compel them to become members of an organisation they know nothing about, and thus to give their names in support of professional legislation which they have not considered, and which is yet in the air? I spoke to a member of the committee on this point, and he replied "Matron advises it," and added, "What can these girls know about nursing education and Acts of Parliament? We must decide all that for them."

I also spoke to some of the nurses, and one said, "We haven't got time to be bothered with it. I've no guineas to spare. If they want us to join the College they must pay our fee. We may get something out of it or we may not, but as long as we haven't to pay it does not matter." I was shocked. I feel sure this lack of professional responsibility is the result of the shepherd and sheep-dog system.

Yours truly,
SOCIAL WORKER AND HEALTH VISITOR.

WE ARE FREE BRITISH SUBJECTS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM. I suppose every British nurse, with a vestige of spirit, had her blood up to boiling-point, when on Saturday last she read the announcement in the Press, that the War Office had appointed a Committee principally of male employers as a "Supply of Nurses Committee" on which there was not one professional matron or nurse, to make such recommendations as they think fit to augment the supply of nurses for military hospitals, and incidentally to coerce a profession of working women without consulting

them. Are we going to permit Mr. Lloyd George to offer this gross affront to our highly skilled and invaluable profession without protest? I sincerely hope not. That the only woman placed on this Supply Committee of our labour is the Commandant-in-Chief of the Voluntary Aid Detachments—which ill-considered organisation has undermined our professional standards at home and abroad—is nothing short of an outrage. Hoping you will take action.

I remain, yours truly,

A MEMBER BART'S LEAGUE.

A strong emergency resolution on this question will be considered at the meeting of the Executive Committee of the Society for the State Registration of Trained Nurses on Thursday in this week. We share the indignation of our correspondent.—ED.]

OUR PRIZE COMPETITIONS.

September 30th.—What conditions are likely to lead to rupture of the perineum?

October 7th.—State method and precautions in giving (a) continuous saline enema; (b) nutritive enema; (c) high enema.

October 14th.—(a) What is meant by counter-irritation? (b) Name the different ways of making counter-irritation.

October 21st.—What is *Materia Medica*? Outline a practical course for nurses.

October 28th.—State what you know of the care of patients suffering from a Cerebral Tumour.

COMING EVENTS.

September 28th.—Central Committee for the State Registration of Nurses: Meeting Executive Committee, 431, Oxford Street, London, W., 11.30 a.m.; Meeting Central Committee, Council Chamber, British Medical Association, 420, Strand, London, W.C. 2.30 p.m.

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, and getting their friends to do likewise. Only the most reliable firms are accepted by the management as advertisers.

NOTICE.

In order to conform with the wishes of the Government in regard to economy in paper, it is important that the copies of newspapers published each week should approximate to the demand for them. Readers of this JOURNAL will, therefore, help materially if they will place a regular order for their copy with their newsagent, price 1d. weekly, or with the Manager, BRITISH JOURNAL OF NURSING, 431, Oxford Street, London, W., 6s. 6d. per annum, post free.

The Midwife.

THE PSYCHIC PRINCIPLE IN NURSING INFANTS.

The following little paper which appeared in the *American Journal of Nursing* some months ago, by Miss Jane Elinor Lester, R.N., pleased us very much; we should like others on this side to read it.

"In a recent paper by Dr. Zahorsky on 'Problems of the Foundling Home' he asks, 'Why do babies in asylums develop so slowly and imperfectly in spite of a very plentiful supply of food?' We all know that there are some mothers or nurses who have a wonderful influence on the growth of a child. There are others who lack this innate faculty. In the past few years great progress has been made in caring for infants in asylums and hospitals, but to quote Schlössman: 'This is the astonishing and obscure thing, why in the hospital we cannot succeed with such a minimum of care, as in the private homes.' The psychic theory is very much favoured by some, and Birk, in a recent article, says, 'It is not a question only of individual care and of some one paying especial attention to the child, but the nursing must be of such character as to produce an inner satisfaction.' He emphasises the spiritual contact between child and nurse. Freund admits that the home environment stimulates nutrition and growth in some way. Most of us are ready to admit that some psychic influence is present which causes disturbances in nutrition in particular. If this is true, how very essential it is that a nurse caring for children should have sympathy and be able to tell when a baby is hungry, or in pain, or merely uncomfortable. I am convinced that this branch of nursing is very important and that in order to obtain the best results the mother or nurse must love children. We are glad to note that the idea that a woman who has reared one or more infants at home can properly care for an asylum is preposterous and is no longer tolerated.

"There are two motives which, knowingly or not, rule the life of every one. The first is egoistic. Over against this is the altruistic motive. A nurse is bound to adjust her life between the ideals of egoism and altruism. Reasonable service for others is indispensable that we may truly serve ourselves. Each nurse when she enters private or institutional practice in a certain sense is going into business. She has something to sell. She looks for a market. If you would succeed financially you take your pay. But the pay in mere dollars is not altogether gratifying. You must give of your soul. Whether in literature, art, or nursing, if you do not get into 'the soul of things,' you miss the object of real vital importance. With her knowledge of the nature and

cause of disease acquired while in training, a nurse is able to see plainly the far-reaching results of her profession and thus ought to be able to do some social welfare work by instruction and example in the prevention of disease. We know that disease is never wholly an individual matter. Some diseases are predominantly social. Consequently her relation as nurse must involve a relation to the whole social body. She ceases to be a mere seller of merchandise and becomes a servant of the people. Society already places explicit duties on her and by implication requires many more. Her highest aim should be to lead society in the great movement of eliminating disease and in this nurses become real captains of health. This means a broad responsibility and a more dignified station. Nurses, like doctors, ought to be active leaders of public sentiment. Most of them endorse the many health movements although they feel that in so doing it means a diminution in their business. Every conscientious nurse practises these methods of routine in her professional work which are calculated in a measure to limit the spread of disease. Through our associations we carry on an active and valuable campaign of education and assist in every form of social uplift. It is true that the medical profession may justly claim the credit of many important accomplishments in sanitation and public hygiene. While we admit that the foregoing statements are true, it is equally true that a sick child may receive very careful, skillful nursing through a severe illness and yet, when it recovers, be left in an environment which is not conducive to growth and development. It is not enough that nurses should be well trained in asepsis, or that the nurse who feeds the babies should not handle anything but the bottles. It is, of course, essential that the baby's milk, including the bottles, should be clean, but after all, the actual formula of milk modification and cleanliness is only of secondary importance if the environment is such that the child has not that 'inner satisfaction.' For those children who must necessarily remain in an institution or asylum such can be accomplished by the nurse. Even foundlings may make good citizens. Much has been accomplished in recent years by public lectures on pre-natal care and by organisations for the prevention of infant mortality, and also for the prevention of blindness, but why not have an organisation whose purpose it is to investigate the environment existing in public institutions for our sick children? Many nurses have undoubtedly observed in hospitals and also in private practice that procedure by which a patient at large expense of money and effort is brought to a condition of health and is then turned back to the environment which was the real cause of disease. While this is to be regretted in the case of an adult who

may be able, in some cases, to modify his environment, change his employment, or his habits of living, it becomes an actual social crime when the patient is a little child who can in no way change its environment.

"It has been observed that babies in an asylum never laugh, or even cry, except when in severe pain. Every child should be stimulated to exercise and made to laugh. We realise that when a mother is separated from her child she undergoes great mental anguish and it is quite reasonable to suppose that the child also suffers when separated from its mother. Let each nurse remember this fact and do all she can to fill the mother's place. Let every nurse consider the social background of her patients and be a real force in all that tends to brighten the life of every little child. Pull your oar joyfully in that 'teamwork of nurse, educator and social worker' whose object is 'the care of the people in trouble.' Surely the homeless child left in an institution without the mother's care is in trouble! Make that home in the meanwhile the 'House of Love' for that child."

THE PROPOSED MIDWIVES ACT FOR IRELAND.

Now that both England and Scotland have Midwives Acts in force, both of which could be with advantage more progressive measures, it is inevitable that Ireland should also discuss the advisability of following suit, especially as at a special meeting of the President and Fellows of the Royal College of Physicians of Ireland passed a resolution in June last, urging on the Government the necessity for passing a Midwives' Act for Ireland. It is inevitable also that such legislation should be official; and Mr. J. Power, M.B., of Ardfinnan, writing in last week's *British Medical Journal*, has something interesting to add to the discussion on the proposed Midwives' Bill. He says:—

"In rural Ireland formerly we had only handywomen practising in our districts. The results were so bad that the Irish Government Board, recognizing its responsibility and acting in conjunction with the local boards, and with the approval of the medical profession, undertook the duty of limiting the injury which was being done by untrained midwives, and placed in the dispensary districts qualified maternity nurses to afford free treatment to persons whose means prevented them from making competent provision for the lying-in period. The extent to which this movement has developed can be gauged from the fact that in the 741 dispensary districts of this country there are now employed 789 qualified midwives acting under the supervision of the Local Government Board. The movement is decidedly progressive, as in the year 1910 their number was 714. By the co-operation of the dispensary doctors with the

official nurses the handywoman is fast disappearing from practice, and that excellent result was brought about by the insistence of the doctor, when summoned under the Poor Law, on the presence of the trained local nurse, in whose charge he places the patient in normal cases, with an instruction to communicate with him if the case at any stage was not progressing favourably. This method has established such satisfactory results that we now find our nurses are primarily called in, and we are only summoned—and that at a proper time—where our presence is actually required. Such an excellent arrangement for the safety of parturient women, and for the protection from unnecessary work and worry of the doctor appeals to me—who have seen human life sacrificed by the handywomen and who have been compelled to undertake long journeys to express a placenta or deliver a woman not needing assistance, because of the ignorance of the unqualified nurse in attendance. If unqualified women obtain a legal status, we have no option but to attend with them when summoned on the red ticket, and thus rehabilitate them in a position from which they have been displaced by the co-operation of our official nurses and ourselves. Bad as this is, it possesses a time limit, after which the now practising handywoman passes from the stage of human destruction to her eternal reward. However, the plague spot in the proposed Bill is the woman who does not register, but, acting in the guise of a 'monthly nurse,' is actually performing the work of a midwife under the cover of a dispensary doctor, whom she can easily summon *on a ticket*, so that she may, without incurring punishment, be enabled to carry on her business 'habitually and for gain,' 'under the direction of a registered medical practitioner,' and spread sorrow, suffering and death amongst poor ignorant people, and enslave the local medical officer. To the exertions of that class there is no time limit; generation after generation of them may arise and continue indefinitely in existence, and nullify for all time the efforts being made to improve lying-in conditions in this country, and hary the dispensary doctors to death."

The fact is that all the Midwives Acts provide registration after far too short, and insufficient training—this, no doubt, an economic necessity, as educated and intelligent women cannot afford to spend more than a few months in acquiring a knowledge of midwifery, if by it they cannot earn a living wage. Midwifery is, without doubt, a sweated profession, where certified midwives are concerned, whilst it is also one of the most arduous and exhausting. It is only the mother love in women that urges them to adopt it.

It is not every physician who approves of the two hour feeding of infants, and consider it injurious to mother and child and as responsible for weaning in many cases.

THE BRITISH JOURNAL OF NURSING

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THE NURSING RECORD
EDITED BY MRS BEDFORD FENWICK

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Vol. LVII.

EDITORIAL.

SUPPLY OF NURSES FOR THE SICK AND WOUNDED.

A few years ago it flashed into the brain of some brilliant personage that the way to meet a shortage of nurses in Poor Law Wards, owing to intolerable conditions, was to bestow the title of "qualified nurse" upon an unqualified person. It did not occur to him to alter the bad conditions of service—presumably he knew nothing of the law of demand and supply. For once a quite unanimous howl arose from all and sundry, irrespective of nursing politics, and the "qualified nurse" fraud was exposed and prevented.

Last week we were once more startled by a professional bomb. A Committee had been quietly engineered, and appointed by the Secretary of State for War, to enquire into the present shortage of nurses in military hospitals at home and abroad, and to make recommendations how to augment the supply—composed of seven men and one untrained woman—a Committee to deal with the economic conditions of the Nursing Profession and not one trained nurse upon it!

The appointment of such a Committee was of course a serious reflection upon the Official Boards at the War Office in control of Army Nursing, and the members of such Boards naturally resented it. Certain members were immensely excited, telephones tinkled, letters flashed hither and thither—everyone was up in arms, and it soon became known that the matrons of Barts and St. Thomas' had been hastily co-opted.

On the 21st inst. the following timely statement from the War Office appeared in the Press:—

Some misunderstanding seems to have arisen as to the function of the Committee recently

appointed by the Secretary of State for War to consider the question of the supply of nurses.

It was intended that the duties of the Committee should be to collect statistics as to the number of nurses available, trained and untrained, and to submit suggestions for the consideration of the War Office and Army Nursing Board. But it has been represented to the Secretary of State for War by the chairman of the Committee that it will be impossible to make such an examination of the statistics collected as will satisfactorily support any recommendation they may make without the assistance, as members of the Committee, of representatives of the Army Nursing Boards and some of the large general hospitals.

The Secretary of State for War has therefore decided to add to the Committee certain representatives of those interested. The names will be announced in the Press as soon as the selection has been made and the invitation accepted.

In the meanwhile, the College of Nursing called an urgent Council Meeting—the following members being also members of the Army Nursing Boards: Miss Cox-Davies, Miss Haughton, Miss Ray, Miss Lloyd-Still, and Miss Amy Hughes.

As the result of this meeting a letter was addressed to the Secretary of State for War expressing the hope that he would suspend any further action in connection with the "Supply of Nurses Committee" until the matter had received fuller consideration.

The Committee of the Society for the State Registration of Trained Nurses at its meeting on the same day, expressed by resolution its indignation at the unprofessional composition of the "Supply of Nurses Committee" empowered to report on their economic condition; and petitioned the Secretary of State for War that the workers might be directly represented through their professional organizations, the National Council of Trained Nurses of Great Britain and Ireland, and the National Union of Trained Nurses.

We welcome the appointment of a Special

Committee to deal with this urgent national question—a sufficient supply of nurses in military hospitals. We all agree that our splendid and heroic sick and wounded soldiers deserve the most devoted care, and the most highly skilled nursing.

We claimed this for them in the early days of the War, when in 1914 we suggested to the War Office that an expert committee should be appointed to attain this end. Our proposal was then ignored, but now that existing organizations have failed to meet the urgent demand for trained nurses, after lowering Army Nursing standards all along the line, we hope nothing will prevent the Secretary of State for War appointing a really representative committee which will be able to give him sound and practical advice on the matter.

This is not a question in which anyone's *amour propre* has got to be considered—it is a great national question—a question of the health and healing of valiant men, and of the overwork of thousands of nurses. When we hear of nurses on duty from 7 a.m. to 12 p.m., of the backs of a dozen sick men being washed in the same water, of overstrained matrons reprimanding the nursing staff before the patients, of patients set to do manual work for which they are not fit, of squabbles, rows, and lack of discipline amongst all classes of officials, it is high time that something should be done to relieve the tension.

We advise Mr. Lloyd George to let loose one of his own "Tanks"; so that it may stampeede tradition, crumple up the proverbial official red tape, and if needs be flatten out a few personal prejudices.

The National Council of Trained Nurses, and the National Union of Trained Nurses are ready to help him.

EPIDEMIC OF DIPHTHERIA.

The grave epidemic of diphtheria in London is still engaging the anxious attention of the authorities. Every district is sending cases to the hospitals of the Metropolitan Asylums Board, who are removing over twenty cases a day, the diphtheria cases exceeding the scarlet fever cases—a very unusual experience. There are no fewer than 1,292 patients under treatment.

OUR PRIZE COMPETITION.

WHAT CONDITIONS ARE LIKELY TO LEAD TO RUPTURE OF THE PERINEUM?

We have pleasure in awarding the prize this week to Miss Thomasina F. Donald, Royal Infirmary, Glasgow.

PRIZE PAPER.

A tear of the perineum is very often found: (1) In the case of a primipara; (2) of slow and prolonged labour; (3) of abnormal fetus; (4) of abnormal presentations and birth; (5) of want of care in retarding fetus until the elasticity of the perineum is fully developed.

Treatment.—(1) If tear is slight it will probably heal naturally; (2) if tear is severe, or torn into the anus, so that patient has no control over sphincter muscle, the case is one for operation.

While waiting Operation.—Patient should be douched night and morning with solution of boracic, septaform, carbolic, or lysol, at the temperature and strength that the surgeon may direct.

Preparation for Theatre.—Patient should have castor oil the day before operation, and parts thoroughly shaved. She should have enema and douche the morning of operation, and should wear during operation white flannel gown and long white woollen stockings, so that patient gets as much warmth as possible, as the legs and thighs are uncovered during operation.

Post-operative Treatment.—(1) Patient should have legs tied together before leaving operation table, below the knees, and she may be turned on her side if she feels inclined; (2) or patient may be put perfectly flat in bed, with knees flexed, and protected pillow below knees, but she must on no account make any effort that involves any strain on the parts of operation. The bed should be made up as for abdominal operation, with square hot-water cushion, and old blanket coming up from foot of bed to bottom end of draw sheet.

Some surgeons prefer that the wound and stitches should be kept absolutely dry, and that they should have perfect rest for seven to eight days. Therefore in those cases the bowels are confined, and the patient is not allowed to pass urine naturally; therefore the catheter must be used every six hours. If the patient complains of flatulence, the rectal tube may be used to relieve pain.

The patient is kept on fluid diet only, which may be peptonised if necessary.

On the fourth day the bowels are opened by means of a dose of castor oil, followed in five or six hours by enema of warm (blood heat)

olive oil $\frac{vii}{xv}$ to $\frac{x}{x}$, given very, very slowly by catheter and funnel. The patient should be asked to retain it as long as possible; a pad to the rectum will greatly assist her in doing this. By this means the faeces are perfectly softened before being passed, and the danger of the stitches and repairs being broken down or injured by the passage of scybala is thus avoided.

Every time the bowels move or urine is passed the nurse must scrub up and make herself sterile, and the parts must be syringed thoroughly, dried, and dusted with boracic or iodoform powder, and redressed with sterile gauze and sterile pad. The dressing must be kept in position by T bandage.

Patient's back should be kept clean with soap and water, a lather being made with both hands by rubbing soap between the palms of hands. This should be rubbed and massaged in till all the lather has disappeared and back is left quite dry. Sheet should be drawn. This treatment should go on for about fourteen days, until the stitches are ready to come out and the wound quite healed.

The diet should be very light, easily digested, and highly nourishing.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Mrs. E. E. Farthing, Miss C. Cozens, Miss M. T. Foster, Miss L. Simms, and Miss P. Macfarlane. We are pleased to welcome so many new competitors.

Mrs. E. E. Farthing writes:—

The conditions likely to cause rupture of the perineum are:—(1) Injuries, caused by want of skill, in delivering the head and shoulders. To avoid this, keep the head well flexed, prevent extension until the lowest point of the occiput lies under the symphysis pubis, as the nearer this part of the occiput is to the neck, the smaller will be the diameter of the head that stretches the perineum. In delivering the shoulders care is needed, especially if a big child; as they come down, press upon the fundus, and lift the child gently towards the mother's abdomen, thus allowing the posterior shoulder to sweep over the perineum; depress the body again slightly, in order to bring the anterior shoulder from beneath the symphysis pubis; after this, the child will quickly follow.

QUESTION FOR NEXT WEEK.

State method and precautions in giving (a) continuous saline enema; (b) nutritive enema; (c) high enema.

FRENCH FLAG NURSING CORPS.

Miss Elizabeth Nisbet, c.c.t. Mill Road Infirmary, and Miss Lilian Grier Graham, c.c.t. Brompton and Middlesex Hospitals, leave for France on Friday, 20th inst.

Mrs. Fenwick will be at 431, Oxford Street, London, W., from 3 to 5 p.m. on Friday, 20th, and will be pleased to see members of the Corps and others who wish for interviews.

The Committee of the F.F.N.C. have to thank M. Lugon (of the Hotel de France, Chambéry, Savoy), for inviting, not only Sister Sutton but Sister O'Leary and Sister Roberts to be his guests, and to spend their well-earned holidays at this charming health resort in Savoy. The Sisters have been delighted with the hospitality extended to them.

Sister Dykes writes from Besançon that, since her holidays, she has been nursing nephritis and typhoid cases; and that she has a most kind friend in a "French Mademoiselle," whose family makes "me welcome whenever I have time off, which makes a delightful change."

Sister Lind, who has been so long off duty ill, has received nothing but the greatest kindness from the *Médecin Chef* and everyone at the hospital at Grasse. Sister Hitchcock has been in charge of the invalid, who is soon to return to England—we hope, by transport—and they will then sail away to their home in New Zealand. Both Sisters have done splendid work for the Corps—and will be an immense loss to it—and to the Registered Nurses' Society, to which they belong.

The Péniche Hospitals will soon now cease to convey patients by water. Sister Gill reports she has received a parcel of records she required for her gramophone on the barge; they give very great pleasure.

Sisters Bright Robinson and Coppin have been recommended for the *Médaille Epidémique*, for their good work at Malo les Bains. We hope they will soon receive this honourable reward for nursing contagious diseases—work Red Cross Nurses object to.

The Hon. Secretary of the Liverpool Women's War Service Bureau appeals to all holiday-makers to keep their holiday books and magazines, and when they have finished with them to dispatch them to the Liverpool Women's War Service Bureau, 1, Gambier Terrace, Liverpool.

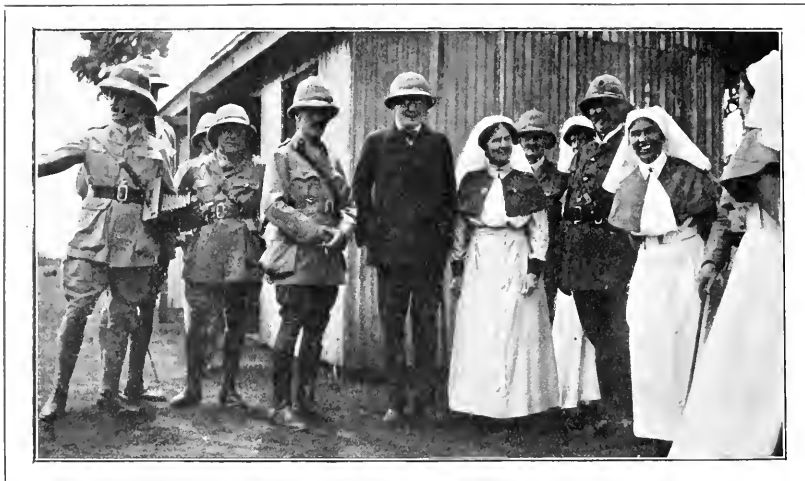
A splendid consignment of hospital stores and comforts has been received by Sister Roberts at Toul, from the Liverpool Women's War Service Bureau, which has given most generously to the French wounded through the Corps.

NURSING AND THE WAR.

Somehow we never think we realise sufficiently or half appreciate the glorious work and successes of the South, West and East African campaigns—the War in Europe is so much closer to us. Not so long ago, the Governor, H.E. Sir Henry Belfield, General Botha and staff, paid a visit to the General Hospital, Muthaiza, Nairobi, where they were entertained to tea by the Matron, Miss J. McLeish, and the Sisters. We have some delightful snapshots recording this visit, and the famous general between the Matron and a laughing Sister, appears to be well satisfied with his reception—as shown in our picture.

The main buildings of the hospital are beautiful,

and devotion as working in a ward. Moreover it is not every woman who has the tact and brightness to make a success. We paid a visit recently to Miss Annie Hulme, who for some months past has been running the Soldiers' Hut in the grounds of the Fulham Infirmary. It is nice to find just the right woman in the right place, and those who know the sympathetic and ardently patriotic Hon. Secretary of the Matrons' Council will realise that the guests who visit these pleasant rest rooms are fortunate indeed. Miss Hulme lives on the spot in tiny wee rooms. She is early to rise and late to take rest, and her daily helpers are full of zeal. The difficulty in the management of such huts with a canteen attached is that one really experienced worker is required to act as



HIS EXCELLENCY SIR HENRY BELFIELD, MISS MCLÉISH (Matron), GENERAL BOTHA AND SISTERS.
AFTER TEA—GENERAL HOSPITAL, MUTHAIZA, NAIROBI.

as are the grounds; attached is a "white city," containing 900 beds under canvas, with excellent tent operating theatre and other departments.

We are delighted to learn that "THE BRITISH JOURNAL OF NURSING is a great comfort to us here." These little "bolts from the blue" make up for hours of drudgery.

Is it true that many women are getting weary of well-doing their war work? We hope not, though there are still thousands who do but little. Help in canteens is an urgent necessity, both for our soldiers and women workers. People talk as if to run a Soldier's Hut or a canteen was quite easy work, but this is a misconception. The work, especially of the superintendent, is very arduous, and requires quite as much energy

substitute for the lady-in-charge, to sleep on the spot, and help with accounts and other business details; and these are not easily procurable unless they are paid. We sampled the excellent confectionery and tea sold at the buffet—everything a penny—delicious buns, Banbury cakes, bulls-eyes and chocolate. Tea of course is the usual drink, but medical cases have an abnormal thirst for Horlick's Malted Milk, both hot and cold. The patients begin coming at 9 a.m., and come and go all day. In the central lounge are most comely couches and armchairs, books and writing materials, a piano, billiard tables, and plenty of games. There is also a rest room, where those men requiring a real quiet time can enjoy it, and also a noise room, where exuberant spirits can let off steam. This work fits Miss Hulme like a

glow, but she gives so much, she is here, there and everywhere, and does much of the drudgery, so we hope she will not overdo it.

The Queen of Roumania is making an appeal to the British and American peoples to supply her with hospital equipment and nurses. She says: "We want help in this work of mercy for our wounded. It must be remembered ours is a small country." We feel sure no appeal from a British-born Princess will be made to the country of her birth in vain. Queen Marie is working devotedly for the sick and wounded Roumanian soldiers, and deserves our generous support.

We reported recently the generous gift of the services of 20 Australian nurses, for France, by the New South Wales Red Cross Society. These nurses have arrived in London, and the Comité de Londres, Croix Rouge Française, is arranging to place them in French hospitals. The President, the Vicomtesse de la Panouse, is anxious that the skill of the Australian unit shall be extended to the wounded heroes of France in the most useful manner, but it is now very difficult for foreign nurses to gain permission to work in the war zone of the French Army, as patriotic Frenchwomen claim that this should be their special privilege.

We hear that Mrs. Borden-Turner, the rich American lady—who made a gift of her hospital at Kousbrugge to the French Government—has had immense difficulty in persuading it to accept another hospital on the Somme, and this offer has only been accepted if the nursing staff consists of French Red Cross Nurses. The success of "Le Petit Paradis des Blessés," has been due to the highly-skilled nursing staff wisely installed by Mrs. Turner. We hope she may yet succeed in utilising the services of British and American trained nurses in her new hospital.

JOINT WAR COMMITTEE.

HOME.

The following Sisters have been deputed for duty in Home Hospitals.

Mil. Hosp., Longleat, Warminster.—Miss E. S. Elbro.

Aux. Mil. Hosp., Timberhurst, Bury.—Miss F. Carp.

Nat. Shell Filling Factory, Chilwell, Notts.—Miss K. Murray.

Red Cross Hosp., Highfield Hall, Southampton.—Miss A. Eldridge.

V.A.D. Hosp., Holden House, Boston, Lincs.—Miss M. Mackersack.

St. Matthew's Hall, St. Mary's Road, Willesden.—Miss K. M. Manning.

Cheveley Park Hosp., Newmarket.—Miss M. A. Shepherd.

Summerlee Fortis Road, E. Finchley.—Miss A. K. Thompson.

V.A.D. Hosp., Trent Bridge, W. Bridgford, Notts.—Miss H. Campbell.

St. James' Hosp., New Brompton.—Mrs. C. E. Parker.

Theidon Boys Hosp., Epping.—Miss E. Havers.
Red Cross Hosp., The Old Hermitage, Higham, near Rochester.—Mrs. B. Jacobs.

Rigant's Park Hosp., Southampton.—Miss E. Lovegrove.

Boothwood Aux. Mil. Hosp., Brighouse, Yorks.—Miss K. F. Ikfernan.

St. John's Hosp., Abbots Barton, Canterbury.—Mrs. M. H. Anslow.

War Hosp., Clifton, Stratford-on-Avon.—Miss H. M. Monson, Miss S. J. Munro.

Hosp. for Officers, 83, Poilland Place, W.—Miss E. C. de Wind.

Mayfield Station Hosp., Woolston, Hunts.—Miss F. L. R. Pettigrew, Mrs. A. Conalty.

Brooklands, Weybridge.—Miss C. A. Bell.

The Warren, Leamington.—Miss L. Wallis.
Annexe, Ellerslie Hosp., Blackburn.—Miss M. E. Copley.

Llandaff House Hosp., Weybridge.—Miss B. Grant.

Hornsey Aux. Mil. Hosp., Crouch Hill.—Miss M. Lackford Smith.

V.A.D. Hosp., St. Mary's Hall, Willesden.—Mrs. B. H. Tuohy.

Hillsborough Red Cross Hosp., Harlow.—Miss E. Corder.

The Michie Hosp., 181, Queen's Gate.—Miss M. L. Macadam.

Hanworth Park, Feltham.—Miss B. G. Read.
St. John Hosp., Fareham.—Mrs. C. E. Walter.

Aux. Hosp., Pontyclun, Glam.—Miss G. Jones.
Heath Lodge, Aux. Hosp., Petersfield.—Miss M. H. Scott.

Alexandra Park Hosp., Muswell Hill.—Miss M. Beresford.

The View Hosp., Balham.—Miss L. Mitchell.

Bilton Hall Red Cross Hosp., Rugby.—Mrs. O. Barnister.

Red Cross Hosp., Otley, Ellersmere.—Miss L. Lanforth.

V.A.D. Hosp., Burnham-on-Crouch.—Miss E. K. Good.

Red Cross Hosp., Huntingdon.—Mrs. C. Stephens.

Crustone, V.A.D. Hosp., Eastbourne.—Miss M. Jelly.

Hosp. for Officers, Charles St., Mayfair.—Miss L. Wright.

Red Cross Hosp., Portal, Farparley, Cheshire.—Miss A. E. Flood.

Hosp. for Officers, Holmwood, Surrey.—Miss M. A. Brindley, Miss F. Steelman.

ABROAD.

Anglo Belge, Cabas.—Miss A. Handorne, Miss E. Roberts, Miss V. D. Milton, Miss M. Pickering, Miss F. T. Turner, Miss D. Willett.

Boulogne.—Miss M. Harrop, Miss D. M. Porth, Miss M. Nunn, Miss G. B. Gibson, Miss M. Henderson, Miss C. Duncan.

DR. ANNA HAMILTON AND HER WORK FOR FRANCE.

Dr. Anna Hamilton continues her wonderfully efficient work as Directrice of the Nursing School attached to the Maison de Santé Protestante, Bordeaux, to which is attached Hôpital Auxiliaire No. 2, to which we paid a visit last year, and which we found perfect. Dr. Hamilton and her staff and patients are now greatly rejoicing over the lovely and useful gifts received, as she writes: "Everybody knows here that our hospital being in working order before the war would manage to nurse 80 wounded soldiers without great help

We want the wounded kept as comfortable and as well fed as our patients in peace time, and they do appreciate it very much. The weak ones always get tonics; cinchona is much used for that here; the shattered nerves get bromides. Do you know that potass bromide costs 350 frs. for 2 lb? Alcohol for dressing wounds is worth 9 fr. the litre. Bichrom is no longer to be got, and the cyanide of mercury without it spoils the polish of the instruments, so we are delighted to get this nice lot of salts.

"Pyjamas are unknown to the French patients. When we showed those received they were very greatly admired by our soldiers, who thought they were light suits for summer wear! Each



DR. ANNA HAMILTON AND NURSING STAFF, MAISON DE SANTÉ, BORDEAUX.

from outside. But the war is so long and everything gets worn and broken, and our finances are having a hard time of it." She adds, "We have been so lucky as to receive welcome gifts from the Croix Rouge Française, London, and from the British Red Cross 20 flannel shirts, 20 pairs slippers, 20 pyjamas, 10 suits for convalescents, 8 warm jackets, 3 mosquito nets, 6 bistouris, 4 pairs scissors, 48 litres rectified alcohol, 1 lb. soda bromide, 1 lb. potass bromide, 2 lbs. potass bichrom., 5 ozs. cinchona. The B.R.C. sent 20 pairs of leather shoes. You may think what a boon it is to get all these useful presents; we do not often get so spoilt.

one had a neat little square of white linen sewn on the inside of the collar with these words on, 'Fait en Australie par vos amis, Sydney.' Our men were quite moved on seeing that inscription, for they never fancied that so far-away friends worked for them."

Indeed, they need not be surprised that the heroism of the French soldiers is the admiration of the whole world outside Central Europe.

Dr. Hamilton sends us a snapshot of her soldier patients admiring the gifts from London, and one of Madame Krigh and one of her twin soldier sons, who are both serving their country valiantly. The brave boy in the picture has just been awarded

the Médaille Militaire, a great honour, in recognition of his splendid valour at the Front. Madame Krigh is a pioneer worker in France, in the interests of the international movement amongst trained nurses, and well we remember her, and the twins, as charming children, when visiting French nursing schools ten years ago. May all these dear people live to see their great country freed from the curse of the Hun.

CARE OF THE WOUNDED.

The response to the appeal for women to assist in military and auxiliary military hospitals by the Joint War Committee is stated to have been very satisfactory, and there are now enough special service probationers on the waiting list to fulfil the probable requirements of the next two or three months. Lord Ranfurly and the Hon. Arthur Stanley write:—

"We gladly take this opportunity of letting the public know how well the women throughout the Empire have responded to our appeal for help to the sick and wounded. May we suggest that those who for various reasons have not hitherto been able to take up hospital work should spend some of their spare time during the autumn and winter in qualifying themselves for this work by attending the necessary lectures and taking first-aid and home nursing certificates. It is probable that we shall have to call for more help in the early months of next year, and we need not point out how desirable it is that those women who then come forward shall have qualified themselves for the work which they will be called upon to do."

An anonymous shipowner of Cardiff has given

£5,000 towards the establishment of a Welsh branch of Queen Mary's Convalescent Auxiliary Hospitals.

Sir John Furley, the pioneer Red Cross worker proposes that in order to standardise ambulance and hospital material in relation to all means of transport for injured persons a museum should be established in London or the suburbs. He says the nearest approach to such a scheme is that initiated by Mr. Henry S. Wellcome, who, in 1914, most liberally offered £20,000 to be awarded in prizes for improvements in motor ambulances for Red Cross field work.



ADMIRING GIFTS FROM LONDON AT BORDEAUX.

of the Sailor Prisoners of War Association, a copy of the interim report, from which we gather it is doing work with which we all have the deepest sympathy. It is stated that ninety

British sailors interned in Germany have been "adopted" by various localities, together with twenty-six Russian sailors taken from British vessels. The total number "adopted" is 118, and each receives a fortnightly parcel of food varying in value from 5s. to 10s. Lady Beatty has "adopted" two prisoners. It is estimated that some 385 parcels of food excluding books, &c. have been despatched to our sailor prisoners to date. The value of such parcels amounts to over £100. This is an excellent record for the four months the Society has been at work.



MADAME KRIGH AND HER DECORATED SON.

The women of Ceylon have collected £225 for the building and endowment of a room in the Star and Garter Home.

FACE AND JAW WOUNDS.

FREE TREATMENT FOR DISCHARGED
SOLDIERS AND SAILORS.

Among the most distressing cases of injury in modern warfare are those of the jaws and face. Some are comparatively slight, and the patients may be cured and rendered fit for further service. In many, however, the injury is severe, further service is out of the question, and permanent incapacity for almost any occupation is a probable sequel. Indeed, the loss of a limb is a minor evil compared with the difficulties of feeding and speech, and the miseries of gross disfigurement, suffered by these unfortunate men.

Happily, experience has shown that much may be done by skilful treatment to alleviate immediate suffering, to make existence more than tolerable, and even to produce highly successful permanent results. The cases form a special class requiring close collaboration between various specialists. Operations on the bones, skin, wounds and scars are performed by surgeons; the devising, fitting and manipulation of splints and peculiar contrivances for restoring the jaws to their normal form, rest entirely with dental surgeons; the assistance of radiographers and specialists concerned with adjacent parts such as the eye and nose is frequently required. In other words a special hospital is necessary for the efficient treatment of jaw injuries. There are several for soldiers still serving, but none has hitherto existed for the man discharged from the Army. Such an hospital, with 30 beds and complete equipment—the Maxillo-Facial Hospital provided by the Red Cross Society and the Order of St. John—will open its doors at Princes Road, Kennington, on October 1st, for discharged soldiers and sailors. It is hoped that the existence of this hospital may become quickly and widely known; that soldiers discharged from military hospitals as unfit for further service on account of jaw injuries may be directed to it; that similar cases in Red Cross Hospitals in other parts of the country may be sent; and that patients who have already received treatment, but whose condition may not be entirely satisfactory, will come to the hospital for examination with a view to further treatment. The treatment will be free, and men will have dental, mechanical and surgical attention to effect, so far as possible, a complete cure.

"Our Day," to which the King and Queen have given their patronage, is drawing near, and it is announced that 15,000 women will sell flags on behalf of the Red Cross Society and the Order of St. John on October 21st; and it is hoped that by nightfall 33,000,000 flags will adorn the patriotic breasts of Britons in all parts of the world, so that last year's splendid record of £1,400,000 may this year be surpassed. The work being done by the Joint War Committee costs £33,000 a week. Miss May Beaman is organising "Our Day," and will be pleased to receive offers of assistance at 10, West Bolton Gardens, S.W.

THE SOCIETY FOR STATE
REGISTRATION OF TRAINED NURSES.

A meeting of the Executive Committee was held at 431, Oxford Street, London, W., on Thursday, September 21st. The President, Mrs. Fenwick, was in the chair.

THE SUPPLY OF NURSES COMMITTEE.

The Minutes having been read and confirmed, the Chairman said she desired, with the consent of the meeting, to bring before it a matter of great urgency, with which the nursing profession had become acquainted through the daily press. The appointment by the Secretary of State for War of a "Supply of Nurses" Committee, to consider the existing system of obtaining nurses for hospitals for sick and wounded soldiers at home and abroad, and to make such recommendations as they may consider necessary for the supply—on which Committee not one trained nurse had been placed; whilst the only woman to seven men, empowered to deal with the economic condition of their skilled professional work, was the Commandant-in-Chief of the Women's Voluntary Aid Detachments.

The Chairman said she desired to submit an urgency resolution to the meeting, which, if approved, might be forwarded without delay to the Secretary of State for War. The Chairman reminded the meeting that in 1914, in the early days of the War, the Society—as part of the National Council of Trained Nurses—had realised the necessity for an expert committee representative of the various departments which were engaged in organizing the nursing of sick and wounded soldiers, and including independent experts in Military Nursing, and had recommended to the War Office that such a Committee should be appointed, and only received discourtesy from that Department for their perspicuity. So they were not averse to the appointment of the Committee—which, indeed, they thought very overdue—but to its most unrepresentative composition. Mrs. Fenwick then proposed the following Resolution:—

Whereas,

The Society for the State Registration of Trained Nurses, composed of 4,000 certificated nurses, learned with the greatest indignation from the press, on Saturday, September 16th, that a "Supply of Nurses Committee" had been appointed by the Secretary of State for War, which did not include the name of one trained nurse—

And whereas,

On the 21st inst., the nursing profession again, through the press, learned that this deplorable omission is to be rectified by adding to the "Supply of Nurses Committee" representatives of the Army Nursing Boards and some of the large general hospitals—

This meeting of the Society for the State Registration of Trained Nurses respectfully submits to the Secretary of State for War that no Committee empowered to make recommendations on the economic condition of the nursing profession, and the supply of nursing labour, will satisfy trained nurses which does not include direct

representatives of the interests of the workers themselves, in addition to the various organizations and persons which employ them. This meeting, therefore, earnestly petitions the Secretary of State for War that the National Council of Trained Nurses of Great Britain and Ireland, and the National Union of Trained Nurses, which together represent the organized opinion of some 10,000 certificated nurses, may be accorded representation on the "Supply of Nurses" Committee."

In discussion on the Resolution, those present expressed themselves warmly in favour of informing the Secretary of State for War of the feeling of trained nurses in this connection. First, their earnest desire that the highest quality of nursing should be provided for men risking their lives in defence of the Empire, which at present they did not invariably receive; and second, that as the War Minister was an ardent supporter of the rights of organised labour, any Committee appointed by him to inquire into, and make recommendations concerning trained nursing, should include representatives of the organised nurses' associations upon it. Very strong exception was taken to the Government Department, which had to deal with the nursing comfort and well-being of sick and wounded soldiers, thus ignoring the existence and opinions held by trained nurses, especially after the fine national service rendered by them all over the world during the present war. The Resolution was unanimously adopted, and it was directed that it be sent to the Secretary of State for War, and the Chairman of the "Supply of Nurses" Committee.

THE REGISTRATION OF COTTAGE NURSES AND THE COLLEGE OF NURSING.

It was reported that, as directed at the last meeting, correspondence had taken place between the Society and Mr. Stanley, Chairman of the College of Nursing, Limited, Miss Rundle, Secretary of the same, Miss F. C. Joseph, Hon. Secretary of the Public Health Sectional Committee of the National Union of Women Workers, and Miss N. Green, Secretary of the N.U.W.W. It will be remembered that a deputation from the Public Health Committee was nominated at an emergency meeting, to be introduced by its chairman, Dr. Jane Walker, to urge the registration by the College of various classes of nurses— including village, cottage, tuberculosis nurses, &c.— as advocated in a scheme by Miss Joseph, and to which the Society for State Registration of Trained Nurses took strong exception, and that a few weeks later, when the deputation was received by Mr. Stanley, no representative of the trained nurses' organisations on the Public Health Committee was included.

A letter had been sent to Mr. Stanley in which the views of the members had been set forth, and in which it was stated, "As the representatives of the Trained Nurses Organisations . . . were not included, my Society desires to dissociate itself from the opinions expressed by the deputation, which advocated the registration of cottage and

village nurses and other women engaged in nursing work, not necessarily trained in hospitals. We hold the opinion that these workers are not 'trained nurses,' and have no right to be included in our Register as such. . . . I am directed to ask you whether or no the Council of the College of Nursing, Limited, proposes to register cottage, village and sanatorium nurses and other untrained and semi-trained nurses. . . ."

"The fact that Dr. Jane Walker, who introduced the deputation, has a seat on your Council makes it imperative that the trained nurses, who have not elected her to office, should know definitely whether this depreciation of nursing standards, as proposed by her and Miss Joseph, is contemplated in the scheme for the voluntary organisation of the nursing profession by the College of Nursing.

"My Society considers that it has a right to a direct reply to this question, which is of vital importance to the nursing profession."

MR. STANLEY'S REPLY.

In a reply from Mr. Stanley, he wrote:—"I met the deputation of the Public Health Sectional Committee of the National Union of Women Workers in my private capacity, and not as chairman of the Council of the College of Nursing, as I had no authority from the Council to express their views on the question of the Registration of cottage and village nurses. This is a matter which has got to be discussed and settled by the Council of the College, and any opinion which I could express would only be my own personal opinion and would therefore carry no weight.

"I may add that I gave no promise or pledge whatever to the members of the deputation."

A copy of the letter sent from the Society to Mr. Stanley as Chairman was also sent to Miss S. Rundle, the Secretary, who acknowledged it, but so far no reply to the direct question whether or no the College of Nursing intends to register cottage, village and other women engaged in nursing work has been received from the Council, which Mr. Stanley wrote was to be discussed and settled by it. From Miss Joseph further unsatisfactory correspondence was reported, and the communication from the Society would be brought before the Executive Committee by the N.U.W.W. on September 21st.

THE NURSES' REGISTRATION BILL.

It was reported that the amendments made to the Nurses' Registration Bill by the Central Committee on July 13th had been considered by the Council of the College of Nursing on July 27th last, and the most important had not been agreed to. The constitution of the General Nursing Council was the principal question at issue. The Central Committee approved of a Governing Body, on which the Government Departments, and the Medical, Nursing, and Training School authorities empowered to nominate representatives on to the General Nursing Council, were clearly inserted in the Bill, as in the Medical Midwives.

and Teachers' Acts. The Council of the College proposed that 45 nominated persons should form the Provisional Council, their names to be placed in the Bill—a course for which there is no precedent—and that the constitution of the General Nursing Council should be made under the Rules after the Bill becomes law. The Committee considered the fourth Draft of the Bill and directed its delegates on the policy to be pursued at the meeting of the Central Committee on the 28th inst. The meeting also considered the Memorandum and Articles of Association of the College of Nursing as amended by its Council on August 17th last.

THE MEMORANDUM.

The Memorandum, they regretted to find, had not been altered, as it contained several provisions to which they took very serious exception; more especially 1 (D) To adopt if thought fit, the results of examinations held by approved nursing schools as sufficient evidence of proficiency.

This, it was considered, cut at the root of the one portal (Central Examination) examination which is put forth as an object of the College on the sheet of indentments to trained nurses to place their names on the College Register.

1 (E) The Committee felt strongly that the provision to grant certificates under this section, "Provided that the College should not grant, or profess to grant, titles and diplomas" was reactionary and obnoxious, and injurious to the future development of professional nursing, and that the words should be deleted if the College was to be of any educational value.

THE ARTICLES OF ASSOCIATION.

The Committee considered the amendments to the Articles of Association, and agreed that the majority were improvements. They, however, objected to:—

5. That the Subscribers, and other lay persons, become members along with the Registered Nurses; they approved a recommendation that only Registered Nurses should be members of the College of Nursing.

They objected:

6. That membership of the College is compulsory upon all registered nurses, who are thus compelled to sign an agreement to be bound by the Memorandum and Articles of Association and Regulations of the College, which regulations may be made, altered and repealed by the Council, without the authority of the members of the College. (Article 59.)

35. This Article provides that the signatories, the seven laymen who compose the College Company, shall appoint in the first members of the Council, "of which two-thirds at least shall be Matrons of hospitals and Superintendents of Nursing or Sisters or Nurses still engaged in the active practice of their profession." This Article arbitrarily excludes the majority of those nurses who are economically independent, and not working under an employer. The Committee expressed the strongest

objection to any such attempt to interfere with the liberty of choice of the nurses' representatives, and penalise Matrons and Nurses with leisure, whose work might be of the utmost value to the profession at large.

63. The Committee agreed that the constitution of the Consultative Board was unwieldy, unprofessional, and likely to arouse friction, as it would be largely composed of persons without expert nursing knowledge, and that it would be injurious to the legitimate growth and solidarity of the nursing profession.

It was hoped the Memorandum and Articles of Association of the College would be still further revised and materially modified, otherwise many nurses who understood their significance would certainly sign no Agreement to be bound by them, as all nurses who register and become members of the College have to do.

NEW MEMBERS.

The following new members were elected:—

- 4142 Miss Mary E. George, cert. St. Pancras Inf.
- 4143 Miss Alice Stennett, cert. General Hosp., Nottingham.
- 4144 Miss L. Butler, cert. St. George-in-the-East Inf.
- 4145 Miss Maggie Neal, cert. Rotherham Hosp.
- 4146 Miss C. E. Cotton, cert. Wolverhampton General Hosp.
- 4147 Miss M. E. Posnett, cert. St. Mary's Hosp., W.
- 4148 Miss A. M. Armitage, cert. Radcliffe Inf., Oxford.
- 4149 Miss Eleanor Flanigan, cert. Hospital of St. John and St. Elizabeth.
- 4150 Miss E. L. L. Jenkins, cert. St. John's Inf. Wandsworth.
- 4151 Miss V. M. Kittle, cert. St. Thomas's Hosp., S.W.
- 4152 Miss Jessie P. T. Ellis, cert. David Lewis Northern Hosp., Liverpool.
- 4153 Miss Mary P. Kavanagh, cert. Royal Victoria Hosp., Belfast.
- 4154 Miss Mollie O'Farrell, cert. St. Vincent's Hosp., Sidney, N.S. Wales.
- 4155 Miss Rachel Kirkland, cert. Clayton Hosp., Wakefield.
- 4156 Miss Kathleen Keller, cert. South Charitable Inf., Cork.
- 4157 Miss Claudine Hamby, cert. St. Bartholomew's Hosp., E.C.
- 4158 Miss Ethel A. Hall, " " "
- 4159 Miss Ella K. Cheetham, " " "
- 4160 Miss Isabella M. C. Grant, " " "
- 4161 Miss Winifred Haviland, " " "
- 4162 Miss Dorothy A. Coppleston, " " "
- 4163 Miss Dorothy France, " " "
- 4164 Miss Mabel E. Redman, " " "
- 4165 Miss Florence Stephenson, cert. Erdington Infirmary, Birmingham.
- 4166 Miss Rosa L. Mathews, cert. Crumpsall Inf., Manchester
- 4167 Miss Barbara Lendrum, cert. Leeds General Inf.
- 4168 Miss Mabel Sparrow, cert. Holborn Inf.

4160 Miss Pattie Sparkes, Cert. General Hosp.
Birmingham.

4170 Miss Nellie M. Maxwell, Cert. Richmond
Hosp.

The meeting then terminated.

MARGARET BRILAY,

Hon. Secretary.

THE COLLEGE OF NURSING, LTD.

MEETING AT EDINBURGH.

Speaking at Edinburgh on the 15th inst., Mr. Stanley is reported to have said that there was an immense amount of organisation to be done before Parliament would entrust them with the keeping of the register. There were questions of curriculum, examinations, and length of training to be settled; and it was desirable that they should be settled by such a body as the College of Nursing rather than by the House of Commons. One point in State recognition would be that they would have protection either of uniform or some kind of badge. He gathered there was no very great wish to have a standard uniform for nurses; and special provision was being made for State protection of a badge of some kind. Anyone wearing that badge or uniform would be known to be a trained nurse, properly certificated. It was proposed to charge a fee of one guinea for registration, and after payment the nurses would be placed on the register, and there would be no further payment to make. Describing other functions of the organisation, Mr. Stanley mentioned that there were cases where nurses had received unjust treatment when going out to private cases; these cases would soon stop if it was known there was a strong body behind the nurses. Dr. Leslie Mackenzie, in the course of a discussion that followed, drew attention to the fact that under the Local Government Board in Scotland there was registration of Poor Law nurses and fever nurses. He wished to know what would be the relations between the College Nurses and this existing registration. Dr. George Robertson also pointed out that there was registration of mental nurses. Mr. Stanley, in replying to the discussion, said they were taking power to set up Local Boards, which would include that for Scotland. The mere fact that a particular form of training was recognised by the Local Government Board made it practically certain it must be recognised by the College of Nursing. Votes of thanks were given on the motion of Miss Haldane and Sir James Aitken.

THE REGISTRATION OF FEVER SPECIALISTS.

The registration of fever specialists by the Scottish Local Government Board without general hospital training is a form of registration we sincerely hope will not be recognised by any Act of Parliament, as nothing can ultimately be more unjust to the fever nurses themselves, and we cannot agree that, because a Local Government Board finds it easier and more economical to register nurses working in the fever hospitals, a

bad precedent must be adopted by the College of Nursing. Every nurse to be properly trained must have general hospital experience, and experience upon which to build her special work. One might as well urge that doctors who specialise in contagious diseases work could obtain their whole experience in a contagious diseases hospital.

THE POOR LAW UNIONS ASSOCIATION AND ITS "SERVANTS"

At the meeting in London on the 21st inst. of the Executive Committee of the Poor Law Unions Association, the Report on the College of Nursing presented by Mr. R. A. Leach and Mr. H. List, which we published last week, was adopted, and referred to the Parliamentary Committee, to take such action as they considered necessary to safeguard the Poor Law Training Schools, or is it to secure the control of the trained nurses by the Guardians? It would appear so, to judge from the discussion which followed upon the report.

The chairman, Mr. F. T. Beavan, urged that the Guardians ought to have a more direct and emphatic voice in this matter. The Council ought to pass something that would bring it to the front, because Guardians were practically set aside.

Miss Brodie-Hall asked the Council to take some steps to request Mr. Stanley to provide for the representation of workhouse nurses in some form or other. She moved that words be added to that effect.

Mr. R. A. Leach said the Poor-Law institutions in the aggregate had the vast majority of nurses and patients and sustained a greater responsibility than any other combination of nursing and medical treatment for the sick poor. As matters stood under the rules of the Association of the College, Guardians were going to be in the hands of the Council of the College which consisted two-thirds of nurses. In other words, administrative bodies with large responsibilities were going to be entirely in the hands—unless proper safeguards were set up—of their servants. That should not be, and, as suggested in Clause 7 of the deputation's report, they must watch the matter.

Members urged that steps should be taken to secure proper representation.

Mr. Greville Smith thought they should tell Mr. Stanley what they wanted; and if they did not get it they would have all Unions in the country behind them in opposing the Bill until they get what was wanted.

Sir Henry Manton said it was not necessary only to watch, but to take some action.

Mr. List proposed to refer the whole matter to the Parliamentary Committee.

Are Poor Law Nurses the servants of the Guardians? we doubt it. Poor-Law Nurses have the right of appeal from the decision of the Guardians to the Local Government Board; they are primarily, therefore, servants of the State and for that reason any representation of the Poor Law Nursing Service on the General Nursing Council should be made through the Local Govern-

ment Boards, and not be accorded to individual Boards of Guardians who know nothing of nursing education, and are not qualified to express an opinion on so technical a subject.

MEETING AT PLYMOUTH.

Miss C. H. Tait Mackay, Matron, Fourth Southern General Hospital, Plymouth sends us a very long report of a meeting held at that institution on the 22nd inst. The object of the meeting was to further the interests of the College of Nursing; and Miss S. Rundle (Secretary), and Miss Gibson addressed the meeting, as ardent supporters of State Registration of Nurses, and every nurse was urged to support the voluntary registration scheme of the College. As a guarantee of their desire for instant legislation, Miss Rundle pledged the College to see that legislation procures for the profession that standard which its members desire. In enumerating the objects of the College, we are pleased to note she laid stress on "the establishing of a uniform curriculum of training and the one portal examination." In speaking of the Nurses' Bill, it was not made plain that it was not yet accepted as an agreed Bill by the Central Committee for the State Registration of Nurses, the component societies of which have, so far, not only initiated the demand for nursing legislative reform, but have very carefully conserved the professional interests of the nursing profession; nor was it made plain that nurses joining the College to support the Registration cause had to sign an agreement with the College to be bound by the Memorandum and Articles of the College and the Regulations, which contain very dangerous clauses. We are of opinion that before urging nurses to register, it would be fair to them to explain the clauses of the contract.

Miss Gibson—so long "an anti"—is now apparently an ardent convert to State Registration. She said, in the past the profession had been torn by difficulties and troubles and small matters which prevented them from doing anything great in the way of organization. Two years hence, according to the constitution of the College, the entire management would be in the hands of the large majority of nurses themselves. . . . Everything, of course, depended upon the passing of the Registration Bill, which would be quickly passed if large numbers joined the College. It was, therefore, to the advantage of all to join at once. Their safety lay in the College. The passing of the Registration Bill was the only way of deciding the question of who is and who is not a good nurse.

Questions were invited, and Miss Tait Mackay, Matron of the 4th Southern General Hospital, asked by whom the Council of the College was constituted. In reply, Miss Gibson said that when the need for registration became obvious, the chairman of the Red Cross and a number of persons intimately acquainted with nursing matters held a meeting which, after careful consideration, selected what they thought was a very representative council. Arising out of a clause in the

Articles of Association, which reads, "To promote the advancement of nursing as a profession in all or any of its branches" Miss McKay asked if this was meant to include such as hospital cooks, cleaners, &c. Miss Rundle replied that the College was to be a democratic College, managed by the nurses. Cooks and cleaners would not be registered members of the College, but the nurses would be responsible for the appointment of what they called in America, "dictionians." Cooking was a subject much overlooked in the training of nurses, and they could, if they chose, institute examinations for the "dictionians."

In answer to another question, Miss Rundle said that district nurses would not be registered. They would first give the trained nurse her status, and then work together for the good of the country. The position of district nurses would receive every consideration, and the College would in due course deal with every single branch of the profession.

It was explained that there would be a place in the Bill for a clause with regard to the wearing of uniform and a badge by trained nurses only.

Among those present were the following Matrons and Lady Superintendent of Nurses:—

Miss Bridge, Royal Albert Hospital, Devonport; Miss Blackler, Totness; Miss Chaff, Truro Infirmary; Miss Cox, Military Station Hospital; Miss Foster, West of England Nurses Co-operation; Miss Gyles, S.S.F.A., Devonport; Miss Hopkins, S.D. and E. Cornwall Hospital; Miss Holleday, the Infirmary, Plymouth; Mrs. Johnston, W. Astor Nursery; Miss Kearsey, Pearn Home; Miss Priestman, Ford House Hospital; Miss Parki, Nurses Institute; Miss Terry, Q.V.J.L., Three Towns Nursing Association; Miss Ward, Bodmin.

Tea was served after the meeting, and matters eagerly discussed.

THE PROFESSION NOT DIRECTLY REPRESENTED.

In reply to Miss Tait Mackay's question: By whom was the Council of the College constituted? the correct reply would have been:—

By the seven signatories to the College of Nursing Company, all of whom are laymen. The rank and file of the nursing profession have no representation on the Council whatever, it being composed of Matrons of large hospitals, medical men, a medical woman, and laymen: It cannot, therefore, be considered "very representative" of the profession as a whole.

REGISTRATION OF DISTRICT NURSES.

Miss Rundle is reported to have said "district" nurses will not be registered. We presume this is a reporter's error, as Queen's Nurses are the most efficiently trained and best disciplined body of nurses in the Kingdom. We presume the reply referred to village and cottage nurses, neither of which classes are thoroughly trained nurses, but as they should be, and mostly are, "certified midwives" under the Midwives Act, there is now no reason to confuse them with "trained nurses," or for them to be thrust on to a register for such.

NATIONAL UNION OF TRAINED NURSES.

A USEFUL REPORT.

Report of Enquiry made in 1914 by the National Union of Trained Nurses as to opinions of Matrons on the subject of the instruction of Nurses in Venereal Diseases.

In answer to the accompanying letter written to Matrons of Hospitals and Superintendents of Nursing Institutions, replies were received as follows:

1. Matrons and Superintendents of Nursing Associations in favour of special instruction and in whose hospital the nurses receive it by lectures and in the wards.—A little more than half.

2. Matrons who approve, but do not give lectures or definite teaching and who leave instruction of nurses to the Ward Sister as occasion may arise.—One-fifth.

3. Matrons who approve, but do not give instruction.—One-seventeenth.

4. Matrons who do not approve or give instruction.—About one-seventh.

N.B.—All these latter, however, acknowledge the need for warning about infection, and so, in a limited degree, belong to class 3.

It will be seen, therefore, that about 40 per cent. of the nurses of the training schools who replied were receiving no instruction or no systematized instruction.

Some writers were in favour of—

A. Scientific and non-sensational teaching during the first year by the Lady Superintendent, and in the third year by the Senior Hon. Physician; this teaching to include the cause of venereal disease, the effect of treatment, the great danger of infection and need of isolation;

or

B. Nurses in the wards having special instruction on the best methods of avoiding infection, and the spread of infection from patient to patient.

Those who think no definite instruction necessary seem to forget that, even if not necessary in hospital, the want of scientific knowledge will be very detrimental when the nurse does private or district work, where there is no senior nurse to give advice, where the doctor does not visit often, and where the early observation of symptoms is of great value.

Suggestions made:—

A. Legislation at once; compulsory notification and isolation hospitals.

B. Post-graduate courses for nurses and midwives.

C. A scientific manual for nurses.

D. That letters should be sent to doctors and superintendents on the great need of instruction.

E. More frankness on the part of a doctor when diagnosing a case.

F. That nurses should report at once all suspected cases, and instruct their patients (and women) on the care necessary.

G. All cases to be sent to separate hospitals.

These suggestions express the opinion of the Matrons, and not necessarily those of the N.U.T.N.

The Executive Committee has sent a copy of this Report to the Central Council for combating Venereal Disease, with a recommendation that the authorities of training schools should be urged to give definite instruction as part of their curriculum.

E. L. C. EDEN,
Hon. Secretary.

NURSES' MISSIONARY LEAGUE.

THE VALEDICTORY MEETINGS.

The Valedictory Meetings of the Nurses' Missionary League will be held in University Hall, Gordon Square, W.C., to wish God-speed to members who sail for the Mission Field this year, on Tuesday, October 3rd, when members and friends of the League are cordially invited to be present. The following programme is announced:

PROGRAMME.

"THE EVANGELISATION OF THE WORLD IN THIS GENERATION."

MORNING SESSION—10.15 TO 12.30.

"The need of the World at Home." *Chairman:* Mrs. Douglas Thornton.

National Anthem. Prayer for Doctors, Sisters, and all Members throughout the world.

Opening Address: "A Vision of the Need." Mrs. Douglas Thornton.

"Individual Responsibility." Miss L. M. Shain (Sec. Student Volunteer Missionary Union).

Interval.

"Individual Response." Miss M. C. Gollock (Member National Mission Council).

Intercession.

Tea and Coffee and Time for Social Intercourse, 11.15—11.30.

AFTERNOON CONVERSATION, 2.30—5.

Hostesses: Mrs. William Scott, Mrs. Sturge, Miss Haughton and Miss E. M. Smith.

Addresses: "Nursing in Military and Mission Hospitals." Major A. Neve, F.R.C.S., R.A.M.C., T. (Kashmir).

"The Corporate Response of the N.M.L." Miss J. Mactee, B.A.

The afternoon affords special opportunity for getting to know the Sailing Members, those from other Hospitals and Committee Members.

EVENING MEETING, 7.30 TO 9.30.

"The need of the World Abroad." *Chairman:* Major W. McAdam Eccles, M.S., F.R.C.S., R.A.M.C., T.

National Anthem.

The Sailing Members each speak for five minutes.

Lantern views of the hospitals where they hope to work with brief explanations. Miss Richardson,

Missionary Address. Mr. Catherine Ironside, M.B. (Persia).

Closing Address. "Leaves . . . for the healing of the Nations." The Rev. H. R. Anderson, M.A.

Benediction.

Tea and Coffee, 9.45-11.15.

LIST OF SAILING MEMBERS.

APRIL—OCTOBER, 1916.

Miss D. S. Cox (C.S.M.), trained at Paddington Infirmary, proceeding to India.

Miss M. Hamilton (Ch. of S.), trained at Royal Infirmary, Edinburgh, proceeding to Kikuyu.

*Miss Howe (D.C.M.), trained at Sir Patrick Dun's Hospital, proceeding to Fuhning, China.

*Miss C. L. May (B.M.S.), trained at Westminster Infirmary, proceeding to China.

Miss E. Pollard (B.M.S.), trained at Royal United Hospital, Bath, proceeding to Tsinanfu, China.

*Miss Pratt (S.A.M.S.), trained at Mildmay Mission Hospital, at Ten uco, Chili.

Miss A. Sharpe (L.M.S.), trained at the London Hospital, proceeding to Shanghai.

*Miss Seagrave (C.M.S.), trained at Prince of Wales' General Hospital, Tottenham, proceeding to Persia.

Miss E. A. Taylor (B.M.S.), Trained at Camberwell Infirmary, proceeding to China.

*Mrs. H. F. Young (R.B.M.U.), trained at Canberwell Infirmary, to the Congo.

*Members marked * will have sailed before October 3rd.*

APPOINTMENTS.

MATRON.

Lewis Hospital, Stornoway.—Miss Margaret D. Galbraith has been appointed Matron. She was trained at the Dumfries and Galloway Royal Infirmary, and has held the position of Assistant Matron to the Bedford County Hospital.

SISTER.

Royal Victoria and West Hants Hospital, Boscombe.—Miss Ada Lawrie has been appointed Sister of a Military Ward. She was trained at the Miller General Hospital, Gravesend, and has done Matron's duties at the Cottage Hospital, Tonbridge.

NIGHT SISTER.

West Kent Hospital, Maidstone.—Miss Anna Cosgrove has been appointed Night Sister. She was trained at the West Kent Hospital, and has been engaged in private nursing.

SCHOOL NURSE.

Erith Education Committee.—Miss Edith M. Pickard has been appointed School Nurse. She was trained at Hertford General Hospital, and has been School Nurse at Maidstone, and Tuberculosis Nurse at Fiskestone.

NATIONAL UNION OF TRAINED NURSES.

NEW APPOINTMENTS.

Addington Park War Hospital.—Miss J. Knox, Staff Nurse.

Blundellsands War Hospital.—Miss Griffiths, Sister-in-Charge.

Cirencester Red Cross Hospital.—Miss D. Hall, Sister.

Red Cross Hospital, Minchew.—Miss K. Williams, Night Sister.

RESIGNATION.

Miss Mary Girdlestone, Matron at Crumfall Infirmary, Manchester, has resigned her appointment after nearly twenty years' service, greatly to the regret of the Guardians and all her fellow-workers. Miss Girdlestone was trained at St. Bartholomew's Hospital, London, in 1894. She was appointed Matron of Hanstead Poor Law Infirmary, from where she went to Crumfall in 1897. She has seen very great improvements effected in the Poor Law Nursing Service.

EXAMINATION FOR THE ROLL OF QUEEN'S NURSES.

SEPTEMBER 21st, 1916.

1. Mention two ways of making milk more easily digestible. What points would you attend to in feeding a patient upon milk only?
2. A rash occurs at the onset of measles and scarlet fever: how do the rashes, and also the modes of onset in these fevers, enable you to suspect which fever is present?
3. What would make you suspect a child might be suffering from worms, and which are the commonest types? What generally causes them, and what advice would you give the mother?
4. What advice would you give a mother after her child has had an operation for adenoids? What defects in food are apt to cause rickets? What are the other important causes of rickets?
5. Write what you know about purulent ophthalmia. How would you prevent it in the newly born, and how would you manage the nursing of a patient suffering from this disease? What instructions would you give the mother or person in charge of the patient while you are not there? What are your duties in regard to the Health Authorities?
6. How would you deal with a rush of work in a single district?

THANKS FOR LOVELY LETTERS.

The Editor has received so many "lovely" letters from readers at home and abroad on the little announcement recently made of the birth of a grandson, that she only hopes all the good wishes showered upon him through the post may come true. The Editor is deeply sensible of the kind feeling inspiring these letters, and begs to warmly thank the writers.

NURSING ECHOES.

Queen Mary recently sent some lovely white heather to the Edmonton Military Hospital, and we see on this page one of the nurses decorating a convalescent soldier with a royal sprig.

The nursing profession has to thank the *Daily Telegraph* for the intelligent manner in which it dealt with the question, so important to the public, of "The Supply of Nurses' Committee." It at once struck the right note from the trained nurses' point of view, and we are duly grateful. The London press is usually extraordinarily ill-informed on professional nursing questions.

The South Yorkshire Branch of the National Poor-Law Officers' Association has recently formed a separate section for nurses, and a first meeting was held at the Ecclesall Bierlow Union Offices, Sheffield, and there was a good attendance of nurses from Ecclesall Bierlow, Rotherham, and Sheffield Poor-Law Hospitals. Amongst those present were Mrs. Lawson, Matron, Sheffield Union Hospital; Miss E. Moss, Superintendent Nurse, Ecclesall Bierlow; and Dr. French, who presided. He said the Association had approved of separate sections for nurses; it was intended generally speaking to give them a free hand in their own domestic affairs. The meeting was called in order that officers and committee might be appointed, and also that the Nursing

Section might recommend for general adoption throughout the country rules and regulations which would govern the relationship between the Sections and the Association. Regulations were adopted; it was decided to publish a Year Book, and the following officers and committee elected:—President, Mrs. A. C. Lawson, Matron, Sheffield Union Hospital; Vice-President, Miss E. Moss, Superintendent Nurse, Ecclesall Bierlow Union Infirmary;

Secretary and Treasurer, Sister Baker, Sheffield Union Hospital. Correspondents: Ecclesall, Sister Holmes; Sheffield, Sister Digby; Rotherham, Miss Saville, Superintendent Nurse; Barnsley, Miss Swarbrick, Superintendent Nurse; Thorne, Mrs. Ryder, Superintendent Nurse. Committee: Sisters Howden, Knowles, Cole, and Stephens, with Nurses Sutton and M. G. Baker (Sheffield Union Hospital); Sisters Wallace, Hogarth, and Stokoe, with Nurses Bower, Koper, and R. Whittaker (Ecclesall Bierlow Union Infirmary); with officers and correspondents *ex officio*.

It was agreed to nominate a representative to the Council of the College of Nursing, and it was unanimously resolved to

submit the name of Mrs. A. C. Lawson, the President.

After the meeting, ninety-two members were enrolled, and afternoon tea was served.

Nothing is more important than spreading of accurate information, with a view to the prevention of venereal disease. Let nurses do



NURSE AT EDMONTON MILITARY HOSPITAL
PRESENTING QUEEN MARY'S WHITE HEATHER
TO A WOUNDED SOLDIER.

what they can, in reason. It seems almost incredible that approved insurance societies have in many instances penalised people suffering from it. We are glad to note that Dr. Otto May, hon. secretary of the National Council for Combating Venereal Diseases, attended the National Conference of Friendly Societies at Liverpool recently, and in an address to the delegates said there had been a great awakening of public interest on this subject.

The National Council was anxious that approved societies should be willing to give their sick benefits to this class of patient. The delegates voted for a revision of rules in the direction suggested.

This is a hopeful sign.

We do not know why district nurses societies in large towns do not adopt the practical organization of the Jewish Maternity, District Nursing, and Sick Room Helps Society. It was the pioneer in England of home helps—so whilst employing thoroughly trained nurses to nurse, it employs handy women to help the patients in a domestic capacity—and the system has worked admirably. At a recent meeting of the Society in the Jews' Free School, the Chief Rabbi presided, and well-known supporters, amongst them Mrs. L. Model, Mrs. M. A. Spielmann, and Dr. Cursham Corner, were present. The institution has a membership of 4,500 women, whose contributions in 1915 amounted to £1,292, usually paid in penny weekly instalments. An earnest appeal was made for funds in support of the health of children, to provide nurses, infant consultations, and lectures. We hope there was a generous response.

The *American Journal of Nursing* reports a new departure in American Red Cross work. Mr. Taft, Chairman of the Central Committee, has appointed Miss Clara D. Noyes, Superintendent of Nurses at Bellevue and Allied Hospitals, Chief of the Bureau of Nursing. Miss Jane A. Delano remains Chairman of the National Committee on Nursing Service, and the new department has been organized to relieve her of some of the overpowering work, as no branch of nursing has grown so rapidly or assumed such dimensions in the United States as has the nursing section of the Red Cross, as in recent years a corps of 7,000 of the representative graduate trained nurses have been enrolled for Red Cross service. A large number of smaller groups, consisting of ten nurses each, and known as "Emergency Detachments of Nurses," are also being organized to meet any possible need of the U.S.A. Army and Navy.

PRESENTATION.

Miss Campbell, Alexandra Nurse at the Military Hospital, Berwick, has been presented with a silver medal for her valued services for the last three years. The presentation was made by Lady Wilkie-Dalyell, on behalf of the Soldiers' and Sailors' Families' Association.

THE PASSING BELL.

We greatly regret to record the death of Miss Lilian Griffin, on the hospital ship *Llandovery Castle*, on the 5th inst. Miss Griffin had been attached to the Third Western General Hospital, at Cardiff, from the beginning of the War; and was drafted out to service in Malta at the beginning of July, and thence to Salonika. She succumbed to bon b shock and was buried at sea.

COLEMAN'S "NUFOOD."

Mr. W. Coleman (the inventor and founder of Wincarnis) is personally supervising the manufacture of Coleman's "Nu'ood," which is recommended as a substitute for margarine, butter or potted meat. As each pound of it contains the soluble salts of 1½ lb. of beef, "Nu'ood" is very nutritious, and is already being widely consumed, as it is tasty and has a very palatable flavour. Spender, Layton & Co., Brundall, Norwich, are the sole proprietors of "Nu'ood," and will supply a large sample upon receiving six penny stamps.

It should be noted that this business is in no way connected with the Wincarnis Company.

COMING EVENTS.

September 28th.—Central Committee for the State Registration of Nurses: Meeting Executive Committee, 431, Oxford Street, London, W., 11.30 a.m.; Meeting Central Committee, Council Chamber, British Medical Association, 429, Strand, London, W.C. 2.30 p.m.

October 2nd.—Lecture on the Hygiene of Pregnancy. Lady Barrett, M.D., M.S., 1, Wimpole Street, W. 5.30 p.m.

October 2nd.—The Wellcome Historical Medical Museum. Opening of Special Exhibition—Folk Lore of London. 54a, Wigmore Street, Cavendish Square, W. 10 a.m. to 6 p.m.

October 3rd.—Nurses' Missionary League, Voluntary Meetings, University Hall, Gordon Square, W.C. Morning Session, 10.15 a.m.; Conversation, 2.30 p.m.; Evening Session, 7.30 p.m.

OUR PRIZE COMPETITIONS.

October 7th.—State method and precautions in giving (a) continuous saline enema; (b) nutritive enema; (c) high enema.

October 14th.—(a) What is meant by counter-irritation? (b) Name the different ways of making counter-irritation.

October 21st.—What is *Materia Medica*? Outline a practical course for nurses.

October 28th.—State what you know of the care of patients suffering from a Cerebral Tumour.

BOOK OF THE WEEK.

"THE LION'S SHARE."

Audrey at the outset of life made up her mind that, come what would, she would taste life, and from as many points of view as possible. She declined to be a monomaniac, no matter how attractive any state.

"Flank Hall is my Zoo," she is saying on the first page of the book. Flank Hall was her father's house, and it occurred to her that she was rather like an animal in captivity. She was lithe, she moved with charm. She had none of the preoccupations caused by the paraphernalia of existence. Audrey's father was a clerical old tyrant and she frankly hated him.

She confided her plans for emancipation to Miss Ingate, who was not young nor fair, and who was laughed at, beloved and respected; yet who sincerely believed that the corner of Essex where she was so much at home was different from and more fondly foolish than any other corner of the world.

Audrey asks her, "How were you treated when you were my age? Were you ever engaged?"

"Me? Oh, no," answered Miss Ingate tranquilly. "I'm very interested in them. Oh, vely! Oh, vely! And I like talking to them. But anything more than that gets on my nerves." My eldest sister was the one. She refused eleven men, and when she was going to be married she made me embroider the monograms of all of them on the skirt of her wedding dress."

"How strange!"

"Yes, it was. But this is a very strange part of the world."

Then Audrey tells her of her fixed determination to leave her home next morning with one hundred pounds she had confiscated from her father's safe.

This, she explained, was only half of Cousin Caroline's legacy to her, of which her father had declined to give her the "tiniest bit. So I've taken half."

Her father was killed in a motor accident before she had time to put this plan in operation. He left an immense unsuspected fortune, and Audrey, on her mother's death, which took place shortly afterwards, could sup her fill of life. She decided to set forth with Miss Ingate as her travelling companion. On the way to the station she startles her companion by displaying a wedding and a mourning ring on her finger, and displaying, by a peep at her hat box, a widow's toque and long veil.

"I look bewitching in them," said Audrey, relocking the case. "I've had more than enough of being a young girl; I shall arrive in Paris as a young widow."

"You ought to have told me before. But who are you the widow of?"

"Hurrah!" cried Audrey. "You are a sport, Winnie. I'll tell you all the interesting details in the train."

Crossing the Channel on their way to Paris they fall in with young Lady Southminster on her honeymoon. She had already fallen out with her husband.

"I only married him the day before yesterday. I used to make cigarettes in a window in Piccadilly. Beyond his inability to procure her a taxi the night before after the theatre, he had 'behaved splendid.' Now, however, he was seasick. 'A man that's so bad he can't come to his wife when she's bad, isn't a man—that's what I say.'"

"So that's marriage," said Audrey after she had gone.

"No," said Miss Ingate, "that's love. I've seen a deal of love in my time, but I never saw any that wasn't very, very queer."

Arrived in Paris, Miss Ingate was recognised by some American artist friends, and they threw in their lot with them. They were also militant suffragettes.

Mr. Arnold Bennett deals with the movement to a nicety. He seems, while evidently in sympathy, to have caught the humour that was so distinctive a feature in their operations. Audrey, with her appetite for experience, is by no means going to give herself exclusively to the cause; she has also other irons in the fire. Miss Ingate felt that at her age she could rest on the laurels of having once wheeled a barrel-organ down Regent Street.

The suffrage adventures in which Audrey takes part are amusingly described. Audrey's interview with a detective is very humorous.

"The vast majority of women are with us," said she.

"My wife isn't."

"But your wife isn't the vast majority of women."

"O, yes she is," said the detective, "so far as I'm concerned."

"His wife is stout," Audrey decided with herself; "if she wasn't, she couldn't be a vast majority."

Audrey marries finally Musa the musician.

"What about your husband?" asked Madame Piriac.

"He'll keep," said Audrey. "He's had his turn, I must have mine now. I haven't had a day off from being a wife for ever so long, and it's a little enervating, you know; it spoils you for fresh air."

"I thought you two were happy in an ideal fashion," murmured Madame Piriac.

"So we are," said Audrey. "But I don't want to be ideally happy all the time, and I won't be. I want all the sensations there are, and I want to be everything. Musa understands."

H. H.

Sixteen Glasgow magistrates have passed a resolution calling upon the Government to yield to the "universal desire of the nation" that women shall be enfranchised on the same terms as men.

* By Arnold Bennett. Cassell & 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.

STATE REGISTRATION OF TRAINED NURSES THE REMEDY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM.—The letter from a vice-president of the Red Cross Society referred to in the current issue of THE BRITISH JOURNAL OF NURSING, makes interesting reading to trained nurses; more especially Registrat[i]onists.

It is well to keep in mind that vice-presidents, V.A.D.s and trained nurses are recruited from various classes of persons, when we are discussing their attitude towards each other. Consequently their social manners will vary. However, it appears that this lady's chief contention is, that the professional attitude of the trained nurse is at fault, inasmuch as she refuses to impart all the technical knowledge she possesses to the aspiring V.A.D. Immediately "Vice-President" proceeds to turn the point of this accusation against herself and the V.A.D.s. She says "The trained nurse must either *improve her ways or go under*. It is up to us members of the Red Cross to see that the tyranny which made a nurse so often an aggravation of illness does not occur again." *This sounds like a threat* to undermine the economic position of the trained nurse and I think she has inadvertently given us the key to the situation!

What are "Trained Nurses"? A body of women workers more or less educated to do a technical job. For three to four years they have no authority, "brief" or otherwise. They are in a subordinate position, very frequently told that they have little or no value until their term of learning is past.

Why, in the name of common sense and most elementary justice, should they be expected to hand over their hardly won laurels to a temporary body of workers—comparatively unskilled—and who might truthfully be described as "clothed in brief authority."

What would the medical profession say or do if a body of Voluntary Aids suddenly demanded their carefully guarded professional status! Had the nursing profession been granted its Bill for legal protection—viz., State Registration—some 15 or 20 years ago, all this unseemly bitterness and quarrelling would have been avoided. The official Auxiliary Nursing Service for the country's use in time of war would have been organised and controlled by the nursing profession itself.

I could say a great many complimentary things about V.A.D.s. who have worked under my supervision in Military Hospitals. Two of them—scorning to usurp a position they were not qualified for—are now in their second year of training at a London hospital.

I could also speak of the "arrogance and incivility" of some—especially the V.A.D. who, thinking "Sister was a very neglectful—not to say dirty person, removed the splints from a badly-fractured arm to give it 'a good clean up'!"

Doubtless, if we could be quite just and truthful in our judgments the vice of arrogance is pretty evenly distributed among trained nurses, V.A.D.s. and "Vice-Presidents." I am constrained to think that our present accuser, together with her friend the "eminent novelist," would upon reflection agree. No doubt other trained nurses will have something to say on this matter.

Thanking you for your courtesy,

I beg to subscribe myself,

"A WIDE AWAKE SISTER."

County of London War Hospital, Epsom.

ARE POOR LAW NURSES THE SERVANTS OF THE GUARDIANS?

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—I enclose you a cutting from a paper, *The Poor Law Journal*, in which you will see that a Mr. R. A. Leach, of the Poor Law Unions Association, seems to consider that Poor Law Nurses, as the "servants" of the Guardians, have no right to representation on their own Governing Body, should a General Nursing Council be set up by Act of Parliament, but that the Guardians should have power over us on the Council, and Mr. Greville Smith suggested blocking the progress of any Bill which does not satisfy this autocratic spirit. Are we Poor Law Nurses the "servants" of the Guardians? I was under the impression we were a State (Local Government Board) service.

Yours truly,

A SUPERINTENDENT NURSE.

[We do not consider Poor Law Nurses are the "servants" of the Guardian, who are the administrators of the ratepayers' money. We consider Poor Law Nurses Local Government Board officials, as they have a right of appeal to the Local Government Board—servants of the State, in fact. The anti-registration movement has all along been inspired by the objection of those who employ nurses (who consider them their "servants") to a just degree of self-government for trained nurses. Any system of registration which places members of a skilled profession like nursing under lay control, is much more dangerous to their personal liberty than no system of registration at all. That is our reason for criticising the Memorandum and Articles of Association of the College of Nursing, Limited, because it is a lay company, and as they now stand many of the provisions are calculated to place "registered nurses" in a dangerously subordinate position. Let us hope they will be amended at an early date.—ED.]

The Editor has received so many letters on the subject of the College of Nursing and the "Supply of Nurses Committee," that it is impossible to insert those which exceed three or four inches.

The Midwife.

UNIFORM FOR THE WET NURSE.

Dr. Julius H. Hess, of Chicago, writes in *The Modern Hospital*:—"To overcome the slovenly appearance of the wet nurse as she is usually seen wandering about the wards of an infants' hospital, the following described uniform has been devised:

"**MATERIAL.**—To distinguish the wet nurse from the nurses in general training and the infants' nurses, a light brown striped gingham is used in making the uniform.

"**UNIFORM.**—The uniform must be considered as consisting of three parts, the overdress or street dress, the undervest, and the chemise.

"The street dress has for its main features two large lapels, which are fastened from the shoulder and so arranged that they can be unsnapped beneath the waistbelt and again at a point where they meet in the median line, and readily thrown over either shoulder, preparatory to nursing. After the nursing the lapel can again be brought down over the front of the waist, snapped in the median line, and under the belt, and the nurse is again ready to proceed with her usual duty.

"The undervest is shown with two circular flaps fastened by three eyelets, which can readily be released and the flaps thrown upward, or better, tucked up under the dress, as shown in figure 2. Some of the nurses prefer to run an elastic band of narrow rubber along the upper edge of their ordinary vest, making it



Fig. 1.—Dressed for street wear.



Fig. 2.—One lapel of dress raised over shoulder, one lapel of undervest raised, and breast exposed for nursing.

loose enough so that with a little tension the upper edge of the undervest can be pulled down beneath the breast which is to be nursed or expressed.

"The chemise is of the ordinary type, such as is worn by women, with a very slight elastic band sewed along the upper border from shoulder to shoulder, which allows the chemise to be drawn down beneath the breast, and is readily replaced after nursing. It has been our experience that most of the wet nurses can make their own uniforms, and take considerable pride in doing so, when a good pattern is furnished them. When this is not possible they can be made by the ordinary dressmaker." ❧

MATERNITY HOSPITAL FOR CARDIFF.

The community is indebted to the munificence of some unnamed donors for a new maternity hospital to be established as an annex of King Edward VII's Hospital at Cardiff. The new hospital, which will accommodate fifty beds, and which will be open in a very few months, will be an important addition to the medical charities of Cardiff and the area of which Cardiff is the centre, and it is destined not only to relieve suffering and reduce the loss of life incidental to maternity, but also to form an important unit in the group of medical and educational institutions which will, before many years have passed, form the National Medical School of Wales.

It is proposed the hospital shall be completed by January, and will include (1) fifty beds, and the area of site provides for an extension for at least another 50 beds in the future; (2) two labour wards, to be used alternately for one week each; (3) baby bathrooms and ordinary bathrooms; (4) receiving-room, with bathrooms and rooms for patients' clothes attached; and (5) rooms and accommodation for the following staff: (a) Matron; (b) two labour ward sisters, one for day and one for night duty; and (c) two day Sisters, one Night Sister, and four Staff Nurses.

The provision of adequate medical and nursing treatment in maternity and the proper care of expectant and nursing mothers are important factors in the great question of an adequate population. To save the lives of mothers and children is therefore a national necessity.

WAR WORK AND MOTHERHOOD.

To listen to expressions of opinion on women and war work, and how present conditions are likely to affect motherhood, one would imagine that until now all soft jobs had been conscientiously consigned to women. What a fallacy! Scrubbing, heavy cleaning, laundry work, domestic drudgery, carrying heavy children, often in an airless environment—have not women done all these things, and been the mothers of stalwarts, the men who are now beating the record? Certainly they have, and yet they have brought forth monsters and "little miseries" too.

Several committees are working on the subject, and a great effort is being



Fig. 3.—Both lapels of dress thrown over shoulders, and one breast exposed for nursing.

being done by women, but the practical difficulty is that the poor must do their own household work.



Fig. 4.—Undervest, with one lapel raised, exposing breast.

made to collect evidence in regard to the effect on women's health and future motherhood that the war time occupations they have taken up will have. One committee has been formed by the Federation of Women Workers, another by the Women's Trade Union League, and the latest by the Women's Industrial Council.

Miss Taylor, the Secretary of the Women's Industrial Council, considers it one of the most important questions of the day, and is of opinion that we cannot afford to have a future of weak children, because their mothers have been overworked. Her committee is keeping an open mind on the question, but is gathering statistics, and the evidence may prove that laundry and house-work is just as injurious as much of the men's out-door work now being done by women. The practical difficulty is that the poor must do their own household work.

LECTURES ON INFANT CARE.

A course of lectures on Infant Care is in preparation for the elementary certificate of the National Association for the Prevention of Infant Mortality. It should also prove helpful to students intending to sit for the examination for Maternity and Child Welfare Workers held by the Royal Sanitary Institute. The lectures will be given at 1, Wimpole Street, W., on Mondays, from 5.30 to 6.30 p.m., from October 2nd to December 18th. The first lecture on "The Hygiene of Pregnancy" will be delivered by Lady Barrett, M.D. The course of ten lectures costs 5s., and the Supplementary Tutorial Classes 6s.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD
EDITED BY MRS BEDFORD FENWICK

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SATURDAY, OCTOBER 7, 1916.

Vol. LVII.

EDITORIAL.

FIRE PRECAUTIONS AT HOSPITALS.

As we are all aware apart from the usual civil hospitals which have well equipped fire precautions installed, innumerable semi-military hospitals and convalescent homes have been organized, and in some of these temporary institutions special care is desirable at this stage, when they are approaching their first winter. Quite recently two serious fires have taken place in private houses used as military hospitals—and to minimise such a risk to patients and staff, every precaution is necessary. In this connection we have to thank the British Fire Prevention Committee for the trouble it has taken in issuing a warning and expert advice.

With the coming winter Medical Officers, Matrons and Owners of Hospitals and Convalescent Homes used for civil and military patients are reminded by the Committee that it is essential that all heating and lighting equipment should be looked over, in particular it is necessary that all flues should be cleaned and the joints in stove pipes overhauled whilst electric wiring that has become defective should be repaired and gas globes, etc., broken should be replaced. Where modern forms of steam heating exist special care should be taken to see that the pipes are kept clear of all contact with combustible material.

The preventive measures advocated by the Committee are mainly those that can be obtained with some little systematic arrangement and care. It is accordingly advisable to allocate the responsibility as to fire precautions to a special official, to allocate the duties of lighting up, keeping of matches, candles, oil lamps, etc., so that these matters are a specific duty and not left to haphazard action or neglect.

The all essential is to prevent an outbreak of fire, and next in importance are the arrangements for meeting it promptly in its incipient stage. For this purpose the provision of buckets of water and other simple inexpensive means of applying water should be favoured and sand provided where spirit is used. An effort should be made to drill all members of the staff at fortnightly intervals, so that the wards may be evacuated without confusion, and suitable steps taken to extinguish the fire at the earliest moment. Instances are on record in which the coolness and promptitude of nurses, trained to act together, have materially contributed to the speedy extinction of a fire which might otherwise have assumed alarming proportions.

Last, but not least, comes the reminder that arrangements must be made to call for outside assistance; to call the Fire Brigade in such localities where Fire Brigades exist, or are obtainable within a few miles radius; to call for the police, or for the assistance of the military where these are billeted or are in camp near at hand, the Boy Scouts or any other suitable local organization that can render assistance.

The primary lesson in the matter of fire prevention in hospitals and convalescent homes, however, may be summarised in the following sentence, "Prevention is better than cure."

Hospitals and Convalescent Homes that have not yet posted up suitable notices as to fire precautions, or require fresh copies to replace soiled ones, should obtain them from the British Fire Prevention Committee, 8, Waterloo Place, London, S.W., and act upon the advice given as far as practicable under local conditions. Suitable supplies of notices are obtained free upon the applicant stating the number of beds in the hospital and enclosing an addressed and stamped large size envelope.

OUR PRIZE COMPETITION.

STATE METHOD AND PRECAUTIONS IN GIVING (A) CONTINUOUS SALINE ENEMA; (B) NUTRITIVE ENEMA; (C) HIGH ENEMA.

We have pleasure in awarding the prize this week to Miss May Bagshaw, Edmonton Military Hospital, London, N.

PRIZE PAPER.

(a) There are various methods of giving a continuous saline enema:—

(1) To be retained in case of shock or loss of blood.

(2) As a continuous irrigation, in cases of hemorrhage per rectum.

(3) As a wash-out in persistent diarrhoea.

(4) For extreme thirst.

If to be retained, continuous saline injections are most conveniently given by means of the Thermos saline proctoclysis apparatus, which is a simple appliance consisting of vacuum bottle, combination stand and holder, a tube leading from the bottle to the rectum. Fitted into the lower length of the tube is a thermometer, which shows the temperature of the saline solution as it is entering the rectum. Where there is difficulty in obtaining proper appliances, a two-quart douche can is half-filled with water at a temperature of 105° F., and a quart measure containing the saline stands in it, a long rubber tube fitted with a stop-cock, a heavy hollow sinker at one end, and at a suitable distance from the sinker a glass tube, curved to hang over the side of the can will be needed. The sinker is dropped into the saline; to the other end of the tube is fixed a catheter for introduction into the rectum.

Place your patient in as comfortable a position as possible. Be sure the bowels have been cleansed by a simple enema one hour previously. The bedclothes are divided in centre, so there is no unnecessary uncovering of the patient.

Now cleanse the anus, lubricate the catheter (not with glycerine, as it excites peristalsis) to allow it to be passed through the rectum into the large intestine without causing pain. Allow a little to run through, to exclude air and to make sure the tube is clear. Insert catheter slowly, and as high as possible, without disturbing the patient, and give about Oj of saline (strength $\frac{\text{ʒi}}{\text{ʒi}}$ of common salt to Oj of water) rather quickly, withdraw catheter and allow patient to expel it. Insert catheter again and fix in position by a piece of strapping, brought from one buttock to the other, which will keep catheter in position. Clip your tube and regulate the flow to Oj per hour. If allowed to run too quickly, it will cause pain,

and the patient will not be able to retain the saline.

Each time the patient has a motion of the bowels, withdraw catheter, afterwards cleanse the anus, and again insert catheter. After each evacuation wash out rectum. The temperature of the saline to be 100° F., as by the time it has passed through the tube it is about blood heat (98° F.). If given too hot or too cold, the patient will be unable to retain it.

Should the patient get relaxed stools, discontinue treatment for 48 hours, then continue again. All utensils used to be thoroughly cleansed and sterilized before and after use.

(b) A nutritive enema may consist of saline, beef tea, brandy and glucose, egg and milk, coffee, to be retained.

All food, with the exception of saline, must be fully peptonised, the saline to be sterilized. First of all, give a simple enema to cleanse the bowel. If the patient has a loaded bowel, the food cannot be retained. Now let patient rest for one hour. Have ready sterilized catheter, tubing, glass connection, and funnel. Cleanse anus, lubricate catheter, allow saline or water to run through the tube, expel air, and insert slowly and high up into rectum. Set Oj of saline to run in quickly, then invert your funnel and allow fluid to run back into a vessel by the bed. Commence giving food at the rate of $\frac{\text{ʒvi}}$ in twenty minutes. When nearly to the neck of the funnel, clip the catheter, withdraw slowly and press buttocks together. The patient to be kept quiet, and not disturbed for at least one hour. The bed-pan should not be used for about two hours. The temperature of the food to be normal. To peptonise milk, take 5 gr. zymine, 15 gr. soda bicarb., mix with 4 oz. of cold water, and mix together. Now take Oj of milk, temperature 98° F., put all together, and keep at this temperature for two hours. This allows milk to be fully peptonised, then place on ice or bring to boiling point.

All food introduced per rectum to be fully peptonised, as there is only absorption taking place; digestion is not going on.

(c) In giving a high enema. Previously warm $\frac{\text{ʒviii}}$ to $\frac{\text{ʒx}}$ of olive oil. Prepare apparatus as for nutrient enema, raise your patient's buttocks as high as possible, placing a pillow beneath buttocks or raising foot of bed is a good way. Exclude air from tube and insert catheter. Give this very slowly. Withdraw catheter when all has been given; let patient rest for one hour, then follow with a copious soap and water enema.

By leaving one hour, the oil has time to soften hardened faeces in cases of obstinate constipation.

tion, or in diseases of the rectum to allow faeces to pass easily without giving patient unnecessary pain.

After a high enema, the patient must be kept in bed for a day or two and treated as for shock. Temperature and pulse carefully noted. Watch for symptoms and signs of hæmorrhage or obstruction, as the sudden emptying of an obstinate bowel may cause a hernia inter-susception, or great collapse.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss J. G. Gilchrist, Miss Ethel E. Hall, Miss Gladys M. Rainey, Miss J. Hawkins, Miss Mary Burns, Miss T. Lyons, Miss S. A. Cross.

Miss J. G. Gilchrist writes:—To most patients the giving of enemas cause a certain amount of exhaustion. The patient should be as little exposed as possible, kept warm by hot bottles to the feet, and in case of faintness stimulants should be easily procurable.

QUESTION FOR NEXT WEEK.

- (a) What is meant by counter-irritation?
(b) Name the different ways of making counter-irritation.

A REMARKABLE DISCOVERY.

THE DELINEATION OF THE INTERNAL ORGANS BY AN ELECTRICAL METHOD.

A method whereby the internal organs can be delineated by an electrical method is one of the sensational scientific discoveries made during the present war, which has been quietly performed and its value tested at one of the casualty clearing stations in France for several months. Its discoverer is Sergeant James Shearer, of the R.A.M.C., a Scotsman by birth, who received his later education in America, where he graduated M.D.Ch.M. at the University of Washington, D.C., in 1907; a medical degree not recognized in Great Britain, therefore he could not be given a commission, but when it was found that he was possessed of special electrical knowledge, and believed that he saw a way in which it could be utilized for the purposes of the war, he was given opportunities of developing his ideas by the commanding officer of his unit.

According to the *British Medical Journal*, which publishes an illustrated article dealing with the new method, "the first subject that it brings to mind is X-ray photography, and the next is wireless telegraphy. It soon, however, becomes apparent that the work, whatever its value, has no relation to either of these methods.

UTILIZING THE ELECTRICITY GENERATED IN THE BODY.

"The new work, in fact, appears to succeed just where X-ray photography fails, or rather, it takes up the task of producing pictures of structures hidden far below the surface of the body, just at the point where X-ray photography ceases to perform it effectively. In other words, the new work attempts the delineation not of dense structures such as bone, but of living soft organs such as the liver, the kidneys, and the intestines. Its chief interest lies in the fact that it may be conceived as utilizing the electricity which is believed to be generated in the body. . . . The process of producing these pictures, as seen by the bystander, is very unimpressive. There is no darkening of rooms, no flashing of lights, and no crackling of sparks-gaps. In fact, the whole proceeding is so brief, and seemingly so simple, that when the results are observed the first sensation is one of bewilderment. A patient is laid on a plain deal table (insulated by standing it on glass), a little clicking is heard in a cupboard hard by, and after 60 seconds or so the hearers are directed to remove him. Nothing has been felt by the patient, little or nothing has been seen by the bystanders beyond what has been noted, yet a visible record of the outline of a living organ has been conveyed to a wax sheet. This is then printed on ordinary photographic sensitized paper."

The appliances used are two separate electrical batteries (Battery A and Battery B) of precisely equal strength, together with a means by which alternations in their currents can be produced and varied at will, and a revolving cylinder over which is suspended a needle hammer, capable of side to side as well as up and down movement, the two together bearing a resemblance to a barograph. This cylinder carries a rolled sheet of paper treated with paraffin wax on which the outline of the organ under examination is initially recorded. The needle hammer mentioned is connected with a tiny circle of carbon, like the diaphragm of a telephone machine, which is operated in its turn by a current detector, capable not only of picking up and measuring, but also of concentrating currents too small to be converted into force by any other means. The current in this particular case comes from the patient's body, arriving through a wire connected with one of the two electrodes mentioned as being seen outside the cupboard.

"There are two of these electrodes, each of which ends in a perforated zinc plate, or zinc wire screen, which is not placed in contact with

the patient's body." One screen (Screen A) stands vertically on a pedestal, which, being movable, can be put in the same plane as the patient's body, and in its immediate vicinity.

"The other electrode, Screen B, is about two-thirds the size of Screen A, and is held by wire supports (and movable along them) in the air in a horizontal position 4 or 5 feet along the centre of Screen A."

THE UNDERLYING PRINCIPLE.

The inventor believes that the results obtained "are primarily due to the fact that the process interposes between two alternating electric fields of equal strength—and at the precise point where they meet—a third electric field, whose facultative potential force is thus released and can be converted into dynamic power. It is this released circuit which operates the recording needle, and the pattern tapped out on the revolving cylinder varies with the shape of the organ furnishing that circuit. . . . However the inventor's view be expressed, it involves the supposition that every organ in the body constitutes and originates a separate electric field, and that the facultative, dynamic power of this field, as also its shape, varies precisely with the constitution and shape of each organ in question." Another interesting point is that the appliances must be tuned for different organs and different tissues.

"In other words the rate of alternations in the currents, and therefore the force of each electrical impulsive must be varied according to the rate of vibration of the tissue molecules. Thus the electrical force residing in blood is very small; so, when blood vessels are to be delineated, the alternations must be very rapid. Contrariwise, since the electric force residing in heart muscle is great, the alternations must be slow when a heart is to be delineated. . . . The process, so far as it has at present been developed, never delineates more than one type of tissue on the same occasion, and the speed required for some tissues has not yet been learnt. This fact, however, can hardly be regarded as a total disadvantage, for from the surgical point of view it helps to make the discovery of immediate value. Take, for instance, the picture of a kidney (shown in the illustrations published in the *British Medical Journal*) or that of a liver. In the one case the instrument was tuned for kidney tissue, and in the other for liver, and in neither for blood or pus; consequently the outline of the two organs is shown quite clearly, and the effusion is represented by a patch of different tint."

THE CENTRAL COMMITTEE FOR THE STATE REGISTRATION OF NURSES.

A Meeting of the Central Committee for the State Registration of Nurses was held in the Council Chamber of the British Medical Association, 420, Strand, W.C., on Thursday, 28th September, at 2.30 p.m., the Executive Committee having met in the morning.

Mr. T. Jenner Verrall was in the chair, and there was a very full attendance of delegates, owing to the important business to be considered.

The Fourth Draft of the Nurses' Registration Bill drafted by the College of Nursing, Ltd., was discussed, and it was reported that of the nine amendments approved on July 13th, and forwarded for the consideration of the Council of the College, only two had been agreed to by it.

After discussion Resolutions were adopted, and the Hon. Secretaries were directed to forward them to the Chairman of the Council of the College of Nursing, Ltd., and to request a reply at an early date.

THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

A Meeting of the Executive Committee, to consider matters of great moment to the nursing profession, in connection with the Nurses' Registration Bill, will be held on Thursday, October 12th, at 431, Oxford Street, London, W., at 4.30 p.m.

SUPPLY OF NURSES COMMITTEE.

In accordance with the announcement made in the press on September 20th, the Secretary of State for War has now added to the Supply of Nurses Committee the following members—

MISS E. H. BECHER, R.R.C., Matron-in-Chief, Queen Alexandra's Imperial Military Nursing Service.

MISS SIDNEY BROWN, R.R.C., Matron-in-Chief, Territorial Force Nursing Service.

THE COUNTESS OF AIRLIE.

MISS L. V. HAUGHTON, Matron of Guy's Hospital.

MISS R. COX-DAVIES, R.R.C., Matron of the Royal Free Hospital.

MISS C. LLOYD STILL, Matron of St. Thomas's Hospital.

MISS A. MCINTOSH, Matron of St. Bartholomew's Hospital.

Miss A. M. GILL, R.R.C., Matron of the Royal Infirmary, Edinburgh.

Miss E. C. BARTON, R.R.C., President, Poor Law Infirmary, Matrons' Association, and Principal, Matron No. 3 London Territorial General Hospital.

Viscount Knutsford has withdrawn from the Committee, owing to inability to attend the meetings for some time.

The terms of reference are as follows:—

The Committee have been appointed for the purpose of ascertaining the resources of the country in trained nurses and women partially trained in nursing, so as to enable it to suggest the most economical method of utilising their services for civil and military purposes.

It should be noted that the Committee have no power to deal with applications for employment.

It will be recalled that on September 15th the War Office announced the appointment of the following Committee:—

Mr. W. BRIDGMAN, M.P., Chairman.

Viscount KNUTSFORD, Chairman, London Hospital.

Sir FREDERICK TREVES, Bart., Consulting Surgeon, London Hospital.

Hon. FRANCIS CURZON.

Mrs. FURSE, Commandant-in-Chief of the Voluntary Aid Detachments.

Captain HAROLD BOULTON, Member House Committee, London Hospital.

Mr. E. W. MORRIS, House Governor, London Hospital.

This Committee was originally announced as having been appointed to consider the existing system of obtaining nurses for the hospitals for sick and wounded at home and abroad, and to make such recommendations as it may consider necessary for augmenting the supply.

It will be noted that all interests are represented excepting those of certificated Sisters and nurses—the rank and file of the nursing profession, who may be termed the workers, and it will be further noted that the terms of reference specially provide for suggesting "the most economical method" of utilising the services of trained nurses and women partially trained. We wonder what a male profession would have said to Mr. Lloyd George had he ventured to ignore the right of labour to a voice in its own economic organisation and disposal. Only girls are so treated, and THE BRITISH JOURNAL OF NURSING claims that British nurses are free women.

TRUE TALES.

Relative visiting hospital doctor, when fatal accident case has been taken. "Don't she look comfortable?" "Well, I do call that a comfortable place. Nobody need mind coming here. Well, she do look more comfortable than I have ever seen her before!"

Patient in considerable pain. Doctor enquires how he feels to-day. "Patient" says, "I'm suffering something awfully. I'd rather be a coven."

THE QUEEN ENCOURAGES MEDICAL WOMEN.

The opening of the Medical School on Monday and the visit of the Queen to the London Royal Free Hospital School of Medicine for Women are events of the highest significance. Our persecuted and despotically used, medical women have now been encouraged to prosecute their humane labours for the benefit of the community. Queen Mary never did a better day's work for the people than in declaring the new buildings open and wishing the school all success.

NURSING AND THE WAR.

As we go to press we learn that no more trained nurses are to be permitted to leave the country for foreign service in France, and they are to be stopped by the Anglo-French Committee of the Red Cross—which is to be given power to withhold the Anglo-French certificate, without which trained nurses may not cross to France. The War Office has been asked under what law the new regulation has been issued, but, so far, no reply has been received.

In an inspired communication on the nursing question, which appeared in the *Daily Telegraph* on September 25th, the writer—evidently an advocate of the College of Nursing—makes the following statement:—

"Before the War the nursing profession was acutely divided into two camps. There was that large and increasing body who were demanding the State Registration of Nurses of three years' training, and who succeeded in getting a first reading of a Bill to this end through the House of Commons by a majority that convinced even its opponents that the matter had reached a stage calling for respectful consideration. On the other hand were those who still held that two years in the wards would make an efficient nurse, and that registration would not afford any guarantee of a woman's capabilities. On both sides were honourable protagonists, each fully convinced that they represented the real feelings of the profession and the public alike.

"The demands of the British Red Cross Society and the Order of St. John of Jerusalem, in addition to those of the Army, the Navy and the Territorial Nursing Services, with the reserves they have attached to themselves, have, however, thrown a new light upon uncertain factors, and a new situation has loomed into view. Added to this is the problem of the members of the Voluntary Aid Detachments, possessed of considerable nursing experience after their months of assisting in the military hospitals, and to the value of whose services the Matron-in-Chief lets it bear public and unstinted testimony. In series of cases they

will wish to continue the useful work of nursing, though the experience they may have picked up will not be on the scientific lines of a great training hospital."

As the Nurse Training Schools demand three and four years' training and work from their probationers before certification, why should not these arduous workers and highly skilled professional women be protected by registration from competition with those who get merely a smattering of nursing knowledge and experience? It is unfortunate that the protagonists of the College of Nursing constantly advocate the "recognition" (presumably by registration) of War Nurses and V.A.D.s. Nothing could be more unjust to the efficiently trained nurse, and the fact that the "anti-registration" party are really running the

Verdun, and asked in what manner they could give practical assistance to their gallant allies. The French Government replied that they were in need of War Nurses—and so the unit of Australian Nurses was sent.

The Australian military authorities have decided to recognise the work that women have done during the war in the capacity of nurses. The nurses have to face hardships as well as the men in the trenches; they, too, have left the comfort and safety of their homes, and in many cases have displayed bravery only equalled by the best of the men in the fighting ranks. The authorities have decided that nurses who have been discharged shall be permitted to wear the official discharged soldier's badge, to prove that they were worthy followers of Florence Nightingale.



UNIT OF AUSTRALIAN NURSES FOR SERVICE IN FRENCH MILITARY HOSPITALS.

College, the type of registration of which they approve, is not, many fear, the genuine article.

The unit of twenty Australian nurses sent as a gift for war service with the French Army from New South Wales, left for France last week. We hope they will all be fitted in where their skill will be really useful; but, as they will find conditions very different to those to which they have been accustomed, they must not be "down-hearted" if they find the work less exciting than they expected. In the picture on this page they appear a very happy group, taken on board the steamer just before crossing from England.

The story goes that the New South Wales Government recently expressed their great appreciation to France of their glorious defence of

The Rev. R. J. Campbell (late of the City Temple) was the preacher at St. Paul's Church, Birkenhead, on the 28th ult., when an offertory was taken in aid of the "Edith Cavell" Memorial Ward in the Borough Hospital. All parts of the church were well filled, the congregation including a number of nurses off duty.

The preacher proceeded to demonstrate that the German Huns who murdered Edith Cavell and had both outraged and butchered many defenceless women and children, could never shatter, either by siege guns, torpedoes, or Zeppelins, the defences of the Heavenly King. The spiritual part of men and women was invulnerable. Civilisation had made the mistake of concentrating attention upon the accumulation of material things and neglected the true vision vouchsafed to Christian nations.

JOINT WAR COMMITTEE.

HOME.

The following sisters have been deputed for duty in Home hospitals:—

Barham Lodge, Weybridge.—Miss E. Chandler.
St. Anselm's, Walmor.—Mrs. F. Finn.
Nat. Shell Filling Factory, Chislewell, Notts.—Miss F. Maquire, Miss C. A. Maquire.
Aux Mil. Hosp., Southall.—Miss G. Callon.
Hosp for Officers, 10, Bruton St.—Miss G. G. Williams.
Park Weir Aux. Hosp., Swansea.—Miss C. M. Lloyd.
St. John's Hosp., Hastings.—Miss D. Spaul.
North Staffs. Inf., Stoke-on-Trent.—Miss B. G. Greenwood, Miss D. Morgan.
Red Cross Hosp., Waterlooville, Hants.—Miss C. H. England.
Red Cross Hosp., Llanelli.—Mrs. A. L. S. Lovell.
Red Cross Hosp., Cartrefe, Bridgend.—Mrs. A. B. Cressell.
Aux. Mil. Hosp., Inniscarra, Reading.—Mrs. E. R. Arnold.
Wester Favell Hosp., Northampton.—Miss E. A. Wickham.
St. George's Hill, Weybridge.—Miss E. E. Maskell.
The College, Wellington, Salop.—Mrs. E. M. Sherwen and Miss M. Coward.
Red Cross Hosp., West Ham House, Basingstoke.—Miss L. Lindsay.
Singholme Red Cross Hosp., Walton-on-the-Naze.—Miss K. Farrington.
The Infirmary Hosp., Ashington, Northumberland.—Miss K. Luck.
Red Cross Hosp., Oaklands, Clevedon.—Miss E. M. Mason.
Dalston Hall Aux. Hosp., Cumberland.—Miss E. T. J. Lethbridge.
Princess Christian Hospital, Englefield Green.—Miss A. B. Williams.
Norton Hall, Campden Glos.—Miss E. B. Morrison.
Red Cross Hosp., Urnston, Ear'bourne.—Miss H. Clarke.
St. Anne's V.A.D. Hosp., Caversham.—Miss M. Carter.
Aux. Mil. Hosp., Clitheroe, Lanes.—Miss M. Hyde.
The Mil. Hosp., Ascot.—Miss E. Harrison.
St. Chad's, Grange Road, Cambridge.—Miss D. Larter.
Red Cross Hosp., Northlands, Linsworth.—Miss G. Arnold.
Red Cross Hosp., Ditchling, Sussex.—Mrs. O. B. Wells.
Mil. Aux. Hosp., King Edward's Hall, Finchley.—Miss E. Garland.
West Hall, Tunbridge Wells.—Miss G. E. Male.
The Gl. Mutage, Higham, near Rochester.—Miss L. E. Humphreys.
Knightshaves Court, Fiverton.—Miss S. Carvosso.
Clauden Park Hosp., Guildford.—Miss E. O. Rourke.

Red Cro. Hosp., Carmarthen.—Miss E. T. Clark.
Moorfield Hosp., Glossop.—Mrs. A. B. Oughterson.
The Michie Hosp., Queen's Gate.—Miss H. L. Hurlston.
V.A.D. Hosp., Kempstone, La thourne.—Miss J. L. J. Clatch.
26, Park Lane W.—Miss L. Macgregor.
Red Cross Hosp., Earl's Coln, Essex.—Miss R. E. Hooper.
Boultham V.A.D. Hosp., Lincoln.—Mrs. F. Briggs and Mrs. L. Howard.
Aston Hall Aux. Hosp., Doby.—Miss K. Sheriack.
V.A.D. Hosp., Leigh, Kent.—Miss M. W. Macwilliam.
Red Cross Hosp., Hungerford.—Miss R. E. Sugg.
Town Close Lodge Hosp., Norwich.—Miss E. G. G. Lowe.
Red Cross Aux. Hosp., Llandaff, Glam.—Miss E. Dunn.
Red Cross Hosp., Southerndown, Glam.—Miss H. Pullen.
The Cedars, Wells, Somerset.—Miss K. O'Keefe.
Rosherville V.A.D. Hosp., Gravesend.—Miss A. Rutter.

ABROAD.

Boulogne.—Miss W. Petersen, Miss A. M. M. Cullen, Miss E. W. Luckis, Miss M. Ollen, Miss E. Glasspool, Miss L. Brand, Miss L. M. Dakin, Miss M. E. Clark.
Calais.—Miss M. Riley, Miss E. W. Backhouse.

HIGH HEART.

In his letter just before going into action, where he met a glorious death, Lieutenant the Hon. E. Wyndham Tennant sent a beautiful and consoling message to his mother, Lady Glenconner:—"This is written in case anything happens to me; for I should like you to have just a little message from my own hand. Your love for me and my love for you have made my whole life one of the happiest there has ever been. This is a great day for me. High heart, high speech, high deeds, 'mid honouring eyes. God bless you and give you peace."

POOR TOMMIE!

A young woman recently applied for nursing work abroad and was cutly told no trained nurses were required.

"But I am not a trained nurse," she replied.

"Oh! then there will be no difficulty!"

ONE TAKEN THE OTHER LEFT.

This story reminds us of a letter received asking for advice:—"I am a trained nurse, holding a three years' certificate, my sister is a V.A.D. We both wanted to work abroad. She was taken and I was left. What would you advise? Shall I run through a first aid course and apply as a V.A.D.? A three years' certificate seems a sort of halter round one's neck, if one wants foreign service."

CARE OF THE WOUNDED.

It is understood that arrangements are being completed to use the large buildings known as the Kitchener Hospital on Race Hill, Brighton, exclusively for Australian soldiers. The hospital when first taken over by the War Office was used exclusively for Indian soldiers.

The convalescent camp at Shoreham, close to Brighton, is being occupied by Canadians, and will in course of time be given up to them wholly.

An anonymous shipowner of Cardiff has given £5,000 towards the establishment of a Welsh branch of Queen Mary's Convalescent Auxiliary Hospitals.

The immediate sum aimed at to provide the Welsh Hospital is £20,000, towards which Colonel Lynn Thomas who is one of the hon. consulting orthopaedic surgeons at Rochampton, has already received two contributions of £5,000 each.

Mrs. Gwynne Holford was, we are informed, the founder of Rochampton Hospital, and she now devotes the whole of her time to the work of the institution, from which no fewer than 2,838 men have already been discharged, fitted with the most modern artificial appliances.

The special correspondent of *The Times*, writing from British Headquarters in France, says:—"Extraordinary accounts are given of the dug-outs themselves. One of these subterranean barracks was fitted up most excellently as a hospital and dressing station. They say that the stock of drugs and instruments found in it was extremely valuable, including supplies of drugs which we have difficulty in getting. Among those who surrendered in Thiépval was a German Army doctor with a staff of 20 men—a whole medical unit—and they turned to and did good work for our wounded in this underground hospital. This, like the other dug-outs in the place, had every evidence of being intended—as it had been—as a permanent habitation. They are all wired for electric light, though the current seems not to have been on, and are in every way fitted up like any house.

"The assistance rendered by the 'Tanks' in the capture of Thiépval has already been told, but one of the machines served also a useful purpose afterwards, for where it straddled a trench it gave sufficient shelter to house an emergency dressing station underneath its belly, where our wounded received first treatment before they could be taken to the hospital underground.

"And again in this connection I would emphasize what I said before as to the magnificent behaviour of the stretcher-bearers. It is an old tale, but daily I sympathise more and more with the commanding officer who told me that every stretcher-bearer and every one of his runners deserved the V.C."

THE COLLEGE OF NURSING, LTD.

A FLOCK OF SHEEP.

The following is a specimen of letters which are being sent by hospital matrons to nurses who have left the hospital, and it proves how entirely many of them ignore the professional responsibility of certificated nurses:—

Dear Nurse———You have doubtless read with interest the accounts in the nursing papers of the College of Nursing, which has just been founded. Its main objects are: (a) the organization of the nursing profession—a crying need; (b) the protection of the interests of trained nurses; and (c) for that purpose, State Registration.

The Council of the College has drafted a "Nurses Registration Bill," which provides that the Register of the College of Nursing shall be the first Register under the Act. It is, therefore, important that all certificated nurses should at once apply to be placed on its register, and I strongly advise you to write at once for a Form of Application for Membership—enclosing a stamped and addressed envelope.

The address is: The Secretary, The College of Nursing, Ltd., 6, Vere Street, Cavendish Square, London.

The fee for registration and membership is £1 1s.

You will like to know that our Committee is in thorough sympathy with this movement, and it recommends our nurses to apply at once for membership.

Very sincerely yours,

— Matron.

It will be observed that the nurse addressed is not invited to enquire into the constitution of the Nursing College in any way. The lay committee, through their matron, recommend "our nurses" (no longer on their staff) "to apply at once for membership." All they have to do is to write at once for a Form of Application for Membership, fill it in, pay their guineas, and no further meddle therein! It seems almost incredible in these days that the intelligence and personal responsibility of one member of the profession can be so absolutely ignored by another!

We have received quite a number of similar "orders" addressed to certificated nurses, which they deeply resent—we think with justice.

Without exception, the signatures of the writers of these letters have been appended to every Anti-Registration manifesto issued for the past decade.

Surely the very highest purpose of professional organisation and status is to foster a keen professional conscience and sense of personal responsibility in each individual, so that they may be worthy servants of the sick, and valuable citizens. It is highly indecorous that certificated nurses should be treated like a flock of sheep.

ANXIOUS MOMENTS IN HOSPITAL.

We always read *The Gazette* of the Third London General Hospital, Wandsworth, with pleasure, and admire the amusing sketches therein. It certainly is wonderfully well got up in every way. *The Gazette* is wholly the product of the 3rd London, and all its contributions are "home made," past and present patients and past and present members of the staff have supplied all the articles and poems and all the drawings, without any exception whatever. We offer hearty congratulations to the editor. The following "Observations of an Orderlette" are interesting to us professionals, as it is not only good to see ourselves as others see us, but to see others as they see themselves.

OBSERVATIONS OF AN ORDERLETTE.

Exactly one year ago on the 6th of this month, at 6.45 a.m. precisely, six V.A.D.s presented

themselves in fear and trembling to Night Sister, for they were the first of the girl orderlies, and though "Pioneering" may be good work, it is distinctly terrifying!

They were scattered down the B corridor—itself in the throes of creation—into a world entirely new and almost chaotic, a world which very quickly dispelled any illusions as to the "picturesqueness" of V.A.D-ing. Nobody loved us, and apparently nobody wanted us; neither did they know what to do with us.

Our *raison d'être* being to relieve the male orderlies, we were handed over to them to be initiated into the mysteries of laundrying, dispensarying, storing, and the hundred and one jobs that belong to the orderly—including "hunk holes" and "sprucing spots," which were introduced with explicit directions as to when and how they should be used! We have heard of an orderly who besought his lady successor (who'd been to the Dispensary and back in ten minutes) to "Play the game and not hustle too much, or —," but perhaps that's telling tales out of school!

Reinforcements arrived almost daily, and we soon felt ourselves a real part of the hospital. Of course, we made mistakes, and had ones some-

times, and, of course, we got hopelessly lost—starting off gaily from a given point in a given direction, and arriving, breathless and panting, at the same spot. Or starting out with, say, a breakage form for the dispensary, to be told there that it was nothing to do with them but must go to the Lieutenant-Quartermaster's office, and from there being sent to the Engineer, who refused even to look at it without a written permit from the Lieutenant-Quartermaster, who, when you arrived at his office, had just gone over to the Store; and having run him to earth there you would probably be told that it went *direct* to the Geyser man behind the incinerator!

Verily, the Army believeth in not letting its right hand know what its left hand doeth! There have been times when N.C.O.s in charge of stores have wished devoutly that we were male orderlies—to be "told off" in the Army vernacular—when Quartermasters have torn their

hair, and sisters have become almost feline in their despair over us. But we've stuck to it and really tried to thank everybody, from the chiefs of staff down ward; for a deal of patience and a thoroughly sporting chance to 'make good,' and especially to the N.C.O.s and "orderlins."



NIGHT ORDERLETTES COMING ON DAY DUTY BEING DETAILED TO THEIR NEW WARDS.

are we very grateful. For the spirit of splendid camaraderie in which they have worked with us has made a very difficult task comparatively easy.

One of the things that puzzled us rather was the prevalence among some of our colleagues of the idea that Orderlettes were a quite inferior brand of V.A.D., and the tone in which they called us "*ladylike*" made us almost wonder if we were some new species of insect after all—and then, fortunately, the humor of it struck us. Whereupon we were sorry for them, for we at any rate had the satisfaction of knowing we had actually helped release a man; which comfort by the way, has dragged us from many a Slough of Despond and pushed many a disagreeable job through—a sort of very present help in trouble.

By the time this appears the Orderlettes will be almost *non est*—for though trial and tribulation have they attained to another sphere. Good luck to them, and the best of luck to our suc-

cessors the "Junior Pros." and may they be richly blessed with the saving sense of humour, without which this life is insupportable—almost impossible.

A GIRL ORDERLY.

We are indebted for our illustration on page 293 to the courtesy of the Editor of *The Gazette*.

NURSES' MISSIONARY LEAGUE.

VALEDICTORY MEETINGS.

MORNING SESSION.

The Valedictory Meetings of the Nurses' Missionary League to wish God-speed to members who sail for the mission field this year were held at the University Hall, Gordon Square, W.C., on Tuesday, October 3rd.

In addition to the nurses whose names were published last week, Miss M. Jones (Universities' Mission to Central Africa), trained at the Stanley Hospital, Liverpool, and Miss E. Howard (C.M.S., Wuchang, China), trained at the London Hospital, must be included in the list of sailing members.

The chairman, Mrs. Douglas Thornton, opened the Morning Session with a short address on "The Need of the World at Home." This was followed by the National Anthem, and prayer for Doctors, Sisters, and all members throughout the world.

Mrs. Douglas Thornton then gave an address on "A Vision of the Need."

She spoke of the shepherds leading their sheep on the mountain side, and how the sheep followed them from pasture to pasture without any idea of where they were going.

At the present day we are leaving old pastures for new, old landmarks are swept away, and many of them ought to be moved. There are great issues and problems before us that puzzle and bewilder us. The problems of Peace and War, Capital and Labour, Men and Women. Also moral questions, so we must be prepared to look at things from an altogether different standpoint.

In all these things we must feel that we need someone to talk to, the need of personal guidance, someone able to give us up-to-date advice on life as it now is, someone absolutely capable to guide us. We must seek all this in the personal friendship of God.

Miss L. M. Shann then gave an address on Individual Responsibility. She said that we were realising to-day as we had never done before what it meant to belong to the British Empire. It was our personal share in it that must concern us, and our individual attitude to the social and moral questions of to-day. First we must see the vision, and then it was the duty of each one to carry the message.

Miss M. C. Gollock took for her keynote the words "I, even I, only am left." She said this was an age in which dumbness was im-

possible, everyone could not speak adequately, but speak we must. It was a time for strenuous thought, resolute action, fearless sacrifice. Conventions would no longer satisfy us. It was perfectly impossible to think that life would be the same after peace was declared as it was previous to the war. We must be prepared to go forward, or to be miserable reactionists. We must be prepared to face new responsibilities to the times in which we live.

AFTERNOON CONVERSAZIONE.

The Conversazione in the afternoon was a great success. The hall was attractively set out with small tables for the various groups of nurses, who enjoyed tea and chat with their friends. Miss Richardson and Miss Macfee, aided by many helpers, were kept busy dispensing tea and cakes, and yet found time to give a kindly welcome to all.

The hostesses were Mrs. William Scott, Mrs. Sturge, Miss Houghton, and Miss E. M. Smith.

Mrs. Taylor sang beautifully "Just as I am," by Noel Johnstone, and then Miss Jolley, R.R.C., Q.A.I.M.N.S., formerly Matron of the Royal Southern Infirmary, Liverpool, who has only just returned from the front, gave a brief sketch of her experiences and impressions.

She described how she had to dress an extensive wound of the hip on an ambulance train by the light of one candle, and how she climbed on the top of the train to get a better view of the falling shells. She told how anxiously the boys asked if they had a "Blighty wound," that would ensure them a visit home.

The transport by barges, she said, much lessened the danger in head and abdominal wounds, owing to the absence of vibration.

In the clearing station she was so close to the firing line that her bedroom door would shake with the gunfire, and she would lie awake and distinguish between the machine and heavy guns.

Work at the casualty station, she said, she would fain forget. She never saw a single man flinch from death; they only expressed extreme contentment. Their chief anxiety was that their friends should not be told that they were very bad. She considered that the temperament of the men was not so hardy as at first; they suffer more from nerves, and therefore require more adaptability and patience from their nurses.

Major A. Neve, F.R.C.S., R.A.M.C., who is at present in charge of a hospital with many German wounded, said that at first it was decided by the War Office that women nurses could not be allowed to nurse the German soldiers, but he and the Matron had shown great firmness on the subject, and he was glad to say they were shortly replaced. We should, he said, refuse to come down to the German level of cruelty. The Swiss Commissioner who had come over to negotiate for the exchange of prisoners had professed himself much touched with the chivalry of the English. We must be true to the Christian tradition.

Some people were grudging nurses being sent to the mission field, but it should be remem-

bered that mission stations were a tremendous national asset. Nurses who went to France, or Salonica or other fighting areas usually went with a company of their companions, but nurses in the mission stations were often most isolated, and nursed under great difficulties. When the war was over he hoped that the energies of many who returned from the front would be directed to the mission field.

There are numberless openings and satisfying work for trained nurses in the mission field.

(To be continued.)

APPOINTMENTS.

MATRON.

Royal West Sussex Hospital, Chichester.—Miss Parsons has been appointed Matron. She was trained at the London Hospital, where she was promoted to be Sister. She has recently been Matron of the Jessop Hospital for Women, Sheffield.

Ulster Volunteer Force Hospital, Belfast.—Miss M. E. Johnston has been appointed Matron. She was trained at St. Thomas's Hospital, London, and for the past nine months has been a Sister at the U.V.F. Hospital. The nursing staff showed their appreciation of her appointment as Matron by presenting her with a beautiful bouquet.

ASSISTANT MATRON.

Royal County Hospital, Guildford.—Miss Charlotte Hughes has been appointed Assistant Matron. She received her training at the London Hospital, where she subsequently held the position of Ward Sister, and has been Temporary Matron of the Westmoreland County Hospital, Kendal.

SISTER.

St. Mary's Hospital, Paddington.—Miss Josephine Carew has been appointed Sister in the X-ray and electrical department. She was trained at the Brownlow Hill Infirmary, Liverpool, and has held the position of Massage and Electrical at the Edmonton Military Hospital, and of Sister in the Liverpool Merchants Mobile Hospital, France. She is a certificated Masseuse (I.S.T.M.) and a certified Midwife.

Isolation Hospital, Menston, near Leeds.—Miss Margaret M. Johnston has been appointed Sister. She was trained at the Middle Ward Hospital, Motherwell, N.B., and has held the position of Staff Nurse at the City Hospitals, Leeds; Sister at the Fever Hospital, Kilmarnock, N.B.; and Sister at Gateside Hospital, Greenock. She has also done private nursing.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

Miss Ida Keeble has been appointed a Sister in Queen Alexandra's Military Nursing Service for India.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Maud Somers is appointed to Camb. C.N.A. as Fourth Assistant Superintendent. She received general training at West Hertfordshire

Hospital, midwifery training at the National Maternity Hospital, Dublin, and District Training at Kensington. She has since held several appointments under the Institute. Miss Adela F. Austin is appointed to Alscot. Miss Mary H. Bishop, to Wallasey; Miss Amy Burkin, to Exeter as Senior; Miss Annie Godfrey, to Beckenham; Miss Kate Irwin, to Crook; Miss Emily Lewington, to Paignton; Miss Jane E. Pincock, to Bedford; Miss Catherine M. Sparkman, to Southall Norwood; Miss Lily H. Sutcliffe, to Ulverston.

NATIONAL UNION OF TRAINED NURSES.

Meetings of the National Union of Trained Nurses have been held at Lyme Regis, Truro and Cardiff, and were addressed by Miss Thurston, on matters of present interest to the profession, such as the Bill for State Registration and the College of Nursing.

Members of the Taunton, Minehead and Yeovil Branches were invited to attend a meeting held at Taunton, under the auspices of the Hospital Supply Depot, to hear an address by Miss Thurston on War Work in Russia.

THE PASSING BELL.

We regret to report the death of Nurse Hilda Beresford through being knocked down by an engine at a level crossing at Trafford Park, Manchester. She was taken to the Trafford Hall Military Hospital, where she had been employed since last February, and where she died the same evening. At the investigation the jury returned a verdict of "Accidental death," and expressed the opinion that no one was to blame for the accident. They recommended that a man should stand with a lamp at night near the level crossing to warn approaching pedestrians.

We are glad to note that Mr. Hockin, for the Stafford Park Estates and the Royal Army Clothing Depot, promised that the recommendation should receive immediate attention. It is very sad that this young nurse's life has been sacrificed for the lack of such precaution. She was highly esteemed by her colleagues, who deeply mourn her untimely death.

We regret to report the very sudden death of Miss Minnie A. Gibbs. Whilst sitting on a couch doing needlework at the bedside of a patient at the Royal Bethlehem Asylum on September 27th she was taken ill. Dr. Porter Phillips, the medical superintendent, who was giving a lecture in another ward, was summoned, but when he arrived the nurse was dead. At the inquest the doctor attributed death to heart failure, and a verdict of death from natural causes was returned. We may hope so sudden a death was painless.

HONOURS OF WAR.

Lady Georgina Buchanan, wife of the British Ambassador, has received from the Empress Marie Feodorovna the Ladies' Order of St. Catherine for her services to Russia. This is a very rare distinction for a foreigner in Russia. Lady Buchanan is very popular in Petrograd.

NURSING ECHOES.

Many generations of nurses who owe their professional success and high ideals of nursing work to the careful training they received under Miss F. Hopkins, who for thirty years has held the position of Matron at the South Devon and East Cornwall Hospital, learnt with regret that she is about to sever her connection with the institution, and members of the past and present nursing staffs of the hospital have united in presenting her with farewell gifts indicative of their affection and appreciation of her life's work, accompanied by a book in which their names are inscribed. The gifts included a clock in an inlaid Chippendale case; a pearl, diamond, and amethyst pendant, with platinum chain; and a cheque wherewith to purchase a writing-desk selected by herself.

The presentation took place at the hospital, and was made by Sister Jacob, the Senior Sister, in the presence of as many of the nursing staff as could be spared from the wards, and of Matrons and Sisters trained in the institution and now holding influential positions.

Sister Jacob asked the Matron to accept the nurses' gifts, which in days to come would be a testimony to her of their love, and their gratitude for her unremitting labour in furthering the general welfare of all who had come under her care and guidance. Through all her labours Miss Hopkins had set the staff a high standard of thoroughness in their work and devotion to duty, and it must be a great gratification to her to remember what a large number of highly trained nurses she had sent out into the world. Miss Jacob concluded by expressing the hope that Miss Hopkins would be spared many years to enjoy a well-earned rest.

In warmly acknowledging the gifts, Miss Hopkins said that the clock would remind her of those with whom she had spent so many pleasant hours, and the writing-desk would often be used in writing to each one of them words of cheer and encouragement in their work. She should keep deep interest in every stone of the building, but still more in the living subjects who worked within its walls.

In the board room of the hospital, earlier in the day, the Secretary presented Miss Hopkins with a pair of silver candlesticks in the presence of the donors—the clerical and male staff.

Mr.* David Hollin, of Highfield Manor, Stafford, bequeathed, subject to his wife's interest, £12,000 to the Staffordshire General Infirmary for the erection of a nurses' home,

to be known as the "David Hollin Nurses' Home."

A good nurses' home makes for healthy, happy nurses, and in consequence for efficient nursing.

A golden quality in a nurse is discretion, not to mention reticence and reserve, and the nurse who, last Saturday, prosecuted an acquaintance on a charge of theft, seems to have been singularly deficient in all three in her relations with the accused.

It appears that Dorothy Langrish (the prisoner), aged nineteen, is the daughter of a gardener at East Liss. The nurse, Miss Florence Bell, got into conversation with her at Victoria Station, and apparently accepted her statement that she was the wife of a Colonel Murray, the daughter of Lieut.-Colonel Hughes, and the niece of "General Sam Hughes," agreed to act as her "nurse-companion," and accepted her invitation to lunch at the Hotel Cecil with some officers (some of whom addressed Miss Langrish as "little Miss Canada"). At the latter's suggestion she removed her luggage from Victoria to the Hotel Rubens, where they stayed together for two days. The prisoner then suggested that they should move to the Savoy, and said there would be nothing to pay at the Rubens, as everything would be settled on her account.

On her return to the hotel, Miss Bell found that the bill had not been paid, and many of her things—including clothing, jewellery, and a silver-fitted dressing-case—were missing.

The result was the arrest and conviction of Dorothy Langrish on a charge of theft, and also on a second charge of giving false particulars of herself at the Hotel Rubens, for which she was sentenced to four months' hard labour. In regard to Miss Bell, one can but wonder what she expected when she scraped acquaintance with a stranger in the way described. We hardly think she will receive, or is entitled to, a large amount of sympathy.

We note that it was reported at the seventeenth annual meeting of the Australian Trained Nurses' Association that "Once again during the year the question of State Registration for New South Wales has been mooted, but more urgent matters have occupied the attention of Parliament." We also read that "The number of members had increased, and it was worthy of note that the increase had been specially large in Queensland, where State Registration had now been in force for four years."

PRISONS AND PENAL REFORM.

PART I.

MODERN REFORMERS AND WHAT THEY THINK.

BY MISS BEATRICE KINT.

(Member of the Penal Reform League.)

The study of the question of penal reform is necessarily an exceedingly interesting one. *Necessarily*, because it is one of fundamental importance to the community at large, and to posterity. Crime is as old as the world, and its prevention is a social problem which has ever been calling for solution. Punishment of the criminal is an easy thing, of a sort which induces, rather than deters from crime. But punishment—sane, reasonable and deterrent—is only just beginning to be tried, and that not in this country, to any appreciable extent, but in others.

The Penal Reform League has been in existence for some years; its general object 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." Much useful and effective spade work has been achieved, in pursuance of this object, by the strenuous labours of the Hon. Secretary and Founder, Captain Arthur J. St. John. This important work is temporarily somewhat in abeyance, owing to war conditions.

This excellent League has taught its members many things, principally and fundamentally that the prison system now in vogue, is unintelligent, inhumane, and non-deterrent. Secondly, that in the common interest of the criminal and of society, the present system, maintained probably by prejudice and an adherence to tradition not warranted by greater knowledge of social science, and higher standards of life, must be radically changed.

About two years and a half ago a very interesting Conference took place in London, at the house of Lord and Lady St. Cyres, the subject being: "The Court of Rehabilitation, a new way of dealing with Criminals." The Rev. W. F. Cobb, Chairman of the Committee of the League, said on this occasion that the new way meant a new outlook upon life, filled with a new spirit and a new object. That is in itself the essence or spirit of this great reform movement. "Society had failed and was failing," he continued to say, "to construct those social conditions which impelled towards what was right, and persuaded against what was wrong."

A distinguished guest from the West was present, a well-known reformer, namely, Mr. Thomas Mott Osborne, Chairman of the United States National Committee on Prison Labour, and of the New York State Commission on Prison Reform. More recently he has become Warden of the famous Sing-Sing Prison in the State of New York. I should like to give the reader a peep into the sanctum of this man's mind, who has already won his way into the hearts of the inmates and made radical changes in the prison system.

In order to understand rather than merely *imagine* what the effect of imprisonment on the prisoner is, and to get into closer touch with him, Mr. Osborne entered the Auburn Prison, State of New York, as a convict for a week, during which time he was treated in precisely the same manner as the rest of the inmates. In referring to the depressing and mischievous effect upon character of long hours of continuous confinement in close quarters, he said it was not until a man was released from prison that he appreciated how great the mental strain had been. All those who were desirous of effecting needful changes in the prison system, he said, were pledged to the idea of making prisons instruments of *reform*, not of *revenge*. The present prison system did all it could to deprive a man of his individuality and to force him down to the lowest level. Mr. Osborne condemned the whole system, which he said drove against human nature. Why, on the contrary, did not the authorities try to utilise human nature?

Mr. Osborne made good use of his time in prison. He studied the character of the convicts, and he was satisfied that human nature was capable of anything if it was able to endure such conditions in such an atmosphere. Some of his experiences were very interesting, and especially valuable as tending to show what fine material may often be found within prison walls, veiled beneath a rough exterior, to be utilised for good.

As a concrete example, the story of Jack Murphy must be briefly told. Mr. Osborne described him as simple, sincere, and straightforward, one of the finest fellows that one could come in contact with; cheerful, unselfish, and capable of great self-sacrifice. They were fellow workers in the basket shop, where conversation about the work was allowed. Apparently they also talked about higher and better things. When they parted Jack said, "It has been a godsend to me to have something interesting to talk about, and I don't know what I am going to do." Mr. Osborne's reply was, "I know what you are going to do; you are going to join with me to see if we cannot do something to change this prison system. We shall need a man inside the prison here, and I will try to do my part outside." Mr. Osborne's intention was to secure his pardon later on from the Governor of New York. When he intimated this to Jack, the latter said, "Don't you think of that for a single moment. I am willing to stay behind these walls all my life if I can help the Commission to bring about these reforms. I know these men here, and I can do things that you cannot do outside the prison walls, so I will stay here and help." This man was one out of many of the same sort.

Mr. Osborne is strongly opposed to a determinate sentence, on the ground that no judge is capable of estimating the amount of criminality in a man's soul. Captain St. John, our founder, shares and endorses this humane opinion. The great principle upon which reformers are striving to build up a new and better prison system is

responsibility, or, in other words, "the honour system." In closed-cell confinement we have the negation of this principle. The late Sir Edmund Du Cane regarded this stupid and cruel punishment as "an artificial state of existence, absolutely opposed to that which nature points out, as the condition of mental, moral and physical health."

The pronouncement of the Select Committee on Prison Discipline, which deliberated as long ago as 1850, was that it was unjust to the prisoner. Why, then, has not the pronouncement of an authoritative body been given practical effect? We suppose that 66 years is not long enough for Parliament to make up its sluggish mind. In America, where reforms take place more rapidly than in this slow-moving country of ours, the "honour system" has been adopted in several prisons, and the results are a triumphant justification of the success of it. The warden of a prison should be a psychologist, a humanitarian, a philanthropist; any or all of these. The first will do, for it covers the rest. Mr. Mott Osborne is a psychologist, so also is Warden Tynan of Colorado Penitentiary, so also is the Warden of the New York State Prison at Auburn, and Dr. J. T. Gilmour of Ontario Reformatory, and Mr. W. J. Homer, Warden of Great Meadow Prison, Courstcock, New York, and Mr. Robert Rosenbluth, Warden of the New Reformatory, Orange County, N.Y., and all others, we may be sure, who preside over prisons where real reform is going on. These men make themselves the friends of the prisoners; they study the character of each individual, encourage their confidence, and endeavour by every means to bring out the best that is in them. They trust them, they put them on their honour. (We have already seen that prisoners are not without honour.) This gives them a sense of responsibility. When sent out to work on the prison farms or road-making, with little, and in some cases no supervision, the convicts give their word that they will not try to escape, and with few exceptions they never betray the trust placed in them. It is not until their characters have been thoroughly tested that they are given so much freedom. Public opinion is in favour of this new and humane treatment of prisoners in the States. Warden Homer relates that prisoners on parole easily find employment in the neighbourhood with farmers and contractors; the demand, in fact, is greater than the supply.

"Let us build up the spirit with the institution," says Mr. Robert Rosenbluth, Warden of the New Reformatory, which is attached to a 600-acre farm in Orange County, State of New York. He is very careful in his selection of his officers, whom he calls "first class men." They live with the prisoners, sleep with them, and eat with them the same food, and work with them on the farm. By this method the thoughts and conversation of the men are controlled; they are being reformed without knowing. Thus it will be seen that the New York State Commission on Prison Reform has amply justified its existence. A few years ago

Captain St. John went to America and made a tour of inspection of some of the principal prisons in the States and in Canada. The information he gathered is of great value and should be utilised in a practical manner for the benefit of this country. I am myself much indebted to him for much of the data embodied in this article.

(To be continued.)

THE ROYAL COMMISSION ON VENEREAL DISEASES.

When the Reports of the Royal Commission on Venereal Diseases were published, we commented upon them at some length in this journal, and drew attention to their importance. But voluminous Blue Books are not for all, and Dr. Douglas White (Captain, R.A.M.C.) has done good service in compiling, in convenient size and form, a "Synopsis of the Final Report of the Royal Commission," which has been published by the National Council for Combating Venereal Diseases, Kingsway House, London, W.C., price 1s. The "Synopsis" is a "systematic abbreviation," from which, Lord Sydenham of Combe states in his preface, nothing of first-class importance has been omitted; and it is the hope of the National Council that "the Synopsis will smooth the way to wider knowledge of these most insidious and dangerous diseases, their effects upon the race, and the means of combating them. It was impressed upon the Commissioners by many witnesses that this knowledge was lacking, and that the veil of secrecy—which has too long been permitted to obscure facts of vital import to the national welfare—must be withdrawn, if a worthy attempt is to be made to cope with a deadly evil. One of the great objects of the National Council is, therefore, to diffuse necessary information in forms suited to different classes of persons who have opportunities of warning, of guidance, and of promoting administrative measures."

Lord Sydenham further states that the President of the Local Government Board has already taken measures to carry out the principal recommendations of the Royal Commission, as regards the provision of ample means of diagnosis and treatment. The success of these measures will depend upon the hearty co-operation of local authorities and the managers of existing hospitals. For them the facts and opinions embodied in this "Synopsis" should prove of special value. They will be able to realize the many forms in which venereal disease manifests itself, and the terrible results of congenital infection in causing sterility, still-births, infant mortality and infirmities which require institutional treatment at great expense to the community. They can judge how far these great evils can be prevented by the application of early and efficient remedies which medical science has placed at our disposal.

Amongst the far-reaching effects of syphilis, it is estimated that at least 90 per cent of all cases

of anæmism are due to it. It may produce angina pectoris in conjunction with aortic disease. In connection with the nervous system, it may attack the brain and spinal cord, causing paralysis, blindness, deafness, loss of speech and memory, mental debility, epileptiform convulsions, and many other symptoms. Late forms of syphilis are general paralysis of the insane, optic atrophy, and "tabes dorsalis," or locomotor-ataxy. It is also held to predispose to certain forms of cancer, and also tuberculosis.

The Report emphasises the fact that "everybody ought to know that no grave disease responds more readily to early and efficient treatment than syphilis, either as to complete cure or prevention of subsequent complications."

Of the after-effects of gonorrhœa, ophthalmia neonatorum is—as nurses and midwives know—the most serious. This disease—which is responsible for so much blindness—is held to be due in 70 per cent. of cases to gonorrhœa; and among 1,100 cases of blind children, 24.35 per cent. were the result of gonorrhœal ophthalmia.

It is important for nurses to remember that when infants are thus affected, the mother, nurse, or other children, are liable to be secondarily infected through touching or wiping their eyes with infected fingers or cloths. It is the duty of those in authority to warn nurses of this danger, and of nurses to guard the relatives of any such case they may be nursing from possible infection.

The economic effects of venereal disease are so serious that the full text of the Report thereon is reproduced in the "Synopsis," and also the Summary of Recommendations. We commend this "Synopsis" to the attention of our readers, together with the first Annual Report of the National Council for Combating Venereal Diseases, containing the presidential address of Lord Sydenham of Combe on its work.

The Hon. Secretaries of the National Association for Combating Venereal Diseases are Dr. Otto May and Mrs. A. C. Gotto, and the Secretary, Miss H. F. Norry.

THE FOLK LORE EXHIBITION.

Any departure from the obvious is a delight in these material days. Those who are interested in such matters and, indeed, more especially those who are not, are invited to visit the Folk Lore Exhibition at the Wellcome Historical Medical Museum, 54A, Wigmore Street, W., opened on Monday last.

The collection has been made and lent by Mr. Edward Lovett, of Croydon, who is a member of the Council of the Folk Lore Society. Mr. Lovett is an enthusiast about his hobby, and it adds much to the interest of the exhibition if he himself explains the uses and history of the various charms and amulets.

The collection would appear to the ordinary observer to belong to barbaric times, or at least to

have been found in remote parts of the country, but the astonishing fact is that the large majority has been collected in London within the past ten years.

Mr. Lovett, on a recent visit of our representative, pointed out that the collection consisted for the most part of natural objects, which were found in the homes of the very poor. But this by no means excluded the fact that there is latent superstition among the educated classes, for whom mascots and lucky charms are manufactured in the form of jewellery. In the present perilous times, he said, very few cars or aeroplanes are without a mascot.

These manufactured articles, he said, corresponded much more nearly to the symbols found in Egyptian tombs than did those natural charms found in poorer London to-day.

Slum district nurses will be acquainted with the blue bead necklaces worn under the frocks of little children as a preventive of bronchitis and sore throat. These are sold only in the very poorest shops of the poorest parts. In the same emporiums are to be found the coloured glass witch balls, "for luck," the owners of which will seldom part with them although unaware of their significance.

Perhaps the most interesting item of information was that in relation to the caul of a new-born infant. Most midwives are aware of the superstition that the possession of a caul is a safeguard from drowning. Before the days of improved navigation these cauls were much sought after and fetched high prices. But as the risk at sea became less the price was correspondingly lowered, so that it was possible to buy them at 1s. 6d. During the present war a caul was offered for sale at a shop near the docks at £2 10s. Mr. Lovett, on enquiring the reason of this high price, was informed that during the submarine menace the demand for and price of cauls had enormously increased.

The origin of the acorn ornaments on umbrella tassels is traced to the fact that the product of the oak is regarded as a protection from lightning. An umbrella frame is, of course, a conductor, and hence the acorn ornament.

The belief in the transference of disease common to savage races in many parts of the world still exists in London to-day. Mr. Lovett was recently told by a woman who dealt in second-hand clothes that she had cured several cases of whooping cough by cutting off some hair from the back of a child's neck who was snoring from the complaint, plugging it between two pieces of bread and butter, and giving it to the first passing dog to eat. The disease would then pass from the child to the dog and the former would be cured.

All nurses who have the opportunity should make a point of paying a visit to this most interesting collection. The diminution of sentiment and imagination from the life of a nation must inevitably reduce it to the level of materialism, though all such must, of course, be properly safeguarded.

BOOK OF THE WEEK.

"FONDIE."*

This beautiful chronicle of a Yorkshire village is indeed a gem, and the mind that can find no response to it is to be pitied. It should take its place among the classic novels. A long, a very long, closely written book, we yet turn every page grudgingly, savouring the marvellously sympathetic insight, envying the genius that can so convincingly and with such delicate poising, portray things human. And because humanity is so complex, humour goes abreast with pathos and tears are mingled with laughter.

We can't help loving Blanche, the unruly daughter of the vicar. We must let Fondie attract us. All their faults and weaknesses make no difference, we love them the more for their imperfections.

Like Mr. Booth himself, "we will begin with Fondie." A young man, who because of his filial obedience and his Mosaic humility was called Fondie, which means "Foolish one." Male infants strutting in their first breeches would apostrophise him "Fondie, thy leytur wane thee, thoos to look sharp, Fondie." Far from displaying wrath or threatening them with condign punishment, as other men, he would answer politely, "Thank ye, Willom," or "I'm obliged ti ye James Henry," as the case may be, and hasten to obey the message. Let it not however be supposed that Fondie was a fool. His submission to all indignities arose from a natural modesty and a deep seated religion.

These traits in Mr. Booth's hands, so far from becoming tiresome, are relieved with gentle irony and become instead fascinating.

Fondie had a creative genius. A wheelwright by trade, his clever fingers could be turned to almost any use. He had also a musical soul, and played the harmonium in church and it was Blanche's proper duty to perform that office.

"Fondie, you've got to play the organ on Sunday."

"Ye wean't mean choch organ, Miss Blanche."

Blanche said "Of course she did. Fondie must play it. He'd have to play it. He'd got to play it."

Fondie misdocted his ability and he didn't know the cloch service.

She said he "needn't want to know it, and she wished she didn't know it either. She was sick of the old service."

When Miss Bryce died Fondie played the Dead March for her with his wonted humility. He wished she might have been spared another month so that he could have played it better.

We will try to convey some idea of Blanche. Motherless, self-willed, full of animal spirits. Her family consisted of a weak old father and two unruly brothers.

Eyes blue as gentian, clouds of golden hair, sound, white teeth, splendid smile, a swinging walk. At sixteen she aspired to no more dignity than a village lass. She compelled the courting and admiration of all the lads for miles round; she wore every day in her belt a posy from some new swain. She was hailed as "Blanche" by all; her boon companion was the carrier's daughter. She hung herself with cheap jewellery, which was confiscated by the Vicar from time to time. She did everything she was dared to do. "I don't care. I aren't frightened, if you think I am." Her prayer book became attenuated from various leaves being distributed in the shape of notes. She sucked lumbugs behind what was left of it during the Vicar's sermon. "I don't care. I aren't frightened of him."

But to Fondie she was the object of the most humble adoration and respect. Was she not the Vicar's daughter and he a wheelwright's son? In vain did naughty Blanche try her blandishments upon him, his respectful attitude towards her never flinched. "It was sickening," from Blanche's point of view. Everything that crossed her will was thus described. On the night of her seventeenth birthday she had a sense of dismal disillusionment, and shed tears, and "almost resolved to put up her hair and be as sickening as her father wished her to be; but on the morrow she woke with restored hopes and repaired self-confidence, and her blue eyes scanned the horizon as eagerly for the dancing joy-ships on the blue waters of untroubled life as they had done for many days before."

Poor Blanche! She went unscathed through her rustic courtships, but the new young Squire of Merstham was bigger game, and Blanche, true to her instincts, sought to bring him down. He held her as cheaply as she innocently held herself, and she fell an easy prey.

The terrible consequences of her frivolity and its effect on her family and the village generally are described with poignant force. The carrier's wife is her first confidante. The brimming blue eyes elicit a kindly—

"Come now, and don't cry. Has father been scolding ye? If it had been *some* lasses," she said, and kept watch upon every tear that issued through the weeper's fingers, "one mud 'a been inclined ti fancy something."

"Blanche?"

She dropped her voice to utter the name, and it fell upon the owner of it more charged with horror and gloom than the loudest trump of wrath from heaven."

The pathetic picture of the girl facing her trouble alone in the shabby vicarage with her broken-hearted old father and bullying brother is conveyed with consummate skill.

The village tongues wagged and condemned and gloated, but Fondie remained unshaken and respectful.

Near the end of her time Blanche steals out to meet him in the darkness and her despair emboldens him to tell her of his love.

* By Edward Booth, Duckworth & Co., London.

"I can't stop, Fondie. Don't say 'Indeed, Miss,' like you always do. Say something else. Say it's sickening."

Fondie offers to take her away and marry her.

If he had only told her before! "OTHERS and others I wanted to be fond of you," but now it was too late.

The girl refused to face her trouble, and her young life was laid down by her own act.

It was Fondie who found her erstwhile vigorous young body in the village pond, Fondie who carried her tenderly and reverently home, Fondie who put all his skill and love into her last narrow bed, and lined her grave with flowers.

And years after she still came to him in spirit; the same old Blanche, the same but changed, exhorting him to struggle on. "Don't be a silly fool, Fondie! I know it's sickening; but never mind. Don't care. Be a man!"

H. H.

THE DEWDROP.

This brilliant sphere
A lustrous looking-glass
Large as a tear—
Mirrors the things that pass,
Or far or near.
Small though it be,
It holds the sun and moon;
Infinity
Of skies with stars o'erstrewn—
A mimic sea—

And, infinite
Itself, this magic orb
Is only lit
With secrets that absorb
Man's utmost wit.

Souls thus might shine
Ere vanishing like dew;
O would that mine
Such transient glory drew
From depths divine!

*From "Polytutes and other Poems"
by Rowland Tholmece.*

COMING EVENTS.

October 7th. Irish Nurses' Association Executive Committee. Consideration of Nurses' Registration Bill, 34, St. Stephen's Green, Dublin, 8 p.m.

October 12th. Society State Registration of Trained Nurses. Meeting Executive Committee, 131, Oxford Street, London, W., 4.30 p.m.

WORD FOR THE WEEK.

"The sense of somebody's need, is, I believe, the most powerful motive in the world; one that appeals to the largest number of people of every age, race and kind."—*Cabot.*

LETTERS TO THE EDITOR.

We do not receive nursing notices unless upon all matters for the profession. It is to be regretted that we do not in any way hold ourselves responsible for the views expressed by our correspondents.

MERE MERCHANDISE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM, I am thankful to see that the Society for the State Registration of Nurses moved about the right of the nurses as a whole to be represented on the "Supply of Nurses Committee." As one of the rank and file, it seems to me nothing short of an outrage that such a Committee should have been formed to "supply" us as if we were mere merchandise without consulting us in any way—especially a committee with a majority of officials from the London Hospital, which trades so lucratively in our work. Since the war began I have been working hard in a military hospital, and intend to continue to serve my country in this capacity as long as I am required, it health permits; but that does not alter my sense of indignation at the high-handed methods with which trained nurses have been treated by those who are responsible for the nursing of sick and wounded soldiers during this war. I have no hope that the Medical Department at the War Office will recognise the trained nurse's right to recognition on the Supply Committee, but feel our Society did the right thing in not taking the insult lying down.

Yours truly,

ONE WHO HAS NO RIGHT TO
COMMUNICATE WITH THE PRESS.

DEAR MADAM.—I am amazed, in common I expect with most nurses, to see that no member of the nursing profession is included on the "Supply of Nurses Committee." The only woman on that Committee is a V.A.D., who can in no sense be said to represent the professional interests. This is an insult that strikes at the dignity and honour of our profession, and I trust that the protest of nurses will be instant, strong and adequate. Imagine a Committee *to* the supply of medical men without a medical man on it.

The failure to include a nursing representative on the Committee is a most outrageous act of injustice to a hard-working and indispensable body of women.

Yours truly,

M. MOLLETT.

We regret we received Miss Mollett's letter too late for insertion last week, and although, as we have reported, the War Office has in part rectified its error by placing Matrons on the "Supply of Nurses Committee," we feel sure my old friends for whom she worked for so many years will welcome Miss Mollett's expression of opinion. We all agree with it.—*Ed.*

CONSCRIPTION FOR NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—I suppose under the Defence of the Realm Act conscription of nurses can be put into force, and, as we have no voice on the "Supply of Nurses Committee," we cannot get things reformed in military hospitals; but I for one would rather go to prison than again work under the control of an untrained Commandant.

In the hospital in which I was placed the Commandant went round with the doctor, and "supervised" the nursing. I was bullied and blamed for the result of her vanity, ignorance and incompetence, and I will never submit to it again. I entered the hospital as a trained professional nurse. I was treated as a "Nuss." The whole system was snobbery.

Yours truly,

A WORKING WOMAN.

We have received numbers of letters to the same effect.—Ed.]

SIGN NO AGREEMENT WITHOUT READING IT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—I have just had a form given me asking me to fill it in and send it to "The College of Nursing," London. If accepted I pay £1 1s. fee; as I am already a member of the Society for State Registration of Nurses, I am rather in doubt as to what I ought to do. What would you advise me?

Yours, &c.,

No. ———

We receive many letters of the same sort, proving that without thought and explanation nurses are being given forms to fill in for membership of the College, whether they wish to do so or not. As each nurse has to sign an agreement to conform to the Memorandum and Articles of Association of the College of Nursing, when applying for voluntary registration, many of which are highly objectionable, surely nurses should be encouraged to read the regulations they pledge themselves to support and obey. We advise our correspondent to procure a copy of the Nurses' Registration Bill, also a copy of the Memorandum and Articles of the College of Nursing and realise what they mean before signing any agreement. They can be procured from Eyre & Spottiswoode, East Harding Street, London, E.C.—Ed.]

POINTS OF VIEW.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—I regret having to write on a personal matter, but my attention has been drawn to a paragraph in last week's BRITISH JOURNAL OF NURSING, which, in justice to the Editor of *The Hospital*, I feel bound to correct. I undertook work on the Editorial Staff of *The Hospital* on a clear understanding that if at the end of three months I found I had no particular aptitude for journalism but preferred administrative and

nursing work, I should terminate my engagement and I have done so for these reasons and not for those assigned to me in the paragraph to which I refer.

Yours faithfully,

C. C. DE SAUTOY.

The Ulster Volunteer Force Hospital,
Lyons, France.

The paragraph to which Miss du Sautoy refers gave no reasons for her resignation from the staff of *The Hospital*. We expressed the opinion that "she did not find a journalistic connection with a proprietary paper for nurses all that fancy painted it." Presumably had she found the work agreeable she would not have given it up. Miss du Sautoy writes "in justice to the Editor." We wrote in justice to the nursing profession that "we cannot imagine it possible for a professional woman to find any satisfaction in being attached to a publication which has for years opposed so bitterly every just aspiration of the nursing profession." We are of the same opinion still.—Ed.]

REPLIES TO CORRESPONDENTS.

Miss C. Mayhew, London.—For information re canteen work, write to Lady Lawrence, Munition Makers' Canteen Committee, 58, Victoria Street, S.W., to Women's Legion, 72, Upper Berkeley Street, W., or to the Young Women's Christian Association, 29, George Street, Hanover Square, London, W.

OUR PRIZE COMPETITIONS.

October 14th.—(a) What is meant by counter-irritation? (b) Name the different ways of making counter-irritation.

October 21st.—What is *Materia Medica*? Outline a practical course for nurses.

October 28th.—State what you know of the care of patients suffering from a Cerebral Tumour.

SOCIETY FOR STATE REGISTRATION OF TRAINED NURSES.

The object of the above Society is: To obtain an Act of Parliament providing for the organization of Nursing Education and the Legal Registration of Trained Nurses, so as to obtain for them the protected title of "Registered Nurse," and thus distinguish qualified from unqualified nurses. Every nurse holding a certificate for three years' general training should join the Society. Annual subscription 1s. Apply to the Hon. Sec., 431, Oxford Street, London, 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, and getting their friends to do likewise. Only the most reliable firms are accepted by the management as advertisers.

The Midwife.

CHINESE NURSES AND BABIES.

Nurses Near and Far, the journal of the Nurses' Missionary League, is an elevating little paper; it "keeps the peace" and takes no part in the questions which agitate the nursing profession in this terrestrial sphere—indeed, it might be called the "Mary" of nursing papers—so placid are its pages. This month it reports the good work of Chinese nurses at Hingwa, and we are indebted to the Editor for the loan of the black showing them in attendance on three cunning little babies. Writing from Hingwa, E. V. Krauss says:—

"The maternity cases are my joy; the wards have been much more popular this year. We celebrated New Year's Day by being up two nights with a lady from the country, who had twin girls, and was pretty bad; however, they are all, so far, doing well for which we are very thankful. It is making us very busy, and though we have an excellent Chinese matron, she cannot do impossibilities and be up night and day without suffering from it. Imagine what it is in England, with one

night nurse *at least* to a maternity ward with six beds; while here we have no night nurses, and accommodation for thirty maternity cases (though we have not had as many as that in yet by any manner of means).

In church this morning I sat beside three of 'my babies,' one two years old, one eight months, and the third one month. The mother of the latter came to church to-day for the first time since her baby was born. She had a very thankful heart, for God has given her a little son—the first of three. We are all so thankful for her, for her husband is not a Christian, though her mother is. We are glad to see several of the maternity ward cases coming to church. The people are beginning to appreciate what we are doing for the women, and we are gradually beginning to improve things and

to learn by experience what the people like. This has certainly been a year of blessing, for both mothers and babies have done so well. I am beginning to realise what an untold comfort it is to have two Chinese nurses, and one in training, who have learned maternity work.

"The opportunities for teaching here are endless, for if we have time to go quietly round and teach the people, they are willing and quick to learn; but if I am rushed with many calls they get discouraged, and go back to bed instead of coming to be taught at the usual time. Every afternoon the Biblewoman and some of the nurses are free to teach the patients simple verses and hymns, and it is surprising how quickly some of them learn to repeat verses and hymns, and are able to join in the prayers night and morning.

"Sunday by Sunday the Nurses' Prayer Meeting is held in the Hospital, and I often think how similar they are to those we used to have in my training school, in a different language. There are the timid ones, and there are the more advanced Christians, as at home. There is also here a very decided 'Pro' and 'Junior Pro'

spirit, as at home. Please will you pray for the Chinese nurses specially? Nursing out here has not the same standing as at home, and people do not respect nurses out here for their calling, but look upon the work as the meanest work there is to be done."

Miss J. A. Clouting writes from Mienchuhhsien: "As doctor is away, there is no men's work going on and no operations. The women have been afraid to leave their homes because of the robbers, so numbers have been few. I have at last got a school-girl as sort of probationer. She helps me with the out and in patients, and reads nursing books with me in Chinese, so I am hoping to lay a foundation. I have just started a course of maternity lectures—a very simple one for the women Christians and others. A great many mothers die,



CHINESE NURSES AND BABIES AT HINGWA.

and far more babies, and the women do not know the rudiments. My first lecture is on cleanliness, and most necessary. I get a great many eye cases, and only wish operations could be done. Teeth I tackle. My second patient had five extracted!"

GRANTS IN AID FOR MIDWIVES.

One of the results of the war has been to demonstrate, as never before, the value of child life, the necessity for the ante-natal care of child-bearing women, and for skilled attendance on women in childbirth, while the depletion of the ranks of the medical profession available for the care of the civil population has made medical attendance on normal maternity cases more impossible than ever before. The result is that the value of the work of certified midwives is receiving the recognition of the Local Government Board, and, with that recognition, some appreciation of the fact that a midwife is entitled to a living wage.

The Local Government Board have therefore revised the regulations with regard to their grant for maternity and child welfare, and, in a circular letter, impress on local authorities the importance of securing full provision for this welfare work in their districts, in spite of the need for economy in other directions.

The Board state that for the benefit of women who cannot afford to engage a midwife they are prepared, when a local authority or voluntary agency undertake, with their approval, to provide the services of a competent midwife gratuitously, or at less than the ordinary fee, to make a grant equal to half the deficiency between the amount of the fee recovered and the ordinary fee of the district. Also, and this is the point to which we specially wish to draw attention, where a competent midwife is not available the Board are prepared to make a grant in aid of the maintenance of a midwife by the Local Authority, or by a voluntary agency under a scheme approved by them.

Here is an opportunity for Queen Victoria's Jubilee Institute for Nurses to secure these grants in aid, and provide certified midwives on the Roll of Queen's Nurses for these positions.

The Local Government Board are of opinion that the smaller sanitary districts can be served more economically and efficiently by a county scheme than by separate schemes for each district, and that the County Council may often combine in one individual officer the duties of health visitor, inspector of midwives, tuberculosis visitor, and sometimes school nurse and mental deficiency visitor.

It is sometimes alleged that the trained nurse will not stay for long in country districts as there is not sufficient work for her. The one who combines the above offices, and discharges the duties connected with them efficiently, will certainly not stagnate, and the Local Authority, and through it the Local Government Board, will get very good value for its money; but we

deprecate the combination of midwifery with school nursing. Considering that the school nurse is probably more often in contact with infection than any nurse out of an infectious hospital the combination of the two things seems singularly unfortunate.

We have always advocated the subsidization of midwives, and their recognition as officials of the State, as the means of securing the type of woman necessary, and the step now taken by the Local Government Board carries us far along the road to this goal.

THE HYGIENE OF PREGNANCY.

The first lecture of the course on Infant Care under the auspices of the National Association for the Prevention of Infant Mortality, was given by Lady Barrett, M.D., M.S., on Monday, October 2nd, at No. 1, Wimpole Street, W. Her subject was the Hygiene of Pregnancy.

She said that she ventured to think that some of her audience did not know why ante-natal hygiene was of such great importance. There were three reasons:

First.—It would enormously prevent abortions, still births, and death during the first year of life.

Second.—It would undoubtedly lessen maternal deaths.

Third.—It was always true to say that when you saved life, you also saved health, and ante-natal hygiene was going to raise the standard of well-being of many mothers.

The death rate of young infants was 11 per cent. Every year 96,000 infants die in the first year of life. Twenty-three per cent. because they are premature, or because they have been injured at birth.

Forty per cent. die from infectious disorders, because from reasons of defective ante-natal hygiene and nutrition they have little resistance.

Nearly 13 per cent. die from atrophy, which as is well known, is often attributable to syphilis, which, if discovered in the mother in good time, is curable and the child can be born healthy.

Every year 3 per cent. or 23,000 children, die still born. The causes for this are difficult labour, ante partum hæmorrhage, albuminuria and syphilis.

All these conditions could be prevented if they were discovered in time.

As regarded maternal deaths, every one was caused by the fact that someone had failed somewhere.

She considered that ideally every woman should be medically examined once during pregnancy.

DEATHS DUE TO CHILDBIRTH.

The *Bulletin of the Lyngby Hospital of New York* states that during the past fifty years the United States has lost a million women from puerperal causes. The absence of mortality in well-conducted maternity hospitals is emphasised; there all conditions can be controlled.

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EDITORIAL.

THE NATIONAL MISSION.—THE CALL TO THE TRAINED NURSE.

The call of the National Mission is to all classes of the community. To nurses who feel they know little about it and would like to know something more of its scope, we commend the paper No. 26 of the series published for the National Mission by the Society for Promoting Christian Knowledge, 68, Haymarket, S.W., "The Call to the Trained Nurse," by the Rev. E. F. Russell, that whom no one is better qualified to speak to nurses, or more willingly listened to by them, on their spiritual life.

The special object of the mission is, he tells us, to call upon us all "to face, and to confess with penitence our own individual share in the responsibility for the present awful war. The direct and immediate responsibility is, of course, Mr. Russell says, "not ours either as a nation or as individuals. . . . But indirectly, there has been, and still is, much in the life of the nation—the worship of money, of pleasure, and of place, the selfish disregard of the just claims of our neighbour, the preference of party interests to the interest of country, not to mention grosser moral evils—which leaves us in no doubt why the love of God is chastening and scourging us. And the most insignificant of us has, by her life and work, by what she has been, by what she has done, or left undone, influenced in some degree the character and action of the nation; has helped to form the nation's soul, its mind, its moral standards, its aims, and policy. England is the better, or the worse because of what we, each one of us, have been. We cannot isolate our life from the life of our nation, nor fence in what we are so that it may not tell upon our race. Whatever there is of evil on the

part of England in the present war, the evil that is in each English heart has been in part its cause. It is this public, widely spreading effect of our private life, not only so much of it as others see, but also of our hidden life and inconspicuous acts, which the Church calls upon us to recognize, and, so far as it has been evil, with penitence to deplore."

Mr. Russell reminds nurses that they hold in English life, deservedly, an honoured and a trusted place. The nurse "is not, as she knows well, in spite of all that the newspapers, and some grateful patients say, an angel; yet, though no angel, she is allowed everywhere to pass within the veil which screens the sacred privacies of 'home' and is trusted to know what no one else may know. Such trust is an honour, and it carries with it many sacred obligations. The call to repentance invites the nurse to examine how far in the past these obligations have been met."

Again, Mr. Russell points out that a nurse holds "much in trust from Christ that she is bound to use in accordance with His will. That will has assigned to her the patients who in succession come, and for a while stay under her care.

"They are Christ's wounded lambs and sheep, and He their Shepherd has made her to them the agent of His own compassion."

The call of the Mission is a call with which it takes time to correspond and it is just that of which a nurse has so little at her disposal. Mr. Russell, with practical wisdom says "it will take just precisely so much time as it may be in your power to give; no more is needed, but no less will serve."

Do not let us forget that the object of the Mission is a corporate one—to bring home to the individual the responsibility for a higher standard of purity and public spirit, in the national life.

OUR PRIZE COMPETITION.

- (A) WHAT IS MEANT BY COUNTER-IRRITATION?
 (B) NAME THE DIFFERENT WAYS OF MAKING COUNTER-IRRITATION.

We have pleasure in awarding the prize this week to Miss Mary E. Taylor, Western Hospital, Seagrave Road, Fulham, S.W.

PRIZE PAPER.

Counter-irritation is a method used to counteract deep-seated inflammation, by causing congestion of the capillaries immediately below the skin by an action on the vaso-constrictor and vaso-dilator nerves which regulate size of capillaries. The following are the methods of making counter-irritation:—(1) Rubificients, (2) vesicants, (3) pustulants, (4) cupping, (5) cautery.

(1) *Rubificients* are used as mild irritants; they produce hyperæmia.

Uses.—For bronchitis, congestion of the stomach with hæmatemesis, vague rheumatic pain, sprains, and when continued application is necessary to absorb thickenings due to chronic inflammation.

The following are rubificients:—Fomentations, poultices, antiphlogistine, turpentine, mustard, capsicum, tincture of iodine.

Method.—Apply fomentations and poultices in usual way to affected area.

Antiphlogistine is a paste which often supercedes poultices and fomentations.

Uses.—For bronchitis, synovitis, enteritis, and adenitis.

Method.—Boil tin of paste in pan of water until contents become semi-fluid, spread evenly on piece of lint required shape and size, cover with jaconet and wool, change daily.

Turpentine is used as a stupe. It is advisable to smear skin with olive oil before renewing stupe.

Mustard is used in form of a plaster if a more powerful action is required; spread on linseed poultice; apply for twenty minutes for an adult, ten minutes for a child or weak person.

A mustard leaf is first soaked in warm water and applied to affected area.

Tincture of Iodine.—Paint evenly over affected part, once or twice daily, until cuticle peels in flakes.

Capsicum, better known as "chili paste," is rubbed into skin.

(2) *Vesicants* are blistering applications, used when a more powerful action is desired.

Uses.—For pericarditis, pleurisy, sciatica, synovitis. The blister is raised a little distance from affected part. When applied to a joint a

blister should be raised above and below the joint.

Method.—Before applying blistering agent the skin should be well washed with soap and water, dried with ether. If fluid is used, define required circumference of blister with ring of olive oil to prevent trickling of fluid. When fluid has been absorbed, cover with gauze. Hold lightly in position by strapping; allow room for blister to rise, as pressure will cause pain.

A blister takes from six to twelve hours to rise; on a delicate skin it may rise in two hours. A simple fomentation will hasten its formation.

To Dress a Blister.—Place a swab or small saucer under blister, incise cuticle in most dependent part with sterile scissors, press gently until fluid is expelled. If fluid is to be tested, collect into sterile test-tube. Cuticle must not be removed until new skin has grown. Apply zinc or boracic dressing; renew daily.

If necessary that the blister should be kept open, the cuticle is removed with sterile scissors and an irritant ordered, spread on lint the exact size of the sore.

The following are vesicants:—Cantharides, pure acetic acid, liniment of ammonia, chloroform.

Cantharides may be applied in three forms: (a) *Liquor epispasticus*, painted over defined area.

(b) *Emplastrum Cantharides*.—Smear back side with olive oil, place next to skin, hold in position by a bandage.

(c) *Cantharides ointment* rubbed into skin.

If acetic acid, liniment of ammonia, and chloroform are used to raise blister, soak piece of lint in one of the fluids and apply. If chloroform is the agent selected, cover the lint with watch glass (to prevent evaporation).

(3) *Pustulants* are seldom used except in cases of chronic bronchitis; they raise a blister containing pus.

Croton oil and liniment of iodine are pustulants.

Method.—(a) Rub croton oil into skin, cover until blister rises.

(b) *Liniment of Iodine*.—Paint several coats over affected area.

(4) *Cupping* is the production of hyperæmia. It is used for deep-seated inflammation.

Uses.—For inflammation of kidney, sciatica, to relieve distress in cases of asthma, bronchitis, and heart disease.

Two methods: (a) dry cupping; (b) wet cupping.

(a) *Dry Cupping*.—Bell-shaped glass, with or without exhaust pump, or wine glasses.

Place patient in comfortable position, with affected part exposed, sterilize skin, smear rim of glass with olive oil, invert over flame of spirit lamp, apply quickly and firmly; six to eight glasses may be applied over affected area. Remove first glass by pressing down skin, insert thumb nail under rim of glass. If necessary, re-heat and repeat until sufficient amount of hyperæmia is produced. Counter-irritation may be continued for some time by the application of a fomentation. After the operation the skin should be well greased to remove tension.

If pump glass is used, air is expelled after application.

Wet cupping is seldom used, but if necessary, the skin is first dry cupped, the swollen skin is scarified by a lancet, the cupping glass is again applied, and the blood drawn off into it.

(5) *Cautery*.—The cautery is used mildly heated as a counter-irritant instead of a blister in sciatica, neuralgia, and rheumatic pains.

The galvano cautery, consisting of a platinum point heated by an electric current, is much used to reduce inflamed tissues about the nose and throat.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Mrs. M. E. E. Farthing, Miss Winifred Nash, Miss G. Cheantley, Miss D. Vine, Miss S. Simpson, Miss E. E. Hall, Miss F. Sheppard, Miss M. Tobin, Miss M. Cumming, Miss F. E. Mercer. (With the last two no coupons were enclosed.)

QUESTION FOR NEXT WEEK.

What is *Materia Medica*? Outline a practical course for nurses.

A DENTAL AMBULANCE.

Everyone who has suffered the agony which may be caused by dental caries, and exposed nerves, will wish that the remedy should be within reach of men on active service.

The first dental surgery ambulance car to be used in the British Army for work in the field was inspected at Buckingham Palace last Saturday by the King and Queen. It cost £950, and is the gift of the Civil Service Federation, and has been designed and constructed under the supervision of the engineers of the British Red Cross Society. It is in charge of Mr. E. Curtice, a fully qualified dentist. It is fully equipped with gas cylinders, lathes for the manufacture of artificial teeth, hot and cold water supplies, a sterilizing apparatus, and two dental chairs.

The King expressed the hope that before long there would be many such cars in use in the field, where they were greatly needed.

DISEASES OF CHILDREN.*

The volume just published in the Edinburgh Medical Series on the "Diseases of Children," by Dr. A. Dingwall-Fordyce, Ch.B., F.R.C.P.E., promises to become a classic, for no one has so far covered the same ground in the same way. As the author himself says in his preface, "Most of the excellent books on the subject in this country are either very large or professedly non-systematic. In this work I have attempted to avoid both features, and to provide for students and practitioners a practical modern manual—systematic, small, and complete." Those who read the volume will realize that the author, out of the store of information and experience which he possesses on the subject, as indicated by his appointment as lecturer on diseases of children at the School of Medicine, Royal College, Edinburgh, and as extra physician to the Royal Hospital for Sick Children in the same city, has compressed into a volume of medium size a wealth of information most systematically arranged and lucidly conveyed, so that any medical practitioner who masters it will be well equipped to deal with the prevention and treatment of diseases of children, while nurses may gain a store of information on a subject of which most of them know extremely little, while those who have specialized in it will find it invaluable in helping them to understand conditions which they constantly meet with in their work, and thus their efficiency will be increased by their clear comprehension of many things which formerly were obscure.

The book is dedicated "To the Paediatric Physicians of Belgium, who during the last twenty years have largely been the inspiring agents in the development of organized effort throughout Europe directed to the prevention of disease in early childhood," and the author draws attention to the fact that "the book appears at a time of trial such as our country has never before known. The days we live through are epoch-making. Civilization and human evolution have reached a crucial point, and the loosened dogs of war are moulding a spiritual as well as a physical rampart between the time of the past and the time of the future.

"Medicine like all else will never be the same again. When that bright to-morrow, which we all expect, has shone, the cataclysmic explosion of elemental human passions and its aftermath will have imposed indelible altera-

* By A. Dingwall-Fordyce, M.D. A. & C. Black, Ltd., 4, 5, & 6, Soho Square, London, W.

tions on the social and professional outlook of the physician.

"One such alteration will inevitably be a change in the perspective of scientific paediatrics. . . . Henceforth preventive medicine must focus on the child even before birth. Everything in relation to him must receive profoundest attention, and scientific paediatrics must be one of the most important pillars in the medical curriculum."



Facies-hippocratica. Severe diarrhoea. Child aged 6 months

The author devotes the first two chapters to the discussion of the healthy child and its care, a necessary foundation upon which to build a knowledge of deviations from the normal. Nurses will have much sympathy with the senior student

described in the opening paragraph, for they too know that the study of infancy is a branch demanding special training, and that the cleverest surgical nurse may be nearly as much at sea as a new probationer without such training, when confronted with the needs of an infant, sick or healthy. We read:—

"When the senior student is faced for the first time with a sick baby, his nervous system

becomes unstable. He begins to find the bottom knocked out of his medical training, he gropes in his mental reservoirs for dry land—for one solid fact from which to advance along what he has hitherto



Commencing hydrocephalus and cerebro-spinal meningitis. Child aged 10 months

found the conventional medical trail. He loses system, he becomes flurried, he would give anything to be out of the house, or even in the next room, for the baby cries and squirms and blinks and kicks, and dodges and rolls about, the mother talks a nursery speech, strange to his ear, of bottles and foods and napkins, many diseases are suggested—so far as he can tell the baby may have none or all of them. How is he to find out?"

Dr. Dingwall-Fordyce gives the usual length at birth of the average baby as 20 inches and the weight 8 lb. "He usually sleeps with his eyes shut, but it is not necessarily a sign of illness if a baby sleeps with his eyes half open. . . . When he is awake he cries a good deal—he cries from a sense of uneasiness, such as dampness, thirst, hunger, and a desire to be nursed. A healthy baby often cries a great deal, and soon learns to cry plentifully if he finds that by so doing he gets what he wants. Frequent crying, by itself, is no sign of illness. It is very often the result of spoiling the child, and a few days with a good nurse who gives no response to temper-cries, works marvels of improvement. On the other hand, a constant peevish whimper is common in illness."

And here is a word of wisdom:—"A little baby smiles purely from a sense of well-being, and conversely he whines when ill." A smile is therefore a favourable sign in a sick child."

An admirable table on page 7 is an anatomic index of the stage of development, and the relative proportions of the body at different ages. Thus at birth the head is one-fourth of his entire length, while in the adult it forms only one-eighth.

Dr. Dingwall-Fordyce, speaking of the importance of heredity, says that it rarely lies in the hands of the medical profession to direct

the heredity of posterity, but goes on:—"As physicians we recognize that the child of to-day—our patient or the child in our charge—is limited in life's race by his heredity. To what extent he is limited time only shows. He is the child of his parents—bone of their bones; but his heredity merges in his environment, and the proper ordering of environment is of incalculable importance. Here we step in. Looked at from any point of view—morality,



Baby dying from severe diarrhoea.



Pneumonia. Note the felled appearance.

happiness, success—the preservation of health is the greatest possible individual asset towards the attainment of the end. For some it is a blessing lightly won, for others it is a possibility only hardly to be ensured, while for others still it is an elysium only to be dreamed of. But for all there are grades of health and of ill-health, for all there are many possibilities which may be missed, and for all, suitable care in early



Tubercular Meningitis.
Child aged 2½ years.

childhood is of immense importance. "To-day the nutrition of the child, his education and his preparation for life in a civilized community have reached the stage of joining hands with preventive medicine."

DISEASE IN CHILDHOOD.

The author prefaces his remarks on "Disease in Childhood" by stating that "He who studies and deals with diseases of children in the mass becomes impressed with features associated with them which are foreign to disease in the adult."

A point which he strongly emphasises in regard to children is the strength of their recuperative power. "We should never despair when dealing with a sick child.



A Mumps.

Scientific medicine cannot measure the vitality of the child, and desperate, and apparently hopeless though the fight may be, it is the duty of the conscientious physician always to assist nature by every means in his power. The child, on the other hand, is readily felled; he goes down quickly.

Acute disease is apt to set in violently, and even minor ailments may cause alarming symptoms."

Nurses will do well to study this chapter, especially in regard to the dissemination of infection, and the reasons why it tends much more markedly to become widespread amongst children. In adults the bodily secretions and discharges are a means of defence against bacterial invasion—they possess bactericidal power

and they also wash away invaders. But in the child their bactericidal power is small, the layer of surface cells of the body is fragile, and the first line of body defence against bacterial invasion is consequently weak in childhood, and in regard to the second line of defence—the lymphatic glandular system—there is a special tendency for lymphatic glands to be involved in infection. It is therefore easy

to understand that children are very susceptible to infection.

EXAMINATION OF THE SICK CHILD.

The author emphasises the importance of written notes in case-taking of children. In regard to physical examination, he states that inspection is the most



A Baby Cretin

valuable form of examination we have at our command. The expressions in the illustrations here reproduced are typical of various conditions. Thus the doctor "notes the attitude and movements of the child. Is he lax, flaccid, sunken, prostrate, felled? Is his attitude unusual, strained? Is he twisted by unnatural muscular contraction? Is his general nutrition good? What is the colour of his skin? What is the state of his respiration? What is the nature of his cry?" A nurse who absorbs this chapter cannot fail to be a better assistant to the medical profession thereafter, for she will understand better what to observe.



A case of cerebral disease.
Note the expression of astonishment.

Thus Dr. Dingwall-Fordyce points out, "In many diseases there is a distinctive facies, and the accompanying photographs illustrate some of them." Again, "What are the more important points for which we should be on the look-out? What else is there to note, especially about the head? The two most notable characteristics are the size and shape. Is it abnormal in either way? Is it too large or too small?"

(To be continued.)

NURSING AND THE WAR.

On Wednesday, 4th inst., the King bestowed the Decoration of the Royal Red Cross on the following Matrons and Nurses at Buckingham Palace, to whom hearty congratulations:—

THE ROYAL RED CROSS.

First Class.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.—Matron Susannah Lamming, Acting Matron Susan Saythe, Acting Matron Amy Willes, Matron Gertrude Larner, Acting Matron Johanna Clay, and Acting Matron Margaret Steele.

QUEEN ALEXANDRA'S IMPERIAL MILITARY SERVICE (RESERVE).—Matron Melina McCord.

Miss Isabel Patton, late Matron, American Nursing Service.

Second Class.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.—Acting Matron Ellen McAllister, Acting Matron Alice Steel, Acting Matron Flora Macpherson, Acting Sister Edith O'Connell, Acting Matron Edith Monck-Mason.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE (RESERVE).—Sister Daisy Ansell, Sister Emily Lett, Sister Dorothy Rothery, Sister Aileen Moore, Sister Dora Deacon, Sister Gertrude Hawkins, Sister May Alexander, Sister Eleanor Wimbush, Sister Dorothy Creed, Sister Annie Tweedy, Staff Nurse Flora Biggar, Staff Nurse Margaret Lawrence, Staff Nurse Annie Dobbins, Staff Nurse Charlotte Tyler, Staff Nurse Clara Skelton, Staff Nurse Emma Hailey, Staff Nurse Dorothy Woollett, Staff Nurse Margaret Turner, Staff Nurse Anne Ross, Staff Nurse Anne Frame, Staff Nurse Margaret McLean, and Staff Nurse Janie Towell.

NURSING STAFF OF MILITARY AND WAR HOSPITALS.—Sister Fanny Ashworth.

On Saturday last, the King awarded at Buckingham Palace the Royal Red Cross to eighty Matrons, Sisters and Nurses, all of whom are to be heartily congratulated upon receiving the distinction.

First Class.

TERRITORIAL FORCE NURSING SERVICE.—Principal Matron Emma Smale, Matron Kathleen Lloyd, Matron Helen Cottam, Matron Margaret Sinclair, Matron Alicia Kerr, Matron Ida Turner.

NEW ZEALAND NURSING SERVICE.—Senior Matron Bertha Nurse.

Second Class.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE (RESERVE).—Sister Helen Helps, Sister Emily Bolland, Sister Mary Barrow.

TERRITORIAL FORCE NURSING SERVICE.—Sister Dorothy Jones, Sister Lily Ellis, Sister Angelina Dent, Sister Annie Pledger, Sister Annie Ellis, Sister Mary Foster, Sister Eliza James, Sister Frances Wood, Sister Mabel Alibone, Sister Kate Taylor, Sister Edith

Draper, Sister Florence Lupton, Sister Edith Duston, Sister Anne Boddy, Sister Dora Chapman, Sister Anne Simpson, Sister Lily Webster, Sister Kathleen Daye, Sister Harriet Reynolds, Sister Edith Davis, Sister Anita Teague, Sister Martha Barnes, Sister Edith Baldwin, Sister Mary Dowbiggin, Sister Ellen Andrews, Sister Catherine McCallum, Sister Isabel Calder.

Nurse Dora McLelland, Nurse Ethel Jackson, Nurse Laura Dack, Nurse Miriam Cole, Nurse Kate Seager, Nurse Violet Wardlaw, Nurse Maria Bradburn, Nurse Octavia Allee, Nurse Flora Knight, Nurse Margaret Power, Nurse Agnes Linton, Nurse Euphemia Mitchell, Nurse Edith Livingstone, Nurse Catherine Roberts, Nurse Minnie Barber, Nurse Isabel Berry, Nurse Sarah Tiplady, Nurse Caroline Jackson, Nurse Elizabeth Charles, Nurse Emily Connell, Nurse Lilly Huntley, Nurse Ethel Spencer, Nurse Grace Tait, Nurse Jessie Green, Nurse Ada Bull, Nurse Eliza Walton, Nurse Margaret Bamford, Nurse Sarah Archer, Nurse Elizabeth Hart, Nurse Kate Steel, Nurse Winifred Holroyde, Nurse Molly Paddle, Nurse Mary Mann, Nurse Catharine Brand, Nurse Elizabeth Sim, Nurse Marjory Stuart, Nurse Catherine Yule, Nurse Elizabeth Henderson, Nurse Elizabeth Beaton, Nurse Eleanor Bell, Nurse Mary Donald, Nurse Margaret Connell, Nurse Margaret Ochs.

Miss J. M. Clay, Acting Matron of the Kitchener Hospital at Brighton, one of those who had the honour of receiving the decoration of the Royal Red Cross (First Class) from His Majesty the King last week, has had a varied and interesting nursing career. She was trained at St. Bartholomew's Hospital, London, and afterwards obtained midwifery training at the Hospital for Women, Brighton, where she subsequently was appointed a Branch Superintendent and Sub-Matron. She was for a time a Sister at the Policlinico Hospital in Rome, and for some years a member of Queen Alexandra's Imperial Military Nursing Service. Before her appointment to her present position Miss Clay was Matron at Lord Derby's War Hospital at Warrington.

Writing on the British hospital services at the front in France, Lord Northcliffe says:—"It is impossible to convey in words the amazing, untiring activity of the nurses and doctors. I did not know that human beings could work so many hours without sleep at the most anxious kind of work the world provides. No wonder that the women sometimes break down and require hostels and rest homes. Yet during a number of war visits I have met with not one complaint from any member of any medical staff in the field or elsewhere."

Sister Davies, who has been working with the Anglo-Russian Hospital for the past year, has just arrived in England. For a considerable time she was with the field hospital on the Polish front. She speaks in terms of admiration of the splendid

courage and heroism of the Russian soldiers, and says that the hardships endured by the Russian troops are not at all realised in this country. She emphasises the magnificent progress made in Russian organisation, as a result of which there is now no shortage of arms or ammunition.

She relates that the Germans seem to make a special point of firing on hospitals. Although every possible precaution was taken by displaying Red Cross flags and even marking on the ground an enormous red cross, yet even y aeroplane bombs were dropped on the hospital on several occasions.

The tents filled with wounded men were riddled, and unforgettable scenes occurred among the patients.

On one occasion a British motor driver and a Russian orderly were killed. An adjoining hospital was also fired upon, and many wounded men re-wounded and killed. Russian orderlies also succumbed, and many horses.

Sister Davies says that it was quite impossible to mistake these hospitals. Owing to the danger of shrapnel splinters it became impossible to keep the patients on beds, and they had to be laid on the ground, either on stretchers or on straw. The effect of these brutal raids on the suffering soldiers was terrible, and occasionally the wounded Russians, who do not usually indulge in nerves, went mad.

The field hospital in question was quite near the first line during the recent big push on the Russian front, and for several days the din of the battle never ceased. This particular hospital had 100 beds, but during the fury of the battle it sometimes accommodated 180 patients.

Sister Davies adds that the cinema exhibitions of British films have had a splendid effect on the Russian soldiery, who flock to the picture palaces. She relates an amusing incident. When troops from the remote Siberian villages first saw the

pictures they were amazed at the extreme rapidity of the movements of the British, which they attributed solely to smartness. They did not know the peculiarities of the cinema film.

The *Englishwoman* says, on the supply of nurses for military hospitals: "Any committee which considers the supply of nurses should be able to protect the rights of the fully trained nurses; to advocate the claims of V.A.D. members to an adequate training for their proper sphere, and to formulate some scheme by which the experience

gained by so many women during the war may benefit themselves and the nation in time of peace. There will be no rush of women to qualify as trained nurses if the nursing profession is to be swamped by untrained amateurs, nor will educated women continue to serve month after month in military hospitals if they are kept exclusively to housemaids' work or allowed now and then the responsibility of cutting a patient's nails!"

Miss Millicent Wood recently spoke to a large audience at the Christ Church Hall, Woking, on her experiences in a French hospital. In the course of her remarks Miss Wood related in a most entertaining manner some of her experiences during her work at a big hospital, entirely staffed by British doctors and nurses, for wounded French soldiers. She paid a splendid tribute to the French soldiers, whom she described as simply magnificent. As an instance of their heroism she related a story of a young French officer who first came to the hospital with his right arm smashed. He recovered and went out again, but returned with his left arm smashed. Again he recovered and went to the line, but came back again, and had his right leg amputated at three different places. The last time the lecturer heard of him he was waiting for an



MISS JOHANNA M. CLAY, R.R.C.,
Acting Matron of the Kitchener Hospital, Brighton.

artificial leg preparatory to joining the French Flying Corps.

The following letter appeared recently in the *Morning Post*, signed "Royal Red Cross," and dated "A Hospital in France." It is headed "Ungracious Officialism," and the point of it is that decorations which were to have been bestowed by the President of the French Republic upon Scottish nurses were delayed because of a cast-iron rule of the British Foreign Office. The writer says:—

The President of the French Republic has spoken to over three hundred and seventy French wounded, in simple fashion, often putting a friendly arm round the neck of a young soldier or stroking his hand. Madame Poincaré has given to each man a kind word and a present tied up with the tricolour ribbon.

We now await the final ceremony. The President is to bestow the Legion of Honour upon our countrywoman who for two years without a break, and with skill and devotion beyond praise, has acted as "Médecin Chef" of this wonderful hospital. Ten other decorations are to be given among her helpers. The British Staff Officers present—half a dozen of them—are proud of these Scottish women, who have deserved so well of the Allied Armies. The *mise en scene* is perfect. The Gothic cloisters, the roses trailing round the plashing fountain in the centre of the quadrangle of the monastery founded by St. Louis, the bright Scottish and English girls' faces above their blue dresses, the scarlet of the coverlets over the wounded who are lying round the great cloister, and the dazzling white of their pillows. It is again the Tricolour of France, the glory of her quiet cornfields in peace and of her bloody battlefields of the Somme.

Gratitude lights up the eyes of the men, tenderness those of the women. Admiration for the lady who has been the life and soul of the hospital, who is its chief surgeon and wise administrator, warms the hearts of all. The President regrets. . . He says farewell, with warm expressions of gratitude on behalf of the French nation and the French Army, echoed by M. Godard, the Under-Secretary for War, and by the French Generals and doctors present.

But, the Legion of Honour?

Well, the pretty ceremony, in which the French delight and excel, cannot proceed.

A new rule has been insisted upon. No English subject can be decorated on the field of battle for service rendered to France unless the name and service are approved by the English Foreign Office. Telegrams have been sent to London in vain. It takes at least three weeks to move Downing Street. Besides, the British send their decorations by post. "*C'est plus pratique*," say the French.

WORD FOR THE WEEK.

We went into this war with clean hearts, we have fought it with clean hands, and let us come out of it with clean souls.—*Robert Blatchford*.

FRENCH FLAG NURSING CORPS.

Miss Marion Ramsay Parsons, cert., Royal Hants County Hospital, Winchester, left for France for service with the Corps on Saturday, October 7th. The Corps has now been at work for two years and has gained a high reputation through the skill and devotion to duty of the Sisters.

The officials of the Anglo-French Committee of the British Red Cross Society have intimated—we presume, with the approbation of the War Office—that thoroughly trained and certificated nurses may not now be sent to nurse our brave wounded Allies in France, but that vacancies in the F.F.N.C.—and, we presume, in other organizations—may be filled by sending "partially trained" women into French military hospitals. We hasten to reassure the certificated Sisters of the Corps that their Committee will neither break its honourable contract with the French Government, to supply certificated and experienced nurses, nor its moral obligations to the highly skilled women who have joined this Corps, by adopting such a suggestion—as they realise that by so doing the prestige of the Corps would suffer irreparable depreciation and failure result. "Partially trained" nurses are usually failures who have not completed their training for one of the following reasons: They may have broken down in health—that is their misfortune; they may have proved temperamentally unsuited for nursing the sick; or too stupid to attain the necessary skill and pass examinations; or their moral character may not be reliable.

That these failures should be considered eligible for service in France, as substitutes for trained and certificated nurses of high moral character, demonstrates once again the necessity for effective professional control of all military nursing. That all efficiently trained nurses available are required at home for the care of our own sick and wounded need not have been the case, as hundreds—if not thousands—of well-trained nurses in our Overseas Dominions could long ago have been secured by the War Office, if the quite justifiable expenditure of transporting them to England had been guaranteed.

Anyway, only the best nurses are good enough for service in the F.F.N.C., and none others will be offered through its medium as worthy to care for the heroic sick and wounded French soldier who is fighting our battles as well as his own.

The following letter has been received from M. Lugon, of the Hôtel de France, Chambéry (Savoie): "I am happy to inform you how pleased I am my proposal has been accepted by the Committee of the F.F.N.C. If the few days of rest some of your nurses have taken here help them to bear the strain of their charitable work, my aim will be attained, that being my only possible way of contributing to the relief of the suffering this War is causing."

JOINT WAR COMMITTEE.

HOME.

The following sisters have been deputed for duty in Home Hospitals:-

Knoughton V.A.D. Hosp., Evington, near Leicester.—Miss B. Clipstone.

The Tower, Rainhill, Lanes.—Miss M. A. Hobday.
Maxilla Hosp., Princess Road, Lambeth.—Miss K. M. Manning.

Red Cross Hosp., Pendovic, Brecon.—Miss A. Williams.

Bush Hill Park V.A.D. Hosp., Enfield.—Miss W. S. Martin.

King's Western Hosp., near Bristol.—Miss E. A. Wellbome.

Eastvale V.A.D. Hosp., Falden Lodge, Middlesex.—Miss F. H. Forde.

V.A.D. Hosp., Northwood, Middlesex.—Miss G. Arr Id.

Standish House, Stonchouse, Glos.—Miss S. M. Hunter, Mrs. M. Finn.

Dover House, Rochampton.—Mrs. E. M. Young.
Horton Aux. Hosp., Ponteynon, Glam.—Miss A. Calder.

Town Close Hosp., Norwich.—Miss A. Hoare.
Hoole House Hosp., Chesho.—Miss M. Barker.

Abbots Repton Hosp., Huntingdon.—Miss G. Cracroft, Miss C. O'Mahoney.

Clayton Court Red Cross Hosp., East Liss.—Miss F. M. Robinson.

Red Cross Hosp., Spendon, W. Derby.—Mrs. E. Heathcote.

V.A.D. Aux. Hosp., Leywardine, Herefordshire.—Mrs. H. L. Horniman.

Gatecombe House, Newport, I.O.W.—Miss O. E. Robins.

Red Cross Hosp., Holt, Norfolk.—Miss G. Gillman.

Inuiscarra, Bath Road, Reading.—Miss M. E. Bryant, Miss E. Egan.

St. Anselm's, Walmor.—Miss M. Chillingworth.
Red Cross Hosp., Clevedon.—Miss F. E. McCornick.

Red Cross Hosp., Churchfields, West Bromwich.—Miss M. Everett.

St. Mary's Hosp., Worthing.—Miss A. M. W. Arnold.

St. George's Hill Golf Club, Weybridge.—Miss J. C. Webb.

De Wadden Court Hosp., Eastbourne.—Miss I. Saver.

Red Cross Hosp., N. Walsham.—Miss C. N. Chappell.

Clive Hill Hosp., Doanand, near Bristol.—Miss C. Rudel.

Charnwood V.A.D. Hosp., near Loughborough.—Miss M. J. Hurst.

Marlipit Court, Edenbridge, Kent.—Miss A. Kane.

V.A.D. Hosp., Godington, Ashford.—Miss M. S. Mackay.

Foy's House, Clifton, Bristol.—Mrs. L. G. Browning.

Red Cross Hosp., Bakers.—Miss G. R. Dowdes.
V.A.D. Hosp., Woodside, Dullington.—Miss M. B. Shepherd.

Fawlawe Aux. Hosp., Honoak Road, Forest Hill.—Mrs. L. Duke, Miss E. Lamb oh.

ABROAD.

Bugate Hosp.—Miss M. E. Clark, Miss I. Huggison.

Boulogne Headquarters.—Miss G. Walters, Miss M. Fielding, Miss E. M. Seabrooke, Miss E. Smith, Miss I. Gort.

CARE OF THE WOUNDED.

"Our Day," October 10th, is drawing near, and millions of flags will be on sale all over the world for the Red Cross Society and Order of St. John. A large number of orders for souvenirs made from the wire of the Cutley Zeppelin have been received. To West Bolton Gardens, the offices of Miss Beeman, the organizer, are a perfect hive of industry in the good cause.

In bidding farewell to Canada HERH the Duke of Connaught said he was proud of Canada's response to the war call. It had taken its share in a magnificent manner, and had raised three million sterling to support 55,000 soldiers' dependents. To the Red Cross it had given six million pounds in supplies and two million pounds in money, and it had also helped all the Allied nations. The Duke roused great enthusiasm by advocating that the immigrants into Canada should be British.

The British Red Cross and Order of St. John have made all arrangements for co-operation with the medical service of the Rumanian Army. The first British ambulance has arrived at Bukarest this week, and a large consignment of warm clothes and medicaments is expected shortly.

The Board of Management of the Manchester Royal Infirmary has received the sum of £1,000 from Mr. and Mrs. William Hughes, of Sale, to endow a bed in perpetuity in memory of their son, Rhys Hughes, second lieutenant, 20th Lancashire Fusiliers, who died of wounds in France on August 1st, 1916.

A donor who wishes to remain anonymous has offered to the Société Nationale de Chirurgie, 12, Rue de Seme, Paris, a prize of 50,000 fr. (£2,000) to be handed over to the maker of the mechanical apparatus which best supplies the place of the hand. All competitors must belong to Allied or neutral nations. They are to present to the society mutilated men who have been using their apparatus for at least six months. The Société de Chirurgie will test each apparatus with a mutilated man for the length of time it thinks fit. The apparatus which wins the prize is to remain the property of its inventor. The competition will be closed two years after the end of the war.

THE COLLEGE OF NURSING, LTD.

LOCAL BOARD FOR SCOTLAND.

The following Local Board for Scotland, which is to consist of thirty persons, has, we are informed, been approved by the College of Nursing, Ltd., without any reference to Scottish nurses whatever.

CHAIRMEN OF HOSPITALS.

Sir Matthew Arthur, Bart., Western Infirmary, Glasgow.

Mr. James Macfarlane, Royal Infirmary, Glasgow.

Mr. O. C. Barrie, Royal Infirmary, Dundee.

Mr. Alexander Duffus, Royal Infirmary, Aberdeen.

CONVENERS OF HOSPITAL HOUSE COMMITTEES.

Professor Ritchie, M.A., B.Sc. (Oxon), M.D., F.R.C.P. (Ed.), Royal Infirmary, Edinburgh.

Colonel Roxburgh, Western Infirmary, Glasgow.

CONVENER NURSING COMMITTEE.

Mrs. George Kerr, Royal Infirmary, Edinburgh

MEDICAL SUPERINTENDENTS.

Dr. Maxtone Thom, D.P.H., Royal Infirmary, Glasgow.

Colonel Macintosh, M.V.O., M.B., LL.D., Western Infirmary, Glasgow.

Dr. C. Ker, City Fever Hospital, Edinburgh.

Dr. McCubbon Johnston, Stobhill Hospital, Glasgow.

MATRONS AND SUPERINTENDENTS.

Miss Gill, R.R.C., Royal Infirmary, Edinburgh.

Miss Melrose, R.R.C., Royal Infirmary, Glasgow.

Miss Gregory Smith, R.R.C., Western Infirmary, Glasgow.

Miss Campbell, Victoria Infirmary, Glasgow.

Miss Merchant, Eastern District Hospital, Glasgow.

Miss Edmondson, R.R.C., Royal Infirmary, Aberdeen.

Miss Pegg, Royal Infirmary, Dundee.

Miss Peterkin, Q.V.J.I., Scottish Branch.

Miss Graham, Scottish Association of Trained Nurses.

MEDICAL MEN.

Sir James Aileck, M.D., Edinburgh.

Dr. Ebenezer Duncan, President Royal Faculty of Physicians and Surgeons, Glasgow.

Professor Glaister, M.D., D.P.H. (Camb.), F.R.S. (Ed.), University of Glasgow.

To complete the list seven nurses are to be co-opted. Their names are not yet announced, but that is a matter of little importance, for no nurse worth her salt will consent to be co-opted on to a Board designed to govern her profession in Scotland, and which under a just Registration Act it would be her right to nominate and elect.

There is nothing ambiguous about the Scottish

Board. It is frankly a body of those who employ nurses and their senior officials, who intend to govern them, and it is to be hoped we shall hear no further silly protestations about "self-government for the nursing profession" from the Nursing College nominees in Scotland.

Apparently all trained nurses have to do is to pay their guinea fee, and thus provide the funds for the Board to control their affairs, and as according to the College Constitution a registered nurse's name may be removed from the register without any power of appeal, the whole system is delightfully simple for those who are grasping power over them. The cold-blooded manner in which the professional responsibility of trained nurses in Scotland has been ignored by the College of Nursing, Ltd., is a warning which will not be lost on English and Irish nurses.

A COERCIVE CONSTITUTION.

WHAT NURSES AGREE TO WHO SIGN THE APPLICATION FORM FOR REGISTRATION AND MEMBERSHIP OF THE COLLEGE OF NURSING, LTD.

AUTOCRATIC GOVERNMENT.

1. Absolute control by a Council nominated by the seven lay signatories of the College of Nursing Company, Ltd., which Council has power to make, alter, and to repeal such bye-laws, rules and regulations as the Council may think fit. (Article 60 (5).)

2. This Council has power to appoint any persons (whether already members or not) to be members of the Council. (Article 37.)

3. To exclude from office Matrons of Hospitals or Superintendents of Nursing, Sisters or Nurses who are not engaged in the active practice of their profession. (Article 35.)

4. To adopt, if thought fit, the results of examinations held by approved Nursing Schools as sufficient evidence of proficiency. (Memo. I (D).)

5. To grant certificates . . . Provided that the College shall not grant, or profess to grant titles or diplomas. (Memo. I (E).)

6. To remove from the Register the name or names of any person or persons as the Council may in its discretion think proper. (Memo. I (J).)

THE AGREEMENT AS DEFINED IN THE MEMORANDUM.

Nurses who sign the Application Form for Registration and pay a guinea are compelled to be members of the College of Nursing, and be bound by the Memorandum and Articles of Association.

They agree:—

3 (D). That the results of examinations at certain Nurse Training Schools shall be sufficient evidence of proficiency.

This cuts at the root of the One Portal Central Examination for Registration, to which the College is pledged.

3 (E). No titles or diplomas.

This depreciates the educational status of a registered nurse. Every college of any educational value should take power to grant titles and diplomas to those who attain by examination the educational standards prescribed.

3 (J). The removal of a nurse's name from the Register, "as the Council may in its discretion think proper."

No power of appeal is provided for the registered nurse. This autocratic assumption of power places the nurse in a most defenceless position, and she practically agrees to be accused, tried, judged, and condemned, without the right to defend herself. This is a most scandalous provision, and is in our opinion sufficient to condemn the whole constitution of the College of Nursing.

THE AGREEMENT AS DEFINED IN THE ARTICLES OF ASSOCIATION.

Under the Articles nurses agree:—

5. That the seven lay Signatories called Subscribers shall be perpetual members of the College of Nursing. This constitutes it a lay and not a professional corporation as are the Colleges of Physicians and Surgeons, the Fellows and Members of which are all registered medical practitioners.

6. That the Regulations can be altered by the Council without the consent of the members.

34. To the President and Vice-Presidents of the College being appointed by the Council and not by the members.

35. To the exclusion from power of all Matrons, Sisters and nurses not in active service.

This is calculated to exclude all registered nurses who are not under the control of an employer, and thus to prevent independent action, and expression of opinion. It penalises women who are economically independent.

37 and 40. That the Council shall be self-nominating and self-electing, and as all retiring members are eligible for re-election, practically provides for a permanent governing body.

55. That the Acts of the Council or Committee are valid notwithstanding the defective appointment of its members.

56. That a resolution without a meeting of the Council "shall be as valid and effectual, if signed by all the members of the Council, as if passed at a meeting."

These two last provisions might lead to the most unconstitutional conduct of business.

63 and 68. That a Consultative Board which may be composed of hundreds of all classes of employers of nurses, lay and professional, shall advise on the course of study and technical training "for persons intended for the nursing profession" and the "conditions under which recognition may be extended to nursing schools," presumably under their own control.

The curriculum of a professional nurse's education is a question on which professional experts alone can express a reliable opinion.

NURSES SHOULD REALISE—

That all nurses who sign the application form for Registration and Membership agree "to conform in all respects to the Rules and Regulations from time to time adopted by the Council of the College (without being consulted) and to be bound by the Memorandum and Articles of Association from which we have quoted.

As we could not sign this Agreement ourselves we cannot advise others to do so.

THE IRISH NURSES' ASSOCIATION.

A meeting of the Executive Committee of the Irish Nurses' Association was held on the 7th inst., Miss Randsen presiding. Also present: Miss Carson-Rae, Miss V. Roberts, Mrs. Manning, Miss Towers, the Hon. A. Brodrick, Miss Thornton and Miss O'Flynn.

STATE REGISTRATION OF TRAINED NURSES.

The following resolution was passed unanimously, and directed to be sent to Miss Huxley and Miss Reeves, who were present at the recent meeting of the Central Committee for State Registration held in London:—"That this Committee of the Irish Nurses' Association, having before them the Report of the negotiations of the Central Committee with the Council of the College of Nursing, Ltd., in regard to the Registration of Nurses Bill, desire to instruct their delegates on the Central Committee to vote in favour of proceeding with their own Registration Bill of 1910, brought up to date, unless the amendments proposed by the Central Committee be accepted and an Agreed Bill introduced."

EXCLUSION OF IRISH NURSES ON SUPPLY COMMITTEE.

The following resolution, which was passed unanimously, was directed to be sent to the Secretary of State for War:—"That the Irish Nurses' Association beg to call the attention of the Secretary of State for War to the fact that no representative from Ireland has been appointed to serve on the Supply of Nurses Committee. They presume that this is an oversight which will be rectified at an early date."

NATIONAL UNION OF TRAINED NURSES.

On October 5th Miss Violetta Thurstan, the General and Organizing Secretary of the N.U.T.N., paid a visit to Bournemouth, where she spoke to a very representative meeting of Matrons and Nurses assembled at the Victoria Nurses' Home, when Miss Christina Forrest acted as hostess. Miss Thurstan spoke of the necessity of union amongst trained nurses, and the necessity for effective self-government through State Registration, if we are to attain any degree of professional independence and manage our own affairs, such as

deciding what our professional standards of nursing should be theoretically and practically to fit us for dealing with the sick; and she tried to impress upon her audience the imperative necessity for union if nurses are ever to gain the position, and the freedom and the living wage, which they ought to have.

Miss Thurstan pointed out the dangers of the constitution of the College of Nursing. She said the College as such was required, and State Registration was urgently required, but the danger for professional women was that the signatories of the College being unprofessional persons had called to help them organise the nursing profession a certain nominated body of professionals, but that the unprofessional element intended to govern. The further danger of the voluntary registration scheme of the College, for which nurses had to pay a guinea, was that without a knowledge of the constitution nurses were compelled to become members of the College and undertake to conform to its regulations. After dealing most ably with the question of professional organization and registration Miss Thurstan charmed her audience with an exceedingly interesting sketch of her war work in Russia, and aroused much sympathy for the sufferings of the glorious Russian Army and the refugees—and admiration for the manner in which Russia is facing all the misery and devastation of war.

After her brilliant lecture, the question of forming a local branch of the N.U.N. in Bournemouth was put to the vote, and it was agreed one should be formed. The hon. secretary and hon. treasurer were elected, Miss Lloyd, the hon. secretary, being the most popular Matron of the Royal National Sanatorium, and the treasurer a trained nurse, Miss Walker, and it was agreed that in forming the committee it should as far as possible represent every nursing interest in the district. Tea then followed and much interesting chat, Miss Thurstan having the pleasure of meeting nearly all the local Matrons and many of the well-known nurses of the town.

Nurses desiring to join should apply to Miss Lloyd, Hon. Secretary, Royal National Sanatorium, Bournemouth.

MEETING AT BIRMINGHAM.

On the 7th inst. Miss Eden addressed the Birmingham Branch at a meeting held in the General Hospital, Miss Musson presiding. She pointed out that the Union was the only professional nurses' society with branches to which nurses of all training schools could belong, and that it stood for the interests of working nurses, and maintained that only by recognising and encouraging the effort they themselves made to organise their profession would the highest be attained.

Miss Musson said she was convinced that the work of the Union should become more valuable than ever. It was organised on the same lines as the British Medical Association, and should do similar work in the future. She would like to see

a branch in every town in England and the Union with at least 10,000 members.

The meeting closed with a vote of thanks to the speakers and to Miss Musson for so kindly allowing the Branch to meet at the hospital and for presiding.

AN ECONOMIC COMPOUND.

In opening its widely read columns to discussion on the various phases of the nursing question the *Daily Telegraph* is doing a very important service to the community. Let us hope that the ventilation of the subject, on which for once the trained worker is permitted to express her expert opinion, will result in informing the public how indivisible are the interests of the sick from the professional standards of knowledge and protected status of the trained nurse. Registration by the State can alone effect the much needed reforms in our ranks, but the Registration Authority must not be controlled by those who not only depend largely upon our services for domestic work at infinitesimal pay in institutions under their jurisdiction, and who at present pen the nursing profession up in what the great Prime Minister of Australia describes as "an economic compound." We must and will have democratic control to develop our profession on a high ethical plane.

OUR ROLL OF HONOUR.

We regret to report the death on military service of Miss Alice Maud Russell, who had been in the service of the London County Council as a school nurse since November 4th, 1912. She joined the Q.A.I.M.N.R. last year, and has been working in Malta for the past ten months. Miss Russell was a fully trained nurse holding the certificate of Westminster Hospital. She was a most conscientious and painstaking woman and endeared herself to all her colleagues through her bright, cheerful disposition. She was in charge of the cleansing station at Battersea before she went on war service, where her kindly, sympathetic ways with the children made her very popular. Miss Russell was from the first outbreak of war most anxious to volunteer. She has died of an illness contracted during the performance of her patriotic duty, and her colleagues of the nursing staff of the L.C.C. feel glad that this was recognised by according her a soldier's funeral.

Much sympathy is felt for Mrs. Hope, working temporarily on the L.C.C. staff, as she was deeply attached to her sister, whose life has been laid down for her country.

The scheme for the establishment at Cardiff of a Welsh Hospital for the treatment of disabled soldiers on the lines of the Rochampton Institution has been carried through, the £20,000 appealed for having been subscribed. For the hospital premises an old Cardiff mansion house has been purchased.

APPOINTMENTS.

MATRON.

Infectious Diseases Hospital, Drip Road, Stirling.—Miss Alexina W. Winram has been appointed Matron. She was trained at the City Hospital, Edinburgh, and has been Sister at the Stirling Combination Hospital, and Matron at the Clark Fever Hospital, Largs, Ayrshire, since 1914.

NURSE-MATRON.

Westminster Cottage Hospital, Shaftesbury.—Miss L. M. Gowan has been appointed Nurse-Matron. She at present holds a similar position at the Cottage Hospital, Swanage.

NIGHT SISTER.

Fever Hospital, Blackburn.—Miss Ethel Mary Bramhill has been appointed Night Sister. She was trained at the Monsall Hospital, Manchester, and the Royal Infirmary, Gloucester. She has held the position of Charge Nurse at the City Hospital, Lincoln; and temporary Night Sister at the County Borough Hospital, Blackpool.

Cardiff Union Infirmary.—Miss Rose Leaky has been appointed Night Sister. She was trained at the Dudley Road Infirmary, Birmingham, and has held the position of Night Superintendent in the same institution.

SISTER.

Fever Hospital, Bournemouth.—Miss Pauline Flemming has been appointed Sister. She was trained at the Royal Infirmary, Chester, and the Monsall Fever Hospital, and has subsequently held the position of Sister and Deputy Matron at the Sanatorium, Hove, and the Sanatorium, Eastbourne.

Edmonton and Enfield Isolation Hospital.—Miss Mary M. Finnan has been appointed Sister. She was trained at the Edmonton Infirmary and the City Fever Hospital, Liverpool, and has been Assistant Nurse at the Isolation Hospital, Devizes, and temporary Nurse at the Bangor Borough Fever Hospital.

TERRITORIAL FORCE NURSING SERVICE.

Mrs. Annie Lyon to be Matron; September 10th, 1916.

Miss Elizabeth Holden to be Matron of a General Hospital; September 21st, 1916.

Miss C. Dewar to be Matron; September 25th, 1916.

QUEEN VICTORIA'S JUBILEE INSTITUTE.**TRANSFERS AND APPOINTMENTS.**

Miss Eveline Higgs is appointed to Dorking; Miss Alice M. Lewis, to Skelmersdale; Miss Mary M. Lovell, to Leigh-on-Sea; Miss Ada Morgan, to Bexhill; Miss Sarah Norledge, to Exeter; Miss Jeannette Peyton, to Brixton; Miss Mary B. A. Reed, to Chatham; Miss Eva E. Tomlinson, to Scunthorpe.

Owing to pressure on our space we are compelled to defer dealing with important legal matters.

NURSING ECHOES.

The Annual Meeting of the National Council of Women of Great Britain and Ireland, to which quite a number of nurses' societies are affiliated, will be held in the Y.M.C.A. Hall, Tottenham Court Road, London, on Thursday and Friday, December 7th and 8th, 1916. Mrs. Creighton is retiring from the Presidency, which she has held for three successive years, but offers herself for re-election as a member of the Executive Committee. Five members of the Executive Committee retire who do not seek re-election, so that there are genuine vacancies for new members, which very seldom happens. Nomination papers for vacancies must be returned to the Secretary by October 19th.

Resolutions on the Agenda deal with Women Police, Local Government, Women's Suffrage, Total Prohibition, School Attendance, Emigration, Women on Hospital Boards, Women Inspectors N.S.P.C.C., and Poor Law Nursing; in the latter instance the resolution passed last year will be reaffirmed:—"That, in view of the under-staffing of the sick wards of certain Workhouse Infirmarys and Workhouses, and the consequent unsatisfactory conditions obtaining in many Poor Law Institutions in regard to nursing the sick, this Council urges the Local Government Board to take steps, so soon as the existent national crisis permits, to establish a Nursing Service under the control of the department; by which means not only would the supply of nurses be efficiently regulated, but a status given to Poor Law Nursing.

"It is further strongly urged that as a preliminary measure an Advisory Committee of experts be appointed by the Local Government Board to formulate a scheme."

A largely attended meeting of Poor Law nurses in Yorkshire, arranged by the National Poor Law Officers' Association, was held in the Board-room at the Huddersfield Union Offices on Saturday, September 30th. The object of the meeting was to inaugurate a nursing section in connection with the Yorkshire branch of the Association. The meeting was attended by nurses from Dewsbury, North Bierley, Wakefield, Huddersfield, Leeds, and other places in Yorkshire. Mr. T. W. Armitage, clerk to the Huddersfield Guardians, and president of the Yorkshire Association, presided.

Miss Siddon, the Chairman of the Huddersfield Guardians, gave the nurses a cordial welcome to Huddersfield. In the course of her remarks she stated that the Huddersfield Guardians had been second to none in their

endeavours to assist in improving the lot of the sick and afflicted. One of the main agencies for attaining that object was in the creation of an adequate supply of nurses, who had received the best possible training that could be given. Notwithstanding the great efforts which had been put forth during the last ten or fifteen years, the demand for fully trained nurses had been far greater than the supply. The terrible war which had now been in progress for over two years had created a still further great demand which it was almost impossible adequately to meet. Thanks, however, to the unmatched patriotism of our army of nurses, the disadvantages arising from such an abnormal condition of affairs had been reduced to a minimum. There was need for nurses to be banded together and to protect their rightful interests.

The Chairman explained the work that was being done by the association on behalf of Poor Law Nurses, more particularly with regard to representation on the Council of the suggested College of Nursing.

A telegram was read from Dr. Faith, assistant medical officer, township of Leeds Infirmary, wishing the formation of the section every success.

A resolution that a separate nursing section for Yorkshire be formed was carried unanimously, and the following officers were elected:—President, Miss Gebhard, assistant matron, Leeds; senior vice-president, Miss Cross, Wakefield; junior vice-president, Miss Kershaw, Dewsbury; secretary, Miss Ward, Bramley; treasurer, Miss Waddington, Leeds; committee: Miss Trunhill and Miss Graham, Huddersfield; Mrs. Harris, Halifax; Miss Clarke, Leeds; Mrs. Ritchie, Bradford; Miss Elliott, Northallerton; and Miss Hare, North Bierley, together with the officers.

IN LOVING MEMORY.

The Edith Cavell Hospital and School was opened in Paris on Thursday by M. Justin Godart, Under Secretary of State for War, to mark the first anniversary of the judicial murder by the Germans of the heroic English nurse.

The hospital places 100 beds at the immediate disposal of the Army Medical Service. The present buildings are temporary, pending the erection by public subscription of more extensive premises. Sir George Frampton has presented a bust of Miss Cavell.

A memorial to Miss Cavell was unveiled in the nurses' dining-room at Shoreditch Infirmary, Hoxton Street, where she was at one time Assistant Matron, on Thursday. The ceremony was performed by the Mayor of the Borough and Dr. Addison.

KINDERGARTEN IN A GREAT PUBLIC HOSPITAL.

By ELIZ J. KOON.

Ease-making . . .

Despite the tremendous element of the pathetic it's the most fascinating phase of kindergarten work of hospital social service in the world.

There is nothing sadder than a little child who is sick; and when this poor little mite is not only sick, but homesick for mother and sisters and brothers, and abashed by the strange doctors and the nurses, and doesn't know what to do with itself, to bring it the blessings of kindergarten work is indeed to do it good, and bring a glow to one's own heart as well.

Down in the big Public Hospital at Cincinnati, Superintendent Bachmeyer has secured the services of Miss Inoegene Pool and Mrs. Letts, both notable workers along this particular phase of social service, to organise and perfect such kindergarten for the little ones. Organizing a kindergarten is, as a rule, sufficiently difficult, but when there are the insuperable handicaps that holding such school in a hospital entail, the difficulties increase many fold.

For example, you cannot marshal all your pupils into one chamber. Some are in bed in the wards far downstairs; some are able to move by roller-chair, some to walk, to one of the two classrooms assigned; some are in the wards up on the roof; and all these need attendance alike.

Then there is the further fact of most irregular attendance. If Jackie Roosa's temperature isn't just so-and-so to-day, Jackie is ordered by the physician not to attend kindergarten. If Jackie Roosa has a "doubtful" chart the nurse must wait till the doctor gets around to him to see if he be well enough to go, and so Jackie may come tripping into class long after the fixed hour. What is more, Jackie may just be "progressing nicely" in his kindergarten work when, lo, he is discharged from the hospital as "cured," and Jackie's good example on the rest is lost to the class for ever.

But, to return to the kindergarten in the big public hospital. It is half-past nine in the morning and the start of kindergarten time.

The teachers are ready, the little folk—who love the work—are eager. They get two hours of it a day, and to some these two hours will not come till late afternoon; for, of course, the teachers can't be everywhere at once; and already these too are thinking of it, expectant, delighted.

The children chosen are those of four years at least and are not to exceed six years old. Beyond this point the little ones go to a public school, also maintained in the hospital.

Here, there, the other-where, in this big republic of the sick, the children are moving to classes in wheel-chairs with thick, noiseless, rubber tyres, are being propelled to the actual classroom. Down other corridors other little ones slipper along, in

the dark-blue hospital garb, to the hospital chamber. And in other wards, children still too ill to leave their beds are wondering when their turn will come and when the "story teacher"—of whom more shortly—will again visit.

To-day, perhaps, the work is basketry; to-morrow it may be some other equally interesting phase of the handicraft department.

Often as many as seventy-five children will be engaged in the work at one time and a peep into the two rooms—the one for older, the other younger, children—as they work their mats and basketry, is a fascinating picture indeed.

Nor is the work of the children without profit. Interested parties have long since discovered that the baskets and such like, produced by these nimble hands, can be put to varied uses, and so they have contracted to take the work, and it helps to maintain the social service work of the hospital. Nevertheless, the kindergartening in the hospital is not for purpose of revenue, but is carried on primarily to give proper employment to the hospital's little ones.

But this isn't the only phase of the work of the kindergarten. Attached to its force there is a volunteer visitor, a teacher who recites to the children, tells them stories, reads them fairy tales.

Somehow the ancient admonition as to doing "Even unto the least of these" never seems carried out more literally than here.

The wards of the hospital are so built that no one of them contains a great many beds, and Dr. Bachmeyer has the children placed so that, from their cots, they can listen to the "story lady" at their ease.

Where, then, the child who does not forget the hurt in the throat, the throb in the injured foot, while he listens to the story of the "Silver Heart" or goes to a magical dreamland with the "Wizard of Oz," as he listens to the story lady? And so with the children on the roof and the children in the more regulation kindergarten classrooms. Naturally those children grow very, very fond of her, and long after they have left hospital behind she will live in their memories along with the stories she's told.

Five days a week, the year round, the sessions last—for the hospitals know no vacations, unfortunately.

The therapeutic effect, too, is beyond estimate, for the kindergarten work keeps the child employed and it prevents the little one thinking of the pain, or fearing the strangers who come to take temperature, or missing the mother at home, and—what is more—it keeps the child quiet and out of mischief. Wherefore physicians, the country over, are urging on their own hospitals the institution of like kindergartens.

Parents, friends, of the little ones, who have come *en visite* and seen, go forth to tell of the seeming paradox of the merry, happy, joyous little ones in the hospital.

You who would do your mite for the sick children of the poor cannot do better for them than secure the institution of a system of this sort, in whatsoever public hospitals you may be interested.



LESSONS IN THE GARDEN.

As an illustration of the aid which faith would supply, the Rev. R. J. Campbell, when preaching in aid of an "Edith Cavell Memorial Ward," cited the legend of St. Patrick—the reputed scene of which in county Antrim he had gazed on daily in his own youth. The saint had stood in fear of rough men who often menaced him, until at length he learned that he had nothing to dread but his own personal sense of fear. When thus prepared, he saw the ruffians approaching to murder him, but through their midst he discerned a flower-strewn path, along which he passed to safety, hand-in-hand with Christ, invisible to the band who sought his life. Along that path and thus guided the faithful could pass to the treasure house of the glorious King and to eternal regions of joyful service.

BOOK OF THE WEEK.

"LADY CONNIE."*

Lady Connie was a person who was bound to make trouble. That is to say, she was a girl who absorbed all the things that make girls' lives agreeable. Position, money, beauty, charm. Her own sex envied her, and the other—well, a girl thus accoutred, suddenly sprung upon an Oxford University circle, leaves for certain, impressions of a more or less lasting character upon the other.

The Oxford "bloods" noticeably Falloden, one of the best all-round undergraduates of Marmion—swarmed around her like flies about the honey pot.

Falloden was a handsome, arrogant, well-born, athletic scholar—and well he knew it.

Lady Connie was something of a prize, but he had supposed all his life that he had but to ask and have—why not now? Was he not the all-conquering Falloden?

Lady Connie was, without much warning, launched into the family of her uncle, Dr. Ewen Hooper, the holder of a recently-founded classical readership. He was possessed of a wife and two daughters of his own. Alice, pretty, with a Watteau-like beauty, with a head full of undergraduates, and who regarded the Eights Week and Commemoration as the shining events of the year. Norah was a "Home Student" and had just begun to work seriously for English literature honours.

Spoilt Lady Connie, under the terms of her father Lord Risborough's will, was to spend the year until her coming of age in their domestic circle. She eclipsed these two ordinary girls as the moon a candle—hence trouble from this source.

The trouble from the other was of a more serious character. Lady Connie, accustomed from childhood to brilliant society in Continental capitals, was not going to be taken for granted by Falloden, although she had secretly in her heart capitulated to his compelling personality.

Otto Radowitz, a handsome young Pole, with a musical career before him, decides unconsciously their future. He is hated and despised by Falloden, who resents his golden hair, his foreign nationality, his music, and—above all—the favours which Connie is disposed to bestow upon him.

He was "ragged" from time to time by his fellow undergraduates, and she appeals to Falloden on his behalf.

On the night of the "Marmion" ball, she elects to ignore Falloden and to single out Radowitz for her favours.

The "ragging" reaches its climax on the same night, when Radowitz is ducked in the college fountain, with the result that his hand is so badly injured that his musical career is at an end.

*By Mrs. Humphry Ward. Smith, Elder & Co., London.

Connie's reproaches were met by Falloden with a counter-charge.

"No; it this business turns out badly, I shall have remorse enough, God knows, but you can't escape! If you punish me for it, it I alone am to pay the penalty, it will not only be Radowitz that has a grievance—not only Radowitz whose life has been spoilt."

By the same post as Lady Connie's dismissal of him, comes a letter from his father, telling him of the financial ruin of his family.

It is Radowitz who finds Falloden the elder dying alone on the moors adjoining his property; and who ministered to him in the last exhaustion of angina, and who said the prayers of the Church over him.

Douglas Falloden, coming upon the little group on the moor, is even then compelled to cry "Radowitz!" "Thoughts ironic and perverse are swarming through his brain, as though driven through it from outside. What a nursery tale! how simple! how crude. Could not the gods have devised a subtler retribution?"

Adversity did for Falloden, however, what probably prosperity would never have accomplished.

His debt to Radowitz compelled him to consider the whole position afresh, and better moments and impulses were acted upon.

He cares generously for the boy's stricken life, for he has learned that he has phthisis and his days are numbered.

As for Connie, she was bitterly sorry for Radowitz, the victim. But she loved Falloden, the offender.

Falloden arranges to take Radowitz south.

He asks Connie, "What good should I be alone? I'm a pretty sort of nurse."

"There was a pause; Connie trembled and flushed.

"Take me with you," she murmured, but her eyes said far more.

"And the next moment she was in Falloden's arms."
H. H.

My thoughts came drifting down the Prison where
I lay—

Through the Windows of their Wings the stars
were shining—

The wings bore me away—the russet Wings and
grey—

With feathers like the moon-bleached Flowers—I
was a God reclining:

Beneath me lay my Body's Chain and all the
Dragons born of Pain

As I burned through the Prison Road to walk on
Pavement Shining. . . .

From "The Prisoner Prisoner,"

by JAMES ELROY FLECKER.

COMING EVENTS.

October 12th. Society State Registration of Trained Nurses. Meeting Executive Committee, 431, Oxford Street, London, W., 1.30 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 SUBMERGED SEVEN.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Those patrons with whom I have spoken who are running the College of Nursing Company at top speed, make no secret that they are in favour of its policy of excluding representatives of the organized nurses' societies from its Council. One went so far as to remark, "We don't want nurses expressing opinions and making rows; they must trust the Council." And this determined policy is amply verified by the personnel of the Scottish Board, just announced not one nurse elected on to it by the Council of the College, but permission granted to twenty-three self-nominated persons to co-opt seven nurses! Is this what the College means by self-government of the nursing profession? I should be sorry to be one of the submerged seven. But what is going to be done? Surely the Central Committee for the State Registration of Nurses is not going to permit the whole profession to be submerged, which can be the only result to the College policy of lay and official control. This is a very terrible situation for the rank and file to face; it is not a matter of the control of hospital committees of their own—shall we say servants?—but of absolute control of thousands of professional women who are not in their employment. In my opinion no more hare-faced scheme for the monopoly of the economic existence of working women has ever been put forward than that being quietly riveted by the present Nursing College Council; and it is high time we women who have some spirit rose and exposed the whole danger by every means in our power. We have a just Bill of our own—drafted by experienced and liberal-minded medical men and nurses; let us push forward this measure in opposition to the Employers' Bill, and refuse to be treated, not only like a flock of sheep, but as fools. The constitution of the Scottish Board is proof positive that unless we fight, we shall be crushed right out.

Yours truly,

HENRIETTA HAWKINS, P.L.G.

ARE TRAINED NURSES NEEDED OR NOT?

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—This "Old World" is still very much tied and bound by red tape. But is it red tape, or an unwillingness to acquire new ideas? Here I am, a Britisher, having travelled thousands of miles at my own expense, bringing with me—if I may say so—very high credentials, and yet have no opportunity of showing them. I know that the heads of the different Departments are busy, very busy indeed, but could it not be arranged to have

assistant heads in other places than London who know the standing and advancement of the nursing profession—assistants who are qualified to pass judgment on the merits of the applicants, and who would refer the application for final decision only to the head, which, under these circumstances, could be reached much more quickly.

Negotiation by letter is such a slow process, the saving of time by granting better facilities for interviews, seems to me to be a real economic necessity, both in respect of the War Office and also with regard to the private purses of the applicants, who cannot well afford to be detained indefinitely in London. Several of my fellow-passengers told me I should be much discouraged in the sacrifice I was making. Sacrifice was a word I had not thought about, my only idea was to do "my bit." But now—well, I wonder! I am glad my spirit is not easily crushed. It seems to me the different factions would do well to meet once a week for an hour or two and forgetting the personal side of things in this great crisis, learn what is being done in other lands; the wonderful advancement in the nursing profession, not alone throughout the Empire, but also in that nation across the seas where there is not so much precedent tied up by red tape. There is so much of it here, that I can almost understand the reluctance to invade by those who have never tried any other method.

Yours very truly,

DISAPPOINTED, BUT NOT DESPAIRING.

[We know our War Office and have ceased to expect consideration from its officials, much less courtesy; but we strongly deprecate the devotion to Empire of our Sisters from overseas being damped down. All such applicants for military nursing, should be received and interviewed when they call at the Nursing Department at the War Office. It trained nurses are not required in military hospitals, why agitate about the "supply"?—Ed.]

NOTICE TO CORRESPONDENTS.

Miss F. A. Sheldon.—Your letter will appear next week; we wish to insert both sides of the case, but would ask you to read the synopsis of Memo. and Articles of the College in this week's issue.

MORE LOVELY LETTERS.

The Editor has received another budget of lovely letters, for which she is most grateful. The little man in question was christened on Saturday 7th inst.

OUR PRIZE COMPETITIONS.

October 21st.—What is *Materia Medica*? Outline a practical course for nurses.

October 28th.—State what you know of the care of patients suffering from a Cerebral Tumour.

The Midwife.

CARE OF THE MOUTH DURING PREGNANCY.*

[ABRIDGED.]

By M. EVANGELINE JORDAN, D.D.S.

SUPERSTITIONS OF THE PAST.

This is an age of great scientific discovery. Possibly among the most wonderful discoveries have been those pertaining to the advance of health and the prolongation of life.

As these discoveries have come to light they have cleared away the fogs and darkness of superstition; but two of the bogies that have been slowest to slink away into the shadows are:—

First, the superstition that dental care of the prospective mother will produce birthmarks upon the child; and

Second, the superstition that it is natural for a woman during pregnancy to have trouble with her teeth, and that she must expect to lose a tooth for each child.

KNOWLEDGE OF THE PRESENT.

To banish the first bogey we have only to recall two facts, first, that foetal development is too far advanced before the mother is aware of her condition to affect the developing child (left palate with hare-lip being due to lack of union of the superior maxillary bones, which occurs in the second month; and, second, that the histories show many major operations successfully performed upon women during pregnancy, each of which was followed by the successful delivery of a normal child.

The bogey of a tooth for each child has, unfortunately, more reason for making a slow retreat, because women do suffer with their teeth and often lose one or more for each child. It is not a natural condition, but a pathological condition due to neglect, and the greater the neglect the more pathological do the tissues of the mouth become.

The only danger that a woman need fear from dental work is a shock so great that it will produce abortion or miscarriage. Such a danger is so remote that for all practical purposes we can say that it need not exist if the dentist knows of the woman's condition, for then he will not undertake long or painful operations. On the contrary, where the mouth is neglected, the shock from prolonged toothache or the poison absorbed from an abscessed tooth may be severe enough to cause such an abortion. Even if this serious condition does not follow, the suffering caused by a neglected mouth, the indigestion, the toothache, or the effects of absorbed pus, must surely lower the vitality of the developing foetus.

NEGLECT OF THE ORAL CAVITY DURING GESTATION.

If there is much nausea during the first three months the mouth generally begins to show the results. The teeth and tongue are badly coated. The saliva is acid andropy, and the teeth decay in direct proportion to the acidity. Cavities begin to form. Soon, if a visit is not made to a dentist, the pulps of one or more teeth may die. The woman may suffer day and night from the abscesses around her teeth. There are cases on record where the shock from such suffering has brought on premature delivery.

If these abscesses are neglected, the pus is absorbed into the circulation in two ways, first, by mixing with the food during mastication; and, second, by being absorbed by the blood vessels in the tissues surrounding the abscess, where it is taken directly into the circulation. This poisoning may be so excessive that the foetus cannot survive. Such cases are on record.

Another source of danger is from pyorrhoea, frequently termed Rigg's disease.

The important fact to remember about pyorrhoea is that it is preventable.

In a woman's life a time of great susceptibility to pyorrhoea is during pregnancy. Then the circulation in the gums is more sluggish, and their exercise is apt to be neglected. The woman often stops brushing her teeth at this time because the gums bleed, thinking that she will injure them.

If the dentist to whom such a case presents itself understands his business, he will reduce the inflammation by the removal of tartar, the use of local astringents, and advise a coarser or more fibrous diet to stimulate the alimentary canal; and advise that more water be taken between meals.

The gums will be given exercise by local massage and vigorous mastication of coarse foods.

The foetus suffers with the mother by toxemia. This may interfere with its growth. No one can estimate the injury done to the developing child by the constant poisoning which goes on every day where the mother is suffering with pus pockets around her teeth. Knowing the possibility of this toxemia, the prospective mother should do everything in her power to keep her mouth clean and free from pus germs.

If the nutrition of the foetus is interfered with by this toxemia, it may result in the formation of teeth of a poor grade, which are not so resistant to caries. While this is true, it must also be remembered that other constitutional effects from the toxemia undoubtedly predispose to such diseases as scurvy, tuberculosis, rickets, and other osteogenic disturbances.

The first teeth begin to calify about the seventh week of pregnancy, and a few weeks later the first permanent molars (the most valuable teeth of the second set) begin to form.

* Read at the Nineteenth Annual Convention of the American Nurses' Association, New Orleans, U.S.A., 1916.

EXAMINATION AS SOON AS CONCEPTION IS KNOWN

The pregnant woman can be saved much pain and destruction to her teeth if she begins to care for them as soon as conception is known.

In this enlightened day a good obstetrician advises an examination of the mouth of his patient as soon as she comes to him, because he realises that the healthy mouth of the mother helps produce a healthy child.

The importance of putting the mouth into as nearly an aseptic condition as possible can scarcely be overrated in its beneficial effect upon both mother and child.

All tartar should be removed and inflamed gums treated. Any cavities should be cleaned and filled. If there are many it is better to put in something temporary until the period of nausea is passed.

If any tooth is too badly diseased to save it should be removed under an anæsthetic. Other diseased pulps should be treated and roots filled. It is not advisable to have gold fillings pounded in because of the resulting nervous strain.

Remember that the dentist must be told of the woman's condition before the work is begun.

(To be concluded.)

THE FALLING BIRTH RATE.

With the toll this War has taken and is taking of the flower of British manhood, the maintenance of the normal birth rate is a matter of supreme importance, and it is disquieting that the sixty-first annual report of the Registrar-General for Scotland should divulge the fact that the number of births registered during the year (114,181) should be the smallest in any year since 1869, being 12,363 less than the average of the last ten years. At the same time, the infantile mortality rate of the year was high—120.5 per thousand births. It was 14.9 more than the ten years mean, and the highest since 1901.

These facts deserve the attention of every thinking person.

THE RESTRICTION OF NOXIOUS DRUGS.

One of the most revolting practices is that by which a woman destroys the life of the unborn child, which instinct bids her cherish and protect, by abortifacients. Yet, it was definitely established by the Commission on the Birth Rate that the avoidance of parenthood by the illegal induction of abortion is widely prevalent, and that a common method adopted by poor mothers—especially in the northern towns—is to destroy their unborn infants by the use of a preparation of lead; and the Commission recommended that the manufacture of this particular preparation should be prohibited or severely restricted. The manufacturers are willing to co-operate with the Commission to devise practical means to prevent the sale of the preparations for illegal purposes. We may therefore hope that effective means will be taken to stop this growing evil.

CENTRAL MIDWIVES BOARD.

The first meeting of the Central Midwives after the autumn recess was held at Caxton House, Westminster, S.W., on Thursday, October 5th, Sir Francis Champneys, Bart., M.D., in the chair.

REPORT OF STANDING COMMITTEE.

The correspondence included a letter from the Clerk of the Council transmitting a copy of an Order in Council approving the First General Rules of the Central Midwives Board for Scotland for a period of five years. Also a letter from the Local Government Board transmitting a copy of a Circular and Regulations relating to the L.G.B. Grant in Aid of Maternity and Child Welfare.

A letter was received from Lord Knutsford asking the Board to reconsider its decision of July 27th declining to accept a course of 15 lectures delivered by the Obstetric Physician of the London Hospital and 13 delivered by the Senior Resident Accoucheur as a compliance with Rule C. 1 (1) (c) requiring a course of not less than 20 lectures to be delivered by a registered medical practitioner recognised by the Board as a teacher.

It was agreed that the reply be that the Board notes, (a) That the Resident Accoucheur holds office for three months only. (b) That "extra expense" (presumably that entailed by paying for 20 instead of 15 lectures by the Obstetric Physician) is alleged as one of the reasons for allowing the Resident Accoucheur to deliver the extra number now required, and that the Board regrets it feels itself unable to alter its decision to require the approved Lecturer to deliver not less than 20 lectures.

The application of a candidate who had been excluded from the Board's Examination last October, by reason of having tendered a baptismal certificate which had been falsified, to be admitted to examination was granted, as she had presented fresh certificates of moral character satisfactory to the Board.

The Secretary reported the presentation by three candidates for the examination of October 24th of baptismal or birth certificates which had been tampered with. Consideration of the matter was adjourned until the next meeting of the Board.

APPLICATIONS.

For Removal from the Roll.—The applications of twelve midwives for the removal of their names from the Roll of Midwives on account of ill-health, old age, or inability to comply with the rules, were granted.

For Recognition as a Training School.—The application of the Sassoon Maternity Hospitals, Poona, for recognition as a training school was granted.

For Recognition as a Lecturer.—The application of Dr. Susie Eleanor Hill was granted *pro tem*.

For Approval to Undertake the Practical Training of Pupil Midwives.—The applications of Midwife Lilian Rose Golds (No. 32662) and Midwife Gertrude Ellen Rippon (No. 24990) were granted.

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EDITORIAL.

A NATIONAL PROBLEM.

The nation is at present enthusiastic, and rightly, over the valour of the British Army. Sick or well nothing is considered too good for the soldier. But what of the time when, after the declaration of peace, other interests crowd out those now in the foreground, when the picturesque blue uniform of the hospital patient, the khaki clad figure with sling or crutch, are no longer seen in our streets, only a number of cripples in civilian clothes, may be more or less shabby? When, like slumping, the care of the disabled soldier has gone out of fashion, who will then "take thought for the men to whom we now doff our hats, and profess our gratitude, whom we praise and pet, and assure they will never be forgotten? Not such lip-service and promises but a proper refitting in body and spirit before they go forth again into civil life is their right."

So says Mr. John Galsworthy who, in an article in *The Times*, pleads very earnestly for the thousands of sick and wounded who come flowing back to us to be re-made or—marred.

"Does the nation," he asks, "realize that this great problem is still not being tackled as a whole, is still hung up between diverse opinions? And does the nation understand that on what is decided within the next few weeks hangs the future civic usefulness and contentment of thousands on thousands of lives? Has it realized that under the system at present adopted the future civic utility of very many has already been jeopardized or lost? For the present system seems to be this:—Refit the man for the Army as quickly and as well as you can. If he can't be refitted for the Army, pension and discharge him at once.

But this is a national not merely an Army problem. If it remains simply an Army problem, our towns and countrysides when the war is over will be plastered for the next twenty and thirty years with well-nigh useless men, a burden to themselves, and to us all—men to whom we ought in gratitude to have given every chance and shall have given next to none. 'No good for a soldier any more; then dismiss him with so many shillings a week!' Is it what the country wants?"

Mr. Galsworthy continues, "I take it the country wants two things. To rescue for each of these brave fellows as decent, self-respecting, happy a life as ever it can; and to secure for itself the civic and industrial usefulness of every possible citizen. To discharge disabled soldiers before all that is possible has been done for them, rescues nothing, either for man or State: On the contrary, it fills a hero's cup, perhaps for ever, with incapacity, dejection, and insecurity; it fills the cup of the State to overflowing with useless citizens. This waste of national material is a tragedy of the future, and in our country the future has frequently had to take care of itself."

Surely every one of us would feel eternally shamed if we allowed soldiers maimed for life, that we may go whole, to suffer any unnecessary handicap in the battle of life.

To assist disabled soldiers after their discharge is not enough—"To retain control of the patient, so that his treatment may be coherent and sustained, seems to be of the very essence of what can be done for the future of most of these men. Such control, limited already by the simple fact that the State would never want to undertake unnecessary trouble and expense, will require, of course, careful safeguarding and delimitation; but without it the battle of rescue is as good as lost."

OUR PRIZE COMPETITION.

WHAT IS MATERIA MEDICA? OUTLINE A PRACTICAL COURSE FOR NURSES.

We have pleasure in awarding the prize this week to Miss Dora Vine, Eversleigh, Exmouth.

PRIZE PAPER.

Materia medica is that branch of medical science which deals with the materials employed as curative agents in the practice of medicine. Such "medical materials" are many and varied, and additions are constantly made. Those that have been proved to be of value are embodied in the "British Pharmacopœia," together with their dosage, &c. This official work is kept up to date, and all new substances of proved efficacy duly added, by the General Medical Council.

The term "materia medica" comprises substances obtained from the animal, vegetable, and mineral kingdoms. Most of these substances are prepared for administration in the form of what is popularly called "a bottle of medicine"—i.e., drugs are manufactured and prepared carefully from various sources. The word "drug" originally meant "a dried herb," or simples, and these were collected in the country, and later herb gardens were planted to supply herbs grown under favourable conditions.

Nowadays, in addition to simples, mineral substances are largely used, and recently animal preparations have been employed.

In arranging a course on materia medica for nurses it must be remembered that the object in view is to render the nurse a more efficient help to doctor and patient by supplying her with the knowledge that will answer this purpose. A nurse should learn dispensing from a qualified chemist. The course I should arrange for nurses would be planned to extend through their training. That is, after a course of twelve lectures, during the nurses' first year, a monthly meeting would be held, in order to keep their knowledge up to date, and also to draw attention to actual cases in hospital that demonstrate some particular point.

The twelve lectures should be planned much on these lines:—

1. Materia medica: its meaning and uses.
2. General survey of substances used in medicine.
3. Outlines of history of materia medica, illustrated by reference to superstition, folklore, &c.
4. Simples (vegetable drugs) in common use.
5. Minerals in common use.
6. Animal preparations in common use.

7. Dressings and kindred preparations.
8. Mechanical agents (electrotherapy, &c.).
9. Natural waters, baths, &c.
10. Dispensing in relation to nursing, weights, measures, &c.
11. General rules to be observed with regard to drugs.
12. Methods of administration in common use.

The nurses should have these lectures in their *first* year, in my opinion, for it is then possible to imbue them with a due respect for the possibilities and dangers of their work, and this will have a great influence on their practical work and their patients during the second and third years' training.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Amy Phipps, Miss P. Robinson, Miss M. James.

The subject is evidently a difficult one for nurses to write upon, and is one on which, in many training schools for nurses, no systematic instruction is given.

We should advise all nurses to master the contents of the "Materia Medica for Nurses," by Miss L. L. Dock, of which the fourth edition has been published this year. It is in conformity with the "British Pharmacopœia," and is published by Messrs. G. P. Putnam's Sons, 24, Bedford Street, Strand, London, W.C., price 5s. It is designed to meet the needs of nurses, and fulfils this purpose admirably.

Miss Dock points out, for instance, that individual peculiarities have much to do in modifying the physiological action of drugs. The more highly strung nervous organizations respond more quickly, as a rule, to the action of drugs than do those of coarser fibre, and more quickly show evidence of over-dosing and mild poisoning. Among these temperaments are found many examples of what is called "idiosyncrasy"—that is, an increased susceptibility to the effects of a drug which entirely forbids its use, and for which no reason can be discovered.

QUESTION FOR NEXT WEEK.

State what you know of the care of patients suffering from a cerebral tumour.

IN SUPPORT OF STATE REGISTRATION.

The President of the Society for the State Registration of Trained Nurses acknowledges with gratitude the following donations:—Anon., £2; Miss B. Kent, £1; Mrs. Lidyard, 10s.; Miss J. M. Grant (Patna), 5s.; Miss S. M. Marsters, 5s.

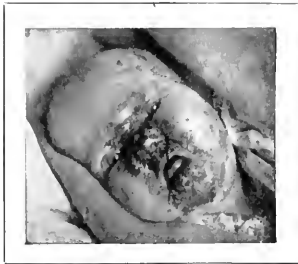
DISEASES OF CHILDREN.*

(Continued from page 309.)

MANAGEMENT OF THE SICK CHILD.

In detailing the management of the sick child Dr. Dingwall-Fordyce says that "the first duty of the physician when dealing with a sick child is to take into his hands complete charge. To do so he must know *exactly* what the general condition of affairs in the nursery as regards the patient is, and he must be *exact and minute in his orders*. He must not rely on hearsay when he can have first-hand information. He must personally inspect stools, vomit, excretions of any kind. He must, so far as is possible, probe to the bottom reports as to the frequency and nature of stools in the past, and the nature of the food, the feeding periods, exercise, sleep, appetite, and a great many other points, many of which require not only careful investigation,

"What are the symptoms for which we are called to the bedside," asks the author, "and what do they mean to our mind? We keep in mind that interpretation of symptoms varies very widely, according to the age of the child—that fits, for example, in a newborn baby make us think of birth hæmorrhage; in a child of a year, of rickets or worms; and in a child of three or four years, of epilepsy, or the onset of an acute infective process. But is the history of fits exact—did the child really suffer from a fit, or was it a sudden disturbance due to digestive disorder? Is the child at the period of age of the primary dentition? As with the symptoms of fits, so with many symptoms—the symptom itself must first be cleared up, and then an interpretation for it sought in the general course of examination. We remember that acute disease is apt to set in violently in young children, and that temperature, respiration, and pulse rate are all unstable, and readily



CONGENITAL SYPHILIS.



CONGENITAL SYPHILIS.

but also the exercise of powers of reading the characters of the patient's attendants. Armed with a knowledge of conditions to be faced, and the line of treatment being determined upon, he has to see that this treatment is carried out. To this end he must aid the nurse by giving his orders in writing."

"A good nurse," says the author, "is often the most important element in treatment and the most difficult to obtain. . . . Some women are born mothers, natural nurses for children, and when, in addition, they have a level head, at once a sense of justice and of humour, so that they elicit respect as well as affection from children, and when they have had training in the care of sick children, their help is invaluable. Such nurses are rare, and only to be found through time and experience. . . ."

affected by even trivial causes. We remember that hyperpyrexia is usually due to alimentary disorder, and calls for rapid purgation; that rheumatic heart disease is practically unknown under two years of age; and that pneumonia is more certainly diagnosed by symptoms than by physical signs. In a word, we keep in mind the peculiarities of the age-period at which the child has arrived, and the characteristics of disease as it occurs at this period."

Two chapters are devoted to the Diseases of the Newborn, and another to Syphilis—Acquired and Congenital.

SYPHILIS.

"Acquired syphilis is," we are told, "not a very rare condition, but is much less common than the congenital form. The baby is rarely affected by his mother at birth, and more frequently is affected while being nursed. The primary sore is usually on the mouth or lips.

* By A. Dingwall-Fordyce, M.D., Ch.B., F.R.C.P.E. A. & C. Black, Ltd., 4, 5, and 6, Soho Square, London, W.C. 10s. 6d. net.

The symptoms are similar to those in adults, and the treatment is the same as that of congenital syphilis.

"*Congenital syphilis* is a common disease. Exactly how common it is we cannot tell. It is a common cause of miscarriage and still birth; it is a common cause of death in infancy; it is a common cause of bodily and mental maiming for life. It is widespread, and its evil effects are incalculable. It is a possible condition which must never be lost sight of when dealing with children.

"By the term congenital here is understood ante-natal infection. Under what conditions of health of the parents does the unborn child become syphilitic? Can a syphilitic baby be born to a non-syphilitic mother? The practical answer to the latter question is, No. The mother of a syphilitic baby must be considered syphilitic. True, in many cases she never exhibits any symptoms, but at the same time Colles' Law holds true, that she may with impunity suckle her infant, while a wet nurse would be infected. She has acquired immunity, and though unproved, we are led to believe this immunity secondary to a form of infection in which the child is the main or sole sufferer. A syphilitic child may certainly be born to a healthy father. If both father and mother are syphilitic, the child is usually syphilitic. Most frequently the father is syphilitic and the mother apparently healthy, but very frequently both father and mother have shown symptoms of the disease. Less frequently the mother alone is syphilitic.

"The severity of the symptoms in the child does not depend upon the method of transmission of the infection. The important factor here is the stage of the disease in the parents. Generally speaking the more recent the parental infection the more serious are the risks of transmission. Thus, if the acquisition of syphilis by the parent or parents is of some comparatively remote time, if the condition has been actively treated, if there are no present symptoms, the child is likely to escape infection. But if the mother or both parents have acquired syphilis but recently before the conception of the child, if they or if she suffer from active secondary symptoms at the time, the child is almost certain to be syphilitic. The mother may acquire syphilis after conception. If acquired in the last month or two of pregnancy, the child may escape infection; otherwise infection is practically certain."

All nurses should be acquainted with the symptoms of syphilis in an infant, both because they should at the earliest possible moment draw attention to them, so that they may be

treated, and also in order to be on guard themselves against infection. They cannot do better than master this chapter, which will give them a very clear insight into the characteristic symptoms and the treatment prescribed. We commend to attention the illustrations of children suffering from congenital syphilis, which, by the kindness of the author and publisher, appear on page 327.

RICKETS.

Another common disease is rickets.

"What are the symptoms of the condition?"

"The young baby is fretful. He sleeps badly, and, while sleeping, his head often is bathed in perspiration. He kicks about during sleep, and rolls the back of his head on the pillow. Why he rolls his head we do not definitely know. It may be it feels tender or uneasy. This, however, is a common symptom, and as a result of it the hair tends to be rubbed off the back of his head. When awake he seems disinclined to move. This also may be due to some tenderness, as likewise his disinclination to be moved about. He is frequently pale and flabby. Anæmia, however, is often not a marked symptom, and though he is always flabby, he may remain fat. If he has begun to walk before the disease became active, he gradually ceases to attempt to do so. In other cases attempts to walk are long delayed, as also are attempts to talk. He has no fever, nothing abnormal is detected in his urine, and his appetite is often good. The motions of his bowels are almost always very irregular. He suffers from constipation alternating with diarrhoea, and he almost invariably suffers from occasional attacks of bronchitis. Dentition is delayed. The teeth come irregularly, and often one by one, and though rickets appears to have no special effect in the development of caries of the primary teeth, it tends to favour caries of the secondary set.

"Examination of the baby shows that his head is large and square. During the first year the bones of the skull are soft and imperfectly ossified. The cranium in parts feels as thin as parchment, and this is specially noticeable in patches on the back of the head. This condition is known as *craniotabes*, and is especially marked in babies who suffer from congenital syphilis as well as rickets. During the second year the bones of the skull often show *bossing* on the frontal and parietal bones. The skull is square, and, with marked *bossing*, gives the impression of a 'hot-cross bun.' The anterior fontanelle is several—it may be many—months late in closing."

(To be concluded.)

NURSING AND THE WAR.

The nursing staff at the Royal Devon and Exeter Hospital are, we hear, delighted that their Matron, Miss B. Spale, who is Principal Matron of the 17th Southern General Hospital at Plymouth, has been awarded the Royal Red Cross (First Class) by the King. Miss Spale has been upwards of 15 years Matron at Exeter.

Miss Sinclair, Matron, attached to the 1st Scottish General Hospital, Aberdeen, was also decorated with the R.R.C. First Class. She received her nursing training in Edinburgh Royal Infirmary. When the war broke out she was appointed Matron of the 1st Scottish General Hospital, but when the hospital was extended Miss Sinclair was put in charge of the Girls' High School section of the hospital. Staff Nurses Sim, Stuart, Brand, and Mann, all attached to the same hospital, received the R.R.C. (Second Class), so the Aberdeen nurses have done the profession credit.

Miss L. Webster, who was recently decorated by His Majesty the King with the Royal Red Cross, is a member of the Territorial Force Nursing Service, and has done valuable service in nursing sick and wounded soldiers. She is at present at East Leeds War Hospital, and at the outbreak of hostilities was on the staff of the Leeds and Yorkshire Nursing Home. Miss Webster has four brothers with the Colours, and a fifth brother joins this week; so no wonder their mother, a resident of West Bridgford, a charming place on the Trent (well known to us in former happy days), is justly proud of her six children, all serving their country, we feel sure, with patriotic ardour.

Our letter which recently appeared in the *Daily Telegraph* on the necessity for reform in Military Auxiliary Hospitals, if a sufficient supply of trained nurses is to be secured, has brought us many interesting letters, all criticising present conditions in V.A.D. hospitals, and asking how better conditions are to be enforced. Our reply to one and all is that we believe the present Secretary of State for War, Mr. Lloyd George,

would insist on reform if the present disorganisation, which obtains in many places where soldiers are nursed could be brought to his direct notice. This, however, appears almost impossible under present War Office traditions. We shall await the result of the "Supply of Nurses Committee" report with interest, and hope that a free hand may be given to the Matron members, the majority of whom are members of the War Office Nursing Boards, to evolve a more efficient system of military nursing organisation than they have been able to attain from within its official ring. We regret to hear, however, that these ladies strongly object to fresh blood on the Supply Committee, as they should be the first to realise the right of the workers to express an opinion on their own economic affairs and professional status, especially as the "shortage" is mainly the result of dissatisfaction with a system which is highly distasteful to the rank and file.



MISS L. WEBSTER, R.R.C.

One correspondent, well known in the literary world, writes: "Your able letter in the *Daily Telegraph* this morning is of great importance, and although I am not a trained nurse, I am keenly interested in the question of the management of Military Auxiliary hospitals, some of which are shamefully managed, or rather mismanaged, by the Commandants, who are appointed for the most ridiculous reasons, and which have nothing to do with their ability to manage a hospital. I have been trying to find out it things are in order at one badly managed V.A.D. hospital which I have visited." With other questions she asks: (1) "Can a maternity nurse with no other qualifications, not even the C.M.B., be Matron of a M.A. Hospital?" Of course she can. Why not, when the laity, including members of the peerage, are permitted to assume such responsibility without any training whatever? A maternity nurse should understand something of asepsis and other safeguards for the sick. (2) "Can such a hospital be managed or controlled without a committee, seeing that the money all comes from the public?" There was no regulation against it. Perhaps under the War Charities Act public money will have to be more carefully administered. (3) "Is it a fact that the War Office pays a guinea

a week, or 3s. a day, for patients in such hospitals?" We believe this subsidy is usually paid. (4) "Is there any rule as to the sanitary arrangements, as to the number of baths and lavatories? The hospital in question has one w.c. and one bath for 50 soldiers." We believe the War Office inspects these V.A.D. hospitals before they are accepted; but we know of numbers where the lavatory accommodation is terribly inadequate. To put it baldly, suppose each man is allowed the use of the lavatory for five minutes daily, this particular cabinet would be in continuous use for five hours daily. Imagine the disgusting inconvenience and injury to health which might result from lack of accommodation! (5) "Can an absolutely unqualified woman take charge of the kitchen arrangements wearing a V.A.D. uniform, although she has no certificates of any sort, and could not get them as she is quite illiterate?" Cooks, porters, and laundrymaids may wear nursing uniform (V.A.D.) if they are members, and it is like charity, it covers a multitude of sins. A trained nurse may not infringe V.A.D. "nursing" uniform, even if worn by a cook, as it is a punishable offence, with or without hard labour! Gilbert and Sullivan could alone do justice to such a legal ambiguity. (6) "Can a woman be a Commandant although she may have failed twice to pass the very easy First Aid and Home Nursing exams., which were merely oral, with one example of simple bandaging?" This situation under existing circumstances is like Niagara, "we see now to stop it." (7) "Are there no rules as to hours on duty for V.A.D.'s—one day there were eight, on another only one, and so on, and so on?"

We quote these enquiries from an earnest, patriotic woman, just to suggest to the "Supply Committee" a few reasons for "shortage." There are heaps more. All the result of an indefensible system. They will have to find courage to tackle the present system, and make drastic recommendations for its reform if the supply of trained nurses is to increase. Only just conditions will tend to improve the situation. As we have said before, the untrained Commandant must go.

The Rev. G. E. Farran, D.D., Vicar of Holy Innocents' Church, Kingsbury, writing from a hospital in France to the Parish Magazine, says: "I had an interesting piece of work the other day in taking a party of patients who were being 'evacuated,' i.e., discharged to England. It is the great wish of every patient to be marked 'for Blighty.' Most of them are on stretchers, but are in a very different state from when they came to us."

After describing an ambulance train—a "wonderful affair," staffed with doctors and trained nurses—which some of his readers may have seen in London, Dr. Farran says:—

"When we arrived, our stretcher-cases were gently lifted from the ambulances and then slung into place in the coach. The ward looks like a cabin on a ship, with the stretchers hung in four tiers on each side—a broad passage between

them. The walking cases are put into what look like ordinary first-class coaches." He continues:—

"A rather touching incident occurred here the other day. One of the patients—an Australian—died. He had been telling the Sister of his ward about his wife and his little girl at home in Australia, and that he specially wanted to send a French doll to his little child. After he was dead the nurse went out and bought a doll and sent it to the child, so that the father's dying wish might be fulfilled. This is only a little story, but it just shows the spirit in which our nurses take their work. When the history of this War comes to be written, none, however much they may try, will ever be able to do justice to our nurses; and their devotion to their work is marvellous. No other country can show anything equal to the members of our English nursing staff in their professional capacity. But, in addition to all this, they bring an amount of gentle sympathy which cannot be described, but which gives to the patients almost as much as their skilful nursing."

FRENCH FLAG NURSING CORPS.

Sisters Scott, Gill and Geekie all need hospital comforts for their patients, but as the Corps is waiting to be registered under the War Charities Act, we do not know if we shall be sent to durance vile if we dare to mention them. Anyway, we will risk making mention of the need of rubber water bags, as if the toes of the wounded are as cold as our own, we prefer to pay the price rather than that they should continue to suffer. Thanks to our kind President, we hope the supplies required by the Sisters will soon reach them. Warm socks, woollen shirts, mufflers, mits, and hot water bottles and bags are greatly needed as winter creeps on.

We have to thank Mrs. Paine, of Bedford, for a most generous supply of slippers and flannel boots, which have been forwarded to France. Mrs. Paine and her indefatigable helpers have now sent out 16,000 pairs of slippers for sick soldiers' use—a splendid record, considering how well they are made.

ITALY PAYS HOMAGE TO EDITH CAVELL.

The *Tribune*, commemorating the anniversary of the murder of Miss Edith Cavell, urges the Italian Red Cross to imitate Paris in founding a hospital school for nurses to be called after Miss Cavell. A commemoration of the anniversary of the execution was held in the Nicolini Theatre at Florence last Sunday.

THE IMPERIAL NURSES' CLUB.

It was announced on October 12th, in making an appeal for funds, that on the "anniversary of the death of an heroic nurse, Edith Cavell, the Imperial Nurses' Club had been established as a token of gratitude to our brave nurses."

LONDON UNITS.

SCOTTISH WOMEN'S HOSPITALS
(N.U.W.S.S.).

Letters have just come through from members of the hospital Units that have gone to work for the Serbian division with the Russian Army, probably somewhere in Dalmatia. Their account of the voyage is much less exciting than might have been supposed. They saw but one submarine, possibly the *Ducheland*. It took no notice of them, and they took no notice of it.

The ship is described as comfortable and the weather was calm except for the first few days, when most of the Unit succumbed to sea-sickness. They reappeared bursting with energy. "The British girls are very delightful creatures," writes Dr. Elsie Inglis. "They drill and get up sports and sing and laugh and dress up. One day a foreign officer on board turned to me suddenly and said 'C'est tout a fait nouveau pour nous, Madame!'"

"We were kept very busy all day," writes Dr. Corbett, "and had no time to be dull. In the morning after roll-call, bed-making, cabin inspection, came the drills, military, Swedish and stretcher. They were closely followed by a Russian lesson, which lasted until lunch. After lunch there was a mechanics class for the chauffeurs and a French class; after tea, Serbian classes. After dinner, card and chess parties were formed in the smoke-room, and in the saloon there was singing and various lively entertainments. One night there was a fancy dress concert, and an amazing variety of costumes was improvised, in spite of the apparent utter dearth of materials offered by a party whose only dress was uniform and whose only luggage was a kit-bag.

Boat drill had its shocks, for in case of alarm, one never knew whether it was false or the real thing. The numbers of the lifeboats to which the members of the Unit were to go in case of accident were given out on the first day. Orders were that when an alarm was given they were to be at their places in three minutes' time with a lifebelt and as much warm clothing as could be collected.

The captain sounded the alarm for practice one day, and the whole Unit mustered in excellent order. Some thought the alarm a real one, and were almost disappointed that it was not.

On Sunday Dr. Elsie Inglis read the service, as the captain was not able to command. The captain is apparently in advance of British public opinion.

The arrival of the Units at a port in Russia was fraught with picturesque incidents. They disembarked in the evening, and I arrived at the station at 10.30. Their train was to leave at 1.30. Three hundred Russian soldiers did them the honours of the port, so that the midnight hours passed festively. They sang patriotic songs and danced and cheered. The ship's company, who took the greatest interest in the proceedings, improvised a band

One standard was inspired by the new world. The ship had often carried troops, but this was the first time they had troops—on board. Apparently they loved it.

Such has been the beginning of the long journey of the Scottish Women's Unit. By wire we know their route passed Moscow and Odessa. We believe they are now in the Banat, face to face with the grim realities of war.

The Unit is splitting into three sections. Hospital A is to be under Dr. Inglis; Hospital B under Dr. Chesney; while the transport section, under the Hon. Evelyn Haverfield, is to be in a separate camp.

Subscriptions for these hospitals, which are being supported by the London Committee of the Scottish Women's Hospitals, are urgently needed, and should be sent to the Joint Treasurers, the Lady Cowdray and the Hon. Mrs. Spencer Graves, 99, Victoria Street, Westminster.

JOINT WAR COMMITTEE.

HOME.

The following Sisters have been deputed for duty in the Home Hospitals:

Red Cross Hosp., The Barracks, Grantham.—Miss S. H. Swinn.

Park Howard Hosp., Llanelli.—Miss D. Eastwood.

Holmesdale Gardens, Hastings.—Miss M. A. Lacken.

Northwood Hosp., Cowes, I.O.W.—Miss D. Wallis, Miss E. M. Field.

Rosherville E.A.D. Hosp., Gravesend.—Miss A. Sim.

Hosp. for Officers, 8, Lennox Gardens, S.W.—Miss R. Belton.

Constance Park Hosp., Abberkirkby.—Miss J. Morison.

Broadwater Hosp., Ipswich.—Miss S. S. Raddall.

V.A.D. Hosp., Studley Court, Snowbridge.—

Miss F. H. Mummy.

War Hosp., Clopton, Stratford.—Miss M. Taverner.

Aux. M.I. Hosp., Crouch Hill, Housay.—Mrs. E. Hofford.

East Chiltonton Hosp., Leeds.—Miss P. M. Parcel.

Aibion House, Neabury.—Miss K. M. Lockrup.

Aux. Hosp., Beckton, East Budleigh.—Miss B. Aldridge.

Rust Hall, Tunbridge Wells.—Mrs. K. M. Thomas.

V.A.D. Hosp., Burnham-on-Warfe.—Miss S. A. Mussen.

Querry Place Hosp., Snowbury.—Miss L. Griffiths.

Red Cross Hosp., Abley Key, Stratford.—Miss L. Parker.

Kingswood Hosp., Tunbridge Wells.—Miss B. O'Sullivan.

Winkham Moor Mil. Hosp., Surrey.—Miss E. Slane.

The Wit Hosp., Clepton, Stratford-on-Avon.—Miss M. G. Clark.

Aux. Hosp., Mapperley Hall, Nottingham.—Miss E. M. Stronach.

R.C. Hosp., Attleborough, Norfolk.—Miss M. Purcell.

Nethercourt V.A.D. Hosp., Ramsgate.—Miss L. MacGregor.

St. John's Hosp., Farnham.—Miss E. Staples.

V.A.D. Hosp., Strood, Kent.—Mrs. O. L. Williams.

Aux. Hosp., Uppingham.—Miss E. M. Dowling.

Harewood House, Leeds.—Miss E. A. Ryder.

Wicklow Lodge Hosp., Melton Mowbray.—Mrs. D. A. M. Wills.

Broadway House, Church Stoke, Montgomery.—Miss M. E. James.

Black Down Club Hosp., West Byfleet.—Miss B. Speirs.

Havwood Aux. Hosp., Cobham.—Miss G. M. Davies.

Aberdare and Methyr Aux. Hosp., Aberdare.—Miss A. R. Ogleby.

Mill Dam Hosp., S. Shields.—Miss N. Burton.

Pagnton V.A.D. Hosp., Devon.—Miss A. M. Ruddell.

B.R.C. Hosp., Old Hastings House, Hastings.—Miss M. W. Risely.

R.C. Hosp., Watermillock, Astley Bridge, Bolton.—Miss A. Lawley, Miss A. Watkins.

Cherley Park, Newmarket.—Miss E. M. Hickie.

Highlands Hosp., Shortheath, Farnham.—Miss E. D'Arvy.

Camberley Mil. Hosp., Camberley.—Miss F. M. Lace.

Hampstead Gardens Aux. Hosp., Golders Green.—Miss E. D. Hancock.

Austie Grange, Holmwood, Surrey.—Miss J. Aird.

Thydon Towers Hosp., Thydon Bois, Epping.—Miss G. M. V. Atkin.

R.C. Hosp., Witham, Essex.—Miss M. L. Cowley.

Summerlee Aux. Hosp., E. Finchley.—Miss G. M. Bennett.

Hill House Hosp., Lymnhurst, Hants.—Miss M. Haines.

Red Cross Hosp., Aberdare.—Miss M. Brown.

Wormley Bury V.A.D. Hosp., Broxbourne, Herts.—Mrs. E. K. Arnold.

R.C. Hosp., Llandovey.—Miss E. Hanson.

Mill Dam Hosp., S. Shields.—Miss A. Gregory.

V.A. Mil. Hosp., Churchfields, W. Bromwich.—Miss A. K. Bell.

ABROAD.

Brigade Hosp.—Miss M. Rigden, Miss E. Nelson, Miss E. M. Braun.

Boulogne Headquarters.—Miss L. M. Todd.

CARE OF THE WOUNDED.

The King has sent a donation of £5,000, and the Queen £1,000, to mark the occasion of "Our Day," October 10th, in aid of the funds of the Red Cross Society and the Order of St. John. The Prince of Wales has also sent £1,000, and Queen Alexandra £500. In the French capital there will be a *matinée* performance at the Opera House.

To celebrate the second anniversary of the departure of the first contingent from Australia for the front, six thousand wounded soldiers had a glorious time in Windsor Great Park last Saturday. The entertainment was organized by Mrs. Rita Dennistoun Fiske.

We are glad to hear that St. Dunstan's Hostel for our blinded heroes will benefit to the extent of about £1,000 by the fête which was recently opened by the Lord Mayor of London at Tottenham.

The committee of the Overseas Fund, of which Lady Fulton is president, has undertaken to build and equip 20 rooms for the Star and Garter Home for totally disabled soldiers and sailors.

The appeal, which has been issued exclusively to the Overseas Dominions of the Crown, has already met with generous response. Under the patronage of the Queen a "Good Luck Fair" in connection with the fund is to be given at the Hotel Cecil on November 7th.

PRIZES FOR RED CROSS NEEDLEWORK.

An especially attractive effort to assist the British Red Cross is to be made at the Central Hall, Westminster, on November 7th, 8th, 9th and 10th.

The Marchioness of Ripon opens on the first of these days what promises to be the greatest show of needlework ever held, and everything will be for sale. The enthusiasm with which the scheme has been taken up is largely due to the fact that the *Daily Sketch* is offering £1,000 in prizes. There will be several thousands of competitors.

There is a special class for wounded soldiers, and it will be something of a revelation to see how cleverly the hands which have manipulated the rifle and bayonet to such good purpose have been able to accomplish the more delicate achievement of needlecraft.

£7,000 FOR THREE NURSES.

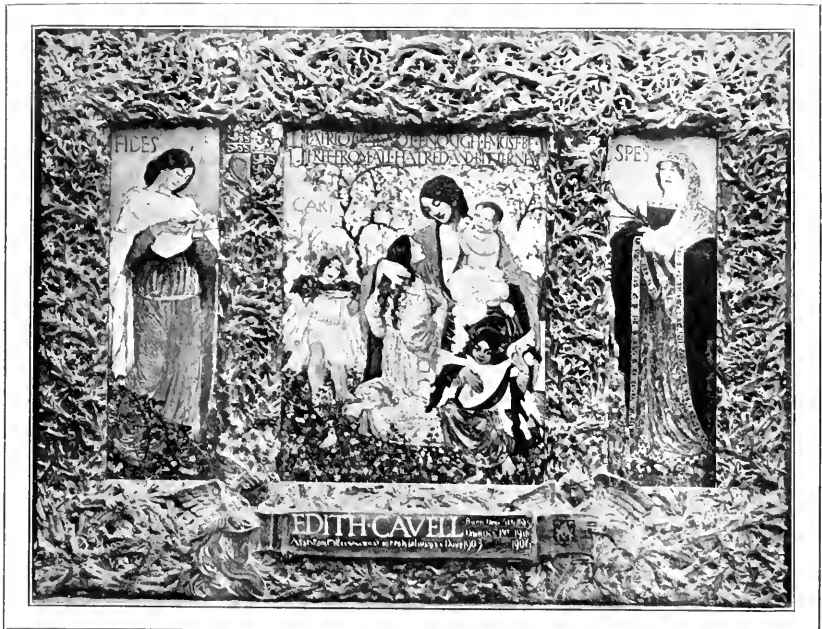
Mr. Christopher Rawlinson, 117, Coleherne Court, South Kensington, who died on September 2nd, left estate value £47,331. He gave £5,000 to Nurse Marie Willis, £1,000 to Nurse Catherine Johnson, and £1,000 to Nurse Marian Barnard. He was eldest son of the late Sir Christopher Rawlinson.

EDITH CAVELL.

CEREMONY OF UNVEILING A LOCAL MEMORIAL.

It was a happy thought that inspired the authorities to erect a memorial to Edith Cavell, the martyred nurse, in the Shoreditch Infirmary, where she lived for the space of three years as Assistant Matron; and it was peculiarly fitting that it should have been unveiled on the first anniversary of her martyrdom, namely, October 12th, 1916. Edith Cavell met her death at the hand of the German military authorities in Brussels

reverence her memory as one who, devoting her life to the service of others, did not fear to lose it. Her example will always be an inspiration to our noble sisterhood of nurses and the women of the country." The memorial, which is appropriately placed in the nurses' dining room, was unveiled by the Mayor of Shoreditch, Mr. H. Busby Bird. It consists of an oil painting in three panels, representing Faith, Hope and Charity. The latter is portrayed in the central panel as the charming figure of a woman with little children grouped about her in a beautiful garden of flowers. The last words uttered by Edith Cavell, and which are



THE MEMORIAL TABLET TO THE MEMORY OF EDITH CAVELL AT SHOREDITCH INFIRMARY.

on October 12th, 1915, after a mock trial. No one living will ever forget the first announcement of the judicial murder, nor the universal horror with which it was received. The story is too well known to need repetition. The irony of the circumstance was that her ministrations were devoted impartially to wounded Germans as well as Belgians.

Mr. Sholto Douglas, Chairman of the Infirmary Visiting Committee, presiding, read the following letter from Mr. Walter Long:—"It is a great honour to the Poor Law Service that Edith Cavell was once in its ranks. Englishmen will always

cherished by her compatriots, are inscribed above the group. "Patriotism is not enough, one must be free from all hatred and bitterness." The tall and graceful figures of women symbolising Faith and Hope occupy the side panels. The inscription beneath is: "Edith Cavell, born December 11th, 1865; died October 12th, 1915. Assistant Matron, Shoreditch Infirmary, November, 1903, to March, 1906." The whole tablet is encased in a very handsome carved oak frame. The vivid colouring of the pictures will doubtless become mellowed by the hand of time.

Dr. Addison (Parliamentary Secretary to the Ministry of Munitions) gave an interesting address, in the course of which he paid a tribute to the beautiful example of Miss Cavell's unselfish and self-sacrificing spirit which had led her to suffer for her country. The same spirit of patriotism which she possessed, he said, had animated the men and women who were working so steadily and unceasingly at the manufacture of munitions, without which we could not win the war. The supply of munitions, said the speaker, was gaining in strength and volume every week, and the public should not forget the men and women who were engaged in those often laborious and dangerous occupations. Several speakers followed, and all spoke in reverent admiration for the noble life and death of the late Assistant Matron. Mr. Gordon M. Forsyth, the artist, generously gave his work without fee, and the carving was done by Mr. Lanagan.

At the conclusion of the interesting ceremony, guests were hospitably entertained to tea by the Matron, Miss Inglis, to whom honour and thanks are largely due for having collected the necessary subscriptions.

In connection with the anniversary of Edith Cavell, we like to recall the very beautiful lines written "In Memoriam," by Henrietta J. Hawkins, so well known to the readers of the JOURNAL. Nothing more beautiful has been said or sung of her. The copy that we have at hand we like to read occasionally, it dispels all the sadness concerning her death, and makes feelings of revenge and bitterness impossible.

Copies of these inspiring lines are to be obtained at 431, Oxford Street, London, W. B. K.

HONOURED IN FRANCE.

In accepting on behalf of the French Government the loan of the Edith Cavell Hospital in Paris during the war, M. Justin Godart said, "What the Germans did in cruelty and hatred is avenged by the works of goodness and humanity. That is the very revenge that Edith Cavell herself would have wished for. Her name and her example will live for ever, and for ever be a reproach to the nation whose savagery can never be forgotten. Her noble death will prove fruitful, for it will determine the vocation of many women to the calling which she so nobly practised and taught."

One of the wards has been named after Mme. Depage, whose husband was head of the hospital in Brussels to which Edith Cavell's training school for nurses belonged, and who was drowned in the torpedoing of the Lusitania on her return from America, where she had collected funds for the Belgian hospitals. Another is named after Jeanne Houain, who died while on duty at Verdun.

The Rest Home scheme for nurses in connection with the Royal Victorian Trained Nurses Association has now, under the title of the Edith Cavell Fund, collected £1,591 5s. 11d.

THE CENTRAL COMMITTEE FOR THE STATE REGISTRATION OF NURSES.

A Meeting of the Central Committee for the State Registration of Nurses will be held, by the kind permission of the British Medical Association, in the Council Chamber, 429, Strand, W.C., on Saturday, October 21st at 2.30 p.m.

SOCIETY FOR STATE REGISTRATION OF TRAINED NURSES.

A meeting of the Executive Committee of the Society was held at 431, Oxford Street, W., on Thursday, 12th inst. Mrs. Fenwick presided.

The chief business was the consideration of the Nurses' Registration Bill, drafted by the Central Committee for the State Registration of Nurses, as amended by its Executive Committee, which was approved. The feeling of the meeting was unanimously in favour of supporting the principles for which the Society was founded: (1) an independent governing body appointed by the State, to be defined in the Bill; and (2) a definite term of training before registration, to be defined in the Bill.

It was unanimously resolved to instruct the delegates of the Society on the Central Committee to adhere to the decision of the Committee that failing the acceptance of its amendments by the Council of the College of Nursing, Ltd., its own Bill, as amended by the Executive Committee, should be proceeded with.

It was agreed that the constitution of the Scottish Board, as approved by the College of Nursing, was calculated to imperil the personal and economic liberty of nurses in Scotland, and that any such constitution should be determinedly resisted by the members of the Society in England. NEW MEMBERS.

The following candidates were elected:—

- 4171 Miss G. A. Welton, cert. St. Marylebone Inf.
- 4172 Miss E. Wilcock, cert. General Inf., Leeds. (*Matron* Military Hosp., Felixstowe.)
- 4173 Miss M. Jackson, cert. Stobhill Hosp., Glasgow.
- 4174 Miss Evelyn Unsworth, cert. University College Hosp. (*Matron* V.A.D. Hosp., Newton Abbot).
- 4175 Miss Mary E. Bonshor, cert. Royal S. Infants and Southampton Hosp.
- 4176 Miss K. A. Roberts, cert. Fulham Inf. (*Sister-in-Charge* Invalid Women Hostels, Denmark Hill).
- 4177 Miss A. B. Weir, cert. Victoria Inf., Glasgow.
- 4178 Miss M. G. Lincolne, cert. St. Bart's Hosp.
- 4179 Miss E. Norster, cert. " " "

The meeting then terminated.

MARGARET BREAY, *Hon. Secretary.*

NATIONAL UNION OF TRAINED NURSES.

The Autumn Council meeting will take place at the Office, 49, Marsham Road, Westminster, on November 8th and 9th.

A meeting of the Portsmouth Branch of the National Union of Trained Nurses was held recently and a very fair number of nurses attended.

Miss Thurstan spoke on the aims of the Union and the importance of co-operation and organisation for the nursing profession. She afterwards gave an address on Women's Work in Russia. This was followed by tea, the hostess being Miss Shackleford, local secretary of the Portsmouth Branch.

The N.U.T.N. Kalender for 1916-17 is now on sale, and in its very attractive cover, designed by Miss Violetta Thurstan, can be bought for 1s. in support of the good work of the Union. There is a verse for every day in the year, the October theme being "Trees and Forests," and those who have time to escape the treadmill of work in cities know how exquisite a world now lies without. A little party of tired organisers, thanks to a rich fairy who lent them a car, recently found themselves in a wonder forest. Soft green mosses and crisp russet leaves underfoot, a wealth of bracken and crimson king-cups to hand, a sportive wind playing pranks with the glorious beeches, and all this beauty but an hour's run from Grub Street!

The earthy smell of the forest loam,
When the stealthy sad-heart leaves go home.
O leaves! O leaves! I am one with you
Of the mould and the sea and the wind and the dew.

Many shillings' worth of delight has been caught and imprisoned between the covers of the Kalender of the Union, which has "*Per ardua ad astra*" for its motto.

MRS. STRONG STANDS FOR LEGAL REGISTRATION.

In an interview with Miss Eden, Mrs. Strong, President of the Scottish Nurses' Association, and formerly Matron of Glasgow Royal Infirmary, expressed the conviction that it was worse than useless for nurses to register under a voluntary scheme such as the College, but that they should wait until a Bill of which they approved had been passed by Parliament, when registration would have the necessary backing of the State.

She felt that it was of the utmost importance that the nurses' societies should combine to claim the right of direct representation on the first Council under the Act, as the whole question of democratic control was involved in this principle.

Mrs. Strong also holds that preliminary training in hygiene, anatomy and elementary ward work is essential for probationers before they actually commence work in hospital, and she would like to see such training made obligatory.

THE SUPPLY OF NURSES COMMITTEE.

The following communication is being sent to the Secretaries of Hospitals from the War Office:—
ADVISORY COMMITTEE APPOINTED BY THE WAR OFFICE TO ENQUIRE INTO THE SUPPLY OF NURSES.

Sir, I am directed by the above-named Committee to enquire if you would be willing to assist them by stating in regard to the hospital which you represent:—

1. The number of beds (a) equipped, (b) occupied.
2. (a) The number of nurses holding a certificate for three years' training.
 - (b) The number of nurses due to be certified during the next twelve months, and at what date they will pass out.
 - (c) The remainder of the staff.
3. Please state the present number of the Private Nursing Staff if any.

The Committee will greatly appreciate an early reply to this letter, addressed to me at the War Office, marked "Supply of Nurses Committee."

Your obedient servant,
T. R. WALKERD,
Secretary of the Committee.

If only this enquiry had been undertaken, as we suggested, two years ago, imagine what muddles might have been avoided! Better late than never.

STATE REGISTRATION IN VICTORIA.

A correspondent from Victoria writes (date, August 30th): "We are in the highest stage of excitement, *re* our Nurses' Bill; it is again before the State Parliament. One section favour a Board and *personnel* as suggested by our Council—the Royal Victorian Trained Nurses' Association; the other wish to put us trained nurses under the Board already appointed by the Midwives' Act—on which there is not one nurse member! So you can imagine with what feelings we await the issue. In our Midwives' Act there are elaborate clauses, the usual *mists*, &c.; and, so far, there are no inspectors to see that the rules are even read. We nurses see grave danger in this direction. . . . I am passing THE BRITISH JOURNAL OF NURSING on to the Nurses' Club, and thus hope to arouse interest in the trials and troubles of the British Nurse. I feel I can never thank you enough for what you are doing for our profession; it is an inspiration throughout the whole nursing world. I wish you luck with your Registration Bill, which provides *just* legislation for trained nurses."

We wonder what has been the result in the Victorian Parliament! It seems incredible that Victorian nurses who are emancipated should permit themselves to be deprived of their professional vote, without very strenuous opposition. It is to be regretted that the policy of their own organ is not controlled by a professional woman. That is the inspiration of THE BRITISH JOURNAL OF NURSING.

APPOINTMENTS.

MATRON.

Blenchra Sanatorium, Threlkeld, Cumberland.—Miss J. F. Gillespie has been appointed Matron. She was trained at the Eastern District Hospital, Glasgow, where she was also Sister. She has been Sister at the Grampian Sanatorium, Kingussie, and the Dousland Sanatorium for Women. She has also been Matron of the Udal Torre Sanatorium for Men, Yelverton, under King Edward VII. Welsh National Memorial Association.

River Hospitals and Ambulance Service, Metropolitan Asylums Board, E.C.—Miss N. H. Thorpe has, subject to the assent of the Local Government Board, been unanimously recommended by the Hospitals Committee of the M.A.B., as Matron of the River Hospitals and Ambulance Service, in succession to Miss Wacher. Miss Thorpe was trained at the Croydon Infirmary, while on the staff of St. John's House, and has been in the Managers' service for upwards of 23 years; and for the last 15½ years as Assistant Matron at the Brook Hospital, where she is acting as Matron during the six months' leave of absence granted to Miss Bann.

ASSISTANT MATRON.

Kingston, Surbiton and District Red Cross Hospital.—Miss Bertha Harris has been appointed Assistant Matron. She was trained at Kensington Infirmary and has been Sister and Assistant Matron at the Hospital for Epilepsy and Paralysis, Maida Vale, W.

SISTER.

St James' Infirmary, Balham.—Miss Annie M. Harding has been appointed Sister. She was trained at the Southwark Infirmary, East Dulwich, and has had experience of district nursing and midwifery, and of private nursing.

Miss Elizabeth Cochran and Miss Annie Ottiwell have also been appointed Sisters in the same institution. Both received their training at the Booth Hall Infirmary, Manchester, and both have done military nursing.

Isolation Hospital, Chester.—Miss L. Strange has been appointed Sister. She was trained at the North Devon Infirmary, Barnstaple, and the Lincoln County Hospital. She has been staff nurse at the North Derbyshire Hospital, Chesterfield, and the Livingstone Cottage Hospital, Dartford, and Sister and Home Sister at the Clayton Hospital, Wakefield, and the Children's Convalescent Home, West Kirkby.

HEALTH VISITOR.

Borough of Lambeth.—Miss Annie Stirk has been appointed Health Visitor. She was trained at the Scarborough Hospital, and at the Jessop Hospital, Sheffield. She has held the position of Assistant School Nurse under the Barnsley Education Committee and of Health and Sanitary Inspector in the City of Bradford. She is a certified midwife.

COLONIAL NURSING ASSOCIATION.

The Committee of the Colonial Nursing Association received the following communication from the Secretary of State for the Colonies in reference to the work done by the Nursing Sisters recommended by the Association for special war service in the Cameroons:—"The General Officer Commanding the Cameroons Expeditionary Force, in a despatch to the Secretary of State, makes special mention of the excellent services of the following nurses: Nursing Sister Miss E. L. Fleming, 'showed administrative ability while Senior Nursing Sister, Duala (British Section)'; Nursing Sister Miss L. Bell, 'for devotion to her native patients.'"

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

TRANSFERS AND APPOINTMENTS.

Miss Margaret Bloor is appointed to Todmorden; Miss Kate Hartland, to Woolton; Miss Elizabeth Magner, to Manchester (Salford); Miss Alice Nutter, to Paddington; Miss Eva W. Owen, to Rawmarsh and Parkgate; Miss Lilian Ponsford, to Olton; Miss Lilian M. Roberts, to Manchester (Ardwick); Mrs. Ethel Trimble, to Birmingham (Summer Hill Road).

THE PASSING BELL.

We greatly regret to record the death of Miss Olive Smith while on active service in Serbia with the Scottish Women's Hospital Unit. Miss Smith was the daughter of the late Mr. Robert Smith, of Greystone Dale, Haltwhistle, and was a distinguished physical training instructor, having studied first at Durham College of Science, Newcastle, and afterwards for three years at Mme. Oesterberg's Physical Training College at Dartford. She was the first teacher of gymnastics to female convicts, her work in this connection being done in the Glasgow prison, and its success led to the official adoption of the system in other prisons. She also held the position of head teacher in the Physical Training Department of Glasgow Provincial Centre for Teachers. On the outbreak of war she offered her services as a masseuse in a local hospital and later went to Malta, and two months ago to Salonika with Dr. Bennett.

With military honours Nurse A. M. Russell, whose death we announced last week, was interred at Reading on Monday, October 6th, representatives of the London County Council Nursing staff and of the School Nurses' League attending. There was a simple service in the chapel to which the members of Nurse Russell's family are attached and many nurses joined in this and in the sad procession to the cemetery.

The tributes assisted in carrying the many floral bouquets and with the sounding of the last post the earthly remains of a free spirit were laid to rest.

NURSING ECHOES.

We learn that Cupid has actually had the audacity to plant a dart in high places in the London Hospital world. We are not surprised: charming young Matrons cannot always remain immune from the shafts of this mischievous little sport.

At the general meeting of the South Yorkshire Branch of the National Poor Law Officers' Association, held recently at Barnsley, congratulations were received on the initiation of a separate Section for Nurses, which was considered a step forward. The Secretary, Mr. Richmond, made a lengthy report on the College of Nursing scheme, and said it was essential that if Poor Law nurses were to safeguard their interests they should be adequately represented on the governing body of the College, and the N.P.L.O.A. had placed its organization and machinery at their disposal, in order that this object might be achieved. He said the Association was a progressive body, and was determined to watch the interests of Poor Law Nurses, and he was amazed to find that sections of the nursing press were attempting to dissuade nurses from joining the Association, and such a policy was as petty as it was wrong.

Our point of view is that Poor Law Nurses should so organize themselves as to be able to represent their own profession on all authorities which attempt to deal with their economic and educational affairs.

The Nursing Staff of the Bath Union decided to form a Section within the Gloucester and Somerset Branch at a recent meeting. The Master was in the chair, and it was resolved that every nurse on the staff should join the National Poor Law Officers' Association. The following resolution was unanimously adopted:—

"That the members of the staff at Bath Poor-Law Infirmary, being members of the National Poor-Law Officers' Association, recommend that a Nurses' section of the Gloucester and Somerset Branch be formed with the object (1) To watch the interests of Poor-Law nurses. (2) To consider nursing questions that arise from time to time. (3) To see that efforts are made to secure fair representation on the Council of the College of Nurses and to safeguard the interests of Poor-Law Nurses in any legislation promoted by that or any other authority."

The staff appointed Miss Turner and Sisters Bayne, Green, Jolley, and Loyick a sub-committee to deal with any business that may arise in the interim, and before the Gloucester and

Somerset Branch appoint a Nurses' Section. The Superintendent Nurse and Staff, it was stated at the meeting, are desirous of doing all in their power to assist the Gloucester and Somerset Branch, especially the proposed Nurses' Section, and should the Secretary consider it advisable, they will be pleased to hold a meeting of nurses in Bath, and afterwards entertain their fellow-nurses from other Unions.

By request of the Lambeth Board of Guardians, Dr. Raly, the Medical Superintendent, and Miss Byles, the Matron, recently presented a report upon the situation in the infirmary owing to the scarcity of nurses. The Medical Superintendent said the present position was that there are twenty-six trained nurses, excluding the Matron and her assistants, against thirty-four sanctioned, together with the full number of probationers—namely, 128. The Matron reported that as no wards had been closed for cleaning this summer it had been difficult to arrange the annual leave of the staff, and "I have been obliged to engage several private nurses at two guineas a week. Two are still here. These have been by no means easy to obtain. On one occasion I applied to eleven institutions, and met with the same answer from all—that they could not obtain a sufficient number of nurses for their own needs. Trained nurses are practically impossible to obtain, and since the commencement of the war there have always been some vacancies for sisters and staff nurses unfilled."

Commenting upon these reports the Infirmary Committee authorised the filling of vacancies in the trained staff by probationers, and the employment of as many extra probationers as can be accommodated.

It is well known that a number of stations of the Universities Mission to Central Africa have been situated in German East Africa, and at the beginning of the war forty-one members were interned, since which time until recently no news has been received of them. Amongst them were ten trained nurses—Miss M. G. Burn, Miss Kemsley, and Miss Packham—all of whom have been engaged in nursing in the German Hospitals. Miss Kemsley is at Dar-es-Salaam, and Miss Packham, whose portrait we recently published, is at Mrogoso. Miss Burn, who was educated at Cheltenham College, and trained at the London Hospital, has arrived in England, and states that for a long time she worked with a Dr. Muller, an excellent surgeon, who refused to believe the reports sent to him that she was a spy. Amongst those she worked

with were Frau von Debschütz, Frau Gerth, and Fraulein Bernhardt. She nursed both English and German wounded, and her testimony is that she was very well treated. After the British occupation of Korogwe in June she was appointed Matron of the hospital there by the military authorities. The other trained nurses were Sister Mabel, Sister Elizabeth, and Misses A. M. P. Dunn, L. Gunn, E. F. Horne, F. M. Plant, and Wallace. The majority of the U.M.C.A. missionaries were released on the capture of Tabora, where, with other English men and women, they were found by General Smuts' forces.

In connection with the attempt by Dr. Masina to induce educated ladies of the Parsi community to train as sick nurses, Mr. Clayton Lane, of Darjeeling, writes to the *Lancet*:—"It is not out of place in this connection to draw your attention to the fact that in Bengal the Lady Carmichael Nursing Association is training nurses at the Sambunath Pundit Hospital in Calcutta, at the Scotch Mission Hospital at Kalimpong, and at the Victoria Hospital in Darjeeling. The material is excellent, and the progress achieved in training is remarkable, reaching a standard far beyond that for which it seemed justifiable to hope a year ago. The result of this experiment in Bengal merits at least as close an interest on the part of the Indian community at large as does the training of Indian nurses in the Western Presidency to which you refer."

A PROBLEM OF NATIONAL HEALTH IN GREATER LONDON.

It is gratifying to learn that the London County Council is not going to delay in carrying into effect the recommendations of the Royal Commission on Venereal Diseases, and that facilities for treatment are to be provided at the earliest possible moment. The problem of arranging these facilities throughout Greater London is a most difficult and complicated one, but it argues well for the success of the scheme in hand that the Lord Mayor has convened a special conference of municipal and hospital authorities and representatives of the principal religions, educational and social organisations to meet at the Mansion House on October 24th. Addresses will be given by the Home Secretary, the President of the Local Government Board, the Chairman of the London County Council, and the President of the National Council for Combating Venereal Diseases. The arrangements for the meeting are in the hands of the National Council for Combating Venereal Diseases, Kingsway House, Kingsway, W.C.

PRISONS AND PENAL REFORM.

PART II.

REFORMERS AT WORK. 1. THE ONTARIO REFORMATORY, GUELPH, ONTARIO; 2. SING-SING PRISON, STATE OF NEW YORK.

BY MISS BEATRICE KENT.

(Member of the Penal Reform League.)

At the pressing invitation of a lady doctor in Toronto, Miss Hulme and I, during our stay in that beautiful city, made a day's excursion to Guelph, to visit the new and up-to-date Reformatory. (It is significant that in the newer world, where *real* reform is taking place, the word reformatory is frequently used instead of prison.) In 1907 the seed of reform in prison administration in Ontario was sown by the Hon. W. J. Hanna, Provincial Secretary of the Province. He made a speech in the Legislature, in the course of which he foreshadowed what has now become an actuality. The seed thus dropped into the minds and hearts of the members fertilised, because it was sown on good ground. They meant to act upon the suggestions put forth, and they did so without any unnecessary delay. A special committee was appointed to enquire into the whole question. Prisons and reformatories were visited and investigated in all parts of the American Continent, and a Report was presented by the Committee the following year. The result of their recommendations has been that the fine new building which has superseded the old one in the town, now stands about thirty miles beyond it in 830 acres of farm land which is being worked by the convicts. Structurally the group of buildings which comprise the institution is in accord in every respect with modern thought and requirements. Dr. J. T. Gilmour, who is the superintendent or warden of the "custodial" branch of the organisation, devotes himself entirely to the custody, discipline and reclamation of the inmates. The "Construction" branch is quite separate and distinct and is under the control of the Director of Industries. About 300 inmates of the old prison were employed in building the new. Besides being a great farmstead, the prison property is also a great industrial centre, and it is, moreover, part of the policy of the Provincial Secretary's Department, namely, that so far as possible the industries of the Reformatory should manufacture goods required by the public institutions of the Province. At the present time a woollen mill, a machine shop, broom shop, tailor shop, woodworking shop, creamery, lime kiln, hydrator, plaster plant, stone crusher, abattoir, and clay products plant are now being operated. The prison estate is, in fact, a little world of itself. So rapid has been the progress and development of the original scheme that the policy of the present is much in advance of the conditions of 1907. A branch institution is now being established in Northern Ontario, which will comprise an industrial farm of 1,000 acres. It will be readily conceded that a system such as this, which affords facilities for such diverse occupations,

must of necessity have a considerable social and moral influence upon the characters of the inmates. It will be seen from the accompanying illustrations that this splendid prison constitutes a perfect revolution in the accommodation and treatment of prisoners. When a prisoner arrives he is asked if he prefers a cell or a dormitory. The young men usually choose the latter. The cell is really a small bedroom, with comforts/not luxuries necessary for a self-respecting civilised being. Note the fixed basin with running water and the toilet of nice white enamel. The window is of the usual size and level so that the prisoner can look out of it. There is no closed-cell system, except, I believe, at night. The cell doors are kept wide open during the day. We had an opportunity as we passed along the cell corridors of gaining a general impression of the humane treatment accorded to the prisoners. The trusted prisoners have private rooms with doors they can open and shut themselves. This prison, like others I have mentioned, is worked on the "honour system," and is an unqualified success. More might be said of this model prison, but the exigencies of time and space must be considered and I must tell of the famous Sing-Sing Prison in the State of New York.

It was on a fine day in November—not rain, of course (in this hospitable country, I might almost say this hospitable continent, it does not rain when you propose to make an excursion!)—that we met Miss Maxwell, Superintendent of the Presbyterian Hospital, New York, at the Central Station, and

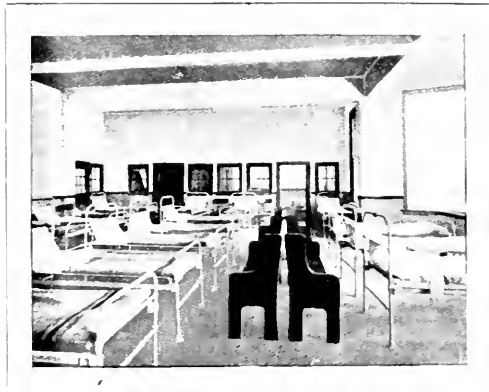
being armed with a letter of introduction to the Warden Mr. Thomas Mott Osborne mentioned in the first part of this article, we set off for Ossining where is situated the Sing-Sing Prison. The Warden Mr. Mott Osborne in charge of the George Junior Republic where delinquent children are allowed to govern themselves under wise and kindly guidance. The results have been so encouraging and inspiring that a similar organisation has been established in this country under the title of "The Little Commonwealth" in Dorset. But this is another story. Mr. Osborne has adopted the same system at the Sing-Sing prison, with results equally gratifying. I am glad I have no pictures to show of this prison. It is a hundred years old and is a

monument of hideousness and cruelty, but—make no mistake—this applies only to the structural side of it, the bricks and mortar only. A hundred years ago prisoners all the world over were treated abominably. Here one sees long rows of cells cut into the thick walls, so narrow that they look just like a lot of sepulchres! It made one feel creepy to look at them! The prison constitutes a

curious combination of the ancient and the modern. The Warden—as I have said before—is a humanitarian, and he treats the inmates as human beings—*humanly*. He would like nothing better than to raze this abomination to the ground. It is certain to be replaced by a modern one, on the lines of the Ontario Reformatory, before very long. Mr. Mott Osborne is a man of means and influence. Before being conducted



A CELL AT THE ONTARIO REFORMATORY.



A DORMITORY.

round the prison, [the hospitably entertained us to lunch. One of the inmates was then deputed to show us round; a warder was present, but kept in the background; the prisoner was our guide and did the honours. It was modestly done, but there was an air of self-respect about the man that we could not but admire. It goes without saying that the "honour system" is also in force here. The men are trusted; there is very little supervision. Except for the great frowning building itself it was difficult to believe that these men were convicts. Their cells are only occupied at night; the men are healthily engaged in the various workshops, for this also is a great industrial centre, where many trades are carried on, for the supply of various State institutions. As in other up-to-date prisons, a certain amount of recreation and amusement is provided for the inmates. There is a very fine band; the bandmaster is an Italian of musical genius. A programme of musical entertainment is often arranged. As we passed through the Great Hall a rehearsal was taking place, and a man with a rich baritone voice was singing beautifully. In another hall the Court was sitting. The accused was being tried by his peers. The Bench consisted of three Justices of the Peace. The presiding one was closely questioning the delinquent, whose offence was that he had broken a rule. We were allowed to sit down and listen to the hearing of the case. It was conducted with all the order and ceremony of a Court of Justice. It was the real thing, in fact. It was no mock ceremony. The Court was on *its honour*. The prisoner appeared to be very much ashamed of himself. We were not able to stay and hear what sentence he received. The men are proud of being a self-governing body.

That it has done good and worked moral wonders is incontestable. The inmates have established a "Mutual Welfare League," the official organ of which is *The Bulletin*. I read from the copy before me the following remarkable testimony:—

"Two cardinal rules—ironclad and unbreakable—were inevitably before the prisoner: 'Do this, don't do that' (N.B. Under the old *régime* Mr. Osborne reasoned that, given self-government, the boys will make stricter rules than he would—they have). Self-imposed restrictions are always harsher than those forced upon us. Mr. Osborne's reasoning was logical, and as a self-governing body we have barricaded ourselves behind rules and regulations, which, if advocated under the old system, would have incited riot. Yesterday we were dodging brass-buttoned guards; to-day we unflinchingly face 1,500 of our fellow inmates. Yesterday, if we committed any infraction of the rules, we harmed no one but ourselves; to-day if we break any of these rules, we hurt the whole body politic as well as ourselves. We have to face 1,500 accusers, and it is truly a bold man who would openly flout defiance in the face of such an army. . . . A short time ago Sing-Sing was worse than any hell conceived in the lurid brain of a

fanatic; physical conditions having scarcely been remedied—only dynamite, judiciously placed, can do that—but *morally* the change has been astounding."

This testimony, given by one of the convicts, is assuredly the most powerful argument in favour of penal reform.

A drive in a private motor car through lovely country for forty miles, to visit and dine with friends of Miss Maxwell's, brought this most interesting day to a close.

(To be continued.)

BOOK OF THE WEEK.

"THE WINGED VICTORY."*

In a sense this book is the sequel to "Adnan's Orchard," and though its authoress claims that it is entirely an independent composition, there is no doubt that to enjoy and understand it properly, its predecessor should have been read.

The gist of the book under discussion is that Ella Banks, the lacemaker, the illegitimate daughter of the Duke of Castlefield Saye, and the reputed daughter of Farmer Banks, of Red Rose Farm, was financed by the Duke as an exhibitor and dealer in lace. The dowry house of the Brabant, situated in a fashionable street in London, was chosen as the centre of her enterprise.

Long before coming to London Ella had received considerable attention from Lord Melton, the Duke's eldest son.

There is no doubt that, viewed from the standpoint of a farmer's daughter, Ella was a remarkable girl, but the key to her parentage explains her distinction and natural grace of manner.

She, ignorant of the Duke's motive for starting her in life in such a princely manner, is considerably astonished, on her arrival in London, to find that instead of a small shop she is installed practically as mistress in a luxurious mansion. Obvious complications arise, which are handled by Mme. Grand in a masterly and original manner.

The Duke assumes, as his heart dictates, a tender and paternal attitude towards Ella. He is unaware of his son's attachment to her, and Ella conceives that he suspects this, and gives it a tacit approval by his treatment of her.

For some time she lives in what to the outer world was a very equivocal position, and by degrees the breath of scandal reaches her. She fiercely accuses the Duke of base motives. In her distress, though not disclosing the reason, she agrees to marry Lord Melton secretly. Her denial of him heretofore had been based upon the argument that it would be an ungrateful return to the Duke thus to deceive him.

The situation is both original and well conceived.

The Duke, broken-hearted at the dilemma in which he has placed his child, decides to tell her the story of her birth, when, to his horror and

*By Sarah Grand. London: Wm. Heinemann.

anguish, he learns that she had married him on some days previously.

In an agony of despair, Melton burst out: "Yours the sin, then—and ours the shame!"

"Shame!" His father caught him up. "What shame to you? You are not married!"

Melton's haggard eyes answered that.

The terrible situation is solved by Melton being on the same day thrown from his horse and killed outright.

Ella, at the same time, is stunned by the revelation that the Duke is her father, and that she has married his son.

The book closes with a picture of this stricken father and daughter being drawn close together.

The chapters which deal with the lace-making industry, on which the authoress apparently is no mean authority, are a charming feature of the book.

At her first exhibition royalty was present, and Ella explains to her the beauties and intricacies of her art.

She commands Ella to sell her a rare piece.

"You made that!" she exclaimed; "I veel haff it."

"It is the property, your Royal Highness, of Her Grace the Duchess," said Ella.

The Princess turned to the Duchess. "Dear Duchess," she pleaded, earnestly, "you veel let me haff it; yes?"

The Duchess fluttered her plumes in great perturbation, but she was monkey quick to see her way out of the difficulty.

"Ah!" she sighed, "if it only rested with me! But there is the entail."

She then orders a replica; but the Duchess gave the work-girl an appealing glance; she did not want this unique treasure copied for royalty or anyone else.

Ella, with nimble wit, explains that the cost would be her eyesight, as it would be impossible for them twice to bear the strain of this intricate pattern.

There is a charming tale on page 78 of the origin of lace-making, which was the outcome of the love and longing of a fisherman's lass, who wove a pattern after the petrified wrack grass that he had brought up from the deep in his net.

H. H.

COMING EVENTS.

October 21st Meeting of the Central Committee for the State Registration of Nurses, Council Chamber, British Medical Association, 429, Strand, 2.30 p.m.

November 8th and 9th, National Union of Trained Nurses, Autumn Council Meetings, 40, Marsham Street, Westminster, S.W.

WORD FOR THE WEEK.

I'm proud against the word 'failure.' I've seen behind it. The only failure a man ought to fear is failure in cleaving to the purpose he sees to be best. —George Eliot.

LETTERS TO THE EDITOR.

Whilst cordially making suggestions upon all subjects for these columns, I wish it to be distinctly understood that we accept in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

A FLOCK OF SHEEP.

To the Editors of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM, I write with a "sense of personal responsibility," and not influenced by my Training School, to protest against certain comments headed, "A Flock of Sheep" in the BRITISH JOURNAL OF NURSING of October 7th.

The whole history of women's work, manual and intellectual, shows lack of combination which can only be effectual under wise leadership, and until this is remedied it can never stand upon a sound, humanitarian and financial basis.

Teachers have their colleges, and working women their trade centres as rallying points towards improved organisation. Nurses are more widely scattered than any other body of workers, and all unions and societies formed by and for nurses are welcome as leading to a better understanding and future for the profession.

Societies are, however, impersonal things, and it surely is to her hospital that a nurse will turn for advice and guidance. It should be in a very real sense her Alma Mater.

There has been a persistent attempt since the foundation of the College of Nursing to insinuate that its promoters do not understand or even represent the interests of the nurse. If not, it is difficult to ask with patience the question, why in this time of stress and anxiety and at great personal effort should it have been undertaken?

There can be no scheme without its initiators, and is the Society for the State Registration of Nurses entirely innocent of leadership? Granted that the nursing profession needs reformation, it must also be granted that tremendous improvements have taken place during the last ten or twenty years, and for this we must thank the Matrons and "lay committees" of to-day. The preliminary training schools, longer holidays, definite times off duty, the nurses' homes, and the higher status of the trained nurse are all the outcome of the practical nursing experience of the Matron, and the social, financial and administrative knowledge and advice of men who make the modern hospital possible.

If a Matron is convinced of the value of the College, she would be failing in her duty if she did not introduce it to the notice of her past and present staff.

In the letter you print, the Matron takes it for granted that the nurse has been intelligent enough to read about the College, and she is "advised" to apply for membership she could not be ordered.

I also venture to think that most nurses would feel honoured by the use of the possessive pronoun when addressed by their old hospital.

All societies seem to be agreed upon the need for State Registration and the organisation of the nursing profession, and in deciding upon the means to that end it is terribly sad that the way should be obstructed by insinuations and personalities.

Believe me,

Yours truly,

F. A. SHELDON,

Lady Superintendent.

Guy's Hospital Trained Nurses' Institution,

14, St. Thomas's Street, E.C.

[We are pleased to find space for Miss Sheldon's letter, but must claim our right to criticise professional matters, not even excluding the College of Nursing, Ltd., which its promoters appear to consider sacrosanct. The comments which inspired Miss Sheldon's protest were, in our opinion, and in that of the certificated nurse who received the letter, quite justifiable. Three times in one short communication the nurse was advised by her late Matron (a partisan anti-Registrationist) to register "at once" with the College of Nursing Company, and without advising any inquiry into its constitution whatever. Having for years been instructed by this same Matron on the dangers and undesirability of State Registration, and no explanation having been given for the *colle-facie*, we agree with the recipient of the letter that it was highly indecorous that certificated nurses should be treated like a flock of sheep.

Miss Sheldon states that "all unions and societies formed by or for nurses are welcome as leading to a better understanding and future for the profession. . . . Societies are, however, impersonal things and it surely is to her hospital that a nurse will turn for advice and guidance."

Why? Surely a body of trained and certificated professional women are endowed with sufficient intelligence to associate together in professional co-operation, and form reliable opinions on their own affairs, without the "guidance" of their employers, as all men and other professional and industrial women do. And nurses not attached to hospitals must be forgiven if their confidence in the omniscience of their Training Schools has been somewhat shaken after the persistent opposition of the committees of the leading hospitals to independent co-operation amongst trained nurses, including the very ruthless antagonism to their justifiable demand for State organization and Registration, a policy which has cost the workers not less than £20,000 during the past quarter of a century. Neither must they be blamed if they doubt the wholesale conversion of the anti-Registration party to the *principles* which must be incorporated in any Act of Parliament calculated to deal justly with trained nurses.

Independent nurses realise that the determination of the Nursing Schools is, as ever, to control the Nursing Profession, and such determination is apparently secured in the Memorandum and Articles of Association of the College Company, in the Registration Bill drafted by it, and through

the autocratic constitution of the Scottish Board. We should be the first to appreciate evidence of a more generous attitude upon the part of those who control the Training Schools towards the profession at large. With regard to improvement in the treatment of nurses by hospital committees during the past twenty years, we welcome it; but we are not oblivious of the fact that before that time their treatment of their nursing staffs was in many instances scandalous. Wretched housing, bad and inadequate food, interminable drudgery and hours on duty, resulting very often in broken health and bitter disappointment. Unless these abuses had been modified a nursing staff could not have been secured or retained, and for these reasons we deprecate the monopoly of power by hospital committees over the entire profession, such a relation between capital and labour is unjustifiable and out of date.

Miss Sheldon says: "In the letter you print the Matron takes it for granted that the nurse has been intelligent enough to read about the College." Where? Presumably in the employers' nursing press, with which she is usually supplied, and through which she is seriously misguided. Personally, we doubt if the matron in question had herself studied the Memorandum and Articles of the College, or she would not have advised a working woman to sign an agreement which contains a clause (3 (J)) providing that "the Council in its discretion" may remove a nurse's name from the Register without appeal! This is not even treating certificated nurses like sheep, but like serfs.

Miss Sheldon's last sentence is unintelligible to us. We make no insinuations. We state bald facts, quoted from the written constitution of the College. There is nothing "terribly sad" in obstructing a company of laymen grasping absolute control of the economic status and personal liberty of thousands of skilled women workers, who have the same right to just social conditions, efficient education and State Registration, as has been secured through the Medical Acts to the Medical profession, and by their own colleagues in the more enlightened parts of the world. It would be "terribly sad" if we British women, for lack of courage, permitted this grave wrong to be done.

Anyway, we initiators of the State Registration movement, who have struggled and paid for the safeguarding of the nursing profession for thirty years, are determined by every means in our power to protect its inalienable rights, freedom of conscience and freedom of contract. We are neither to be bought nor sold.—[Ed.]

OUR PRIZE COMPETITIONS.

October 28th.—State what you know of the care of patients suffering from a Cerebral Tumour.

November 4th.—What do you know of chorea, its mode of development, the diseases to which it is allied, and the nursing care necessary?

The Midwife.

CARE OF THE MOUTH DURING PREGNANCY.*

[ABRIDGED.]

By **M. EVANGELINE JORDAN, D.D.S.**

(Concluded from p. 324.)

ADVISABILITY OF BREAST FEEDING.

One of the ambitions of every woman who becomes a mother should be to nurse her child during the first year of its life. In order to be able to do so she should conserve her health in every possible way during the nine months of pregnancy. She should avoid all excitement and stimulants which are now known to have a deleterious effect not only upon the mother, but also upon the developing child. Plain, wholesome food, with plenty of fresh air and exercise, but not overwork, will greatly aid in the quest of good health.

The most eminent physicians tell us that a baby while nursing is immune to all the childhood diseases which his mother has had. This means that if the mother in her earlier days has suffered from measles, scarlet fever, whooping cough or diphtheria, or any of the diseases so common to childhood, the nursing baby will probably escape contagion if unfortunate enough to be exposed to such diseases.

DANGERS OF BOTTLE FEEDING.

More than twice as many bottle-fed babies die during the first year as nurslings. This is another of the arguments advanced for nursing a child. In using the bottle there is often a period when the baby is ill nourished because it cannot digest the artificial food. If this period is prolonged and there is great malnutrition, the growth of the teeth in the tiny jaw is interfered with and the teeth may be badly shaped, with pitted surfaces. This is called hypoplasia.

From a dental standpoint the most important reason for nursing is that a better shaped mouth results.

If a child is not nursed it is more liable to have adenoids. When nursed, every little cold is noticed, and immediate measures are taken to cure it, while with a bottle baby the cold may escape notice. Colds necessitate mouth breathing, which soon becomes a habit, and pathological adenoid tissue results from such conditions. This causes the upper arch of the mouth to become high and narrow. When a child constantly sucks away upon the nipple of a bottle or upon a pacifier, or even upon a thumb or finger, the tender upper jaw is pushed up, causing the horseshoe containing the teeth to become narrower than the

lower jaw on one or both sides. This must be corrected later in life at great expense and discomfort to the child, while in babyhood it can easily be prevented.

If the child must use a bottle see that the holes are large enough and that the bottle is removed as soon as empty. It is not necessary for a child to suck something to induce sleep.

Undoubtedly these habits produce malformation of the sinuses of nose and throat, and may be productive of chronic catarrhal conditions.

Another objection to bottle feeding is that many of the foods used are deficient in lime salts and poor teeth result. If the food is too sweet it causes rapid decay of the first teeth as they begin to erupt. I have found the anterior teeth of many condensed milk babies badly broken down at eighteen months, or before all the molars were in place.

ORAL HYGIENE DURING PREGNANCY.

At home the patient should thoroughly brush the teeth before retiring and after breakfast. If she will use the brush *dry*, placing it upon the gums and brushing toward the cutting edge of the teeth, she will get a stimulating effect upon the gums, which will help restore them to health. Remember the ideal gums are hard, and as thin as a knife blade, where they hug the teeth. If two brushes are kept, so that each is used only once a day, better massage of the gums results. After using the brush dry, wet it and apply any good dentifrice. If the gums bleed after all tartar has been removed ask your dentist for an astringent mouth wash. There are many good prescriptions applicable to different conditions.

Where there is much acidity the woman should, after cleansing the teeth at night, rinse the mouth with milk of magnesia.

THE NURSE'S OPPORTUNITY.

The work of oral hygiene has made considerable progress because of the concerted efforts of the dentists. These efforts have resulted in the foundation of great memorials like the Forsyth Institute of Boston, and the Rochester Dental Dispensary.

I had the pleasure of visiting the Forsyth Institute before its opening. It is a memorial erected by the two living Forsyths to their dead brothers. It is a marble palace on the Fenway, and was erected to care for the teeth of the poor children of Boston. Two million dollars have been dedicated to build, equip and maintain this wonderful charity. Since its erection several others have been started along more modest lines. These have all resulted from the individual work of people interested in the building of a stronger and better race.

There is no one who has a greater opportunity for advancing the cause of oral hygiene than the

* Read at the Nineteenth Annual Convention of the American Nurses' Association, New Orleans, U.S.A., 1910.

nurse. She can carry the work directly into the home. She should take the stand that no one need expect to retain good health with a pathological oral cavity.

A clean mouth is necessary for good health. Unhygienic conditions in the mouth may go along apparently unnoticed for years, and then suddenly show their result in some severe disorder.

A seed of some poisonous weed lies dormant, then sprouts, grows to blossoms, then to seeds, which in turn scatter far and wide and each takes root.

Oral neglect is like the poisonous weed. It would have been easy to destroy the first seed, but impossible to root out the great crop of weeds.

To you nurses I leave this message. Each day drop some little word of advice or teaching as to the care of the mouth.

Do not wait until some deed of greatness you may do.

Do not wait to shed your light afar.

To the many duties ever near you now be true,
Clean up the corners where you are.

ALCOHOL AND MOTHERHOOD.

At a meeting of the Society for the Study of Intebriety, held at 11, Chandos Street, W., on the 10th inst., at which Sir William Collins presided, a paper by Dr. J. W. Ballantyne, Physician to the Royal Maternity Hospital, Edinburgh, was read on the effect of alcohol in relation to ante-natal life.

Dr. Ballantyne is of opinion that alcohol falls into line with other poisons as one of the causes of ante-natal morbid effects, and is a danger to antenatal health, and that there is no time under the sun when it is suitable or safe to court intoxication. The expectant mother should be protected from it both for her own sake and that of her offspring. All intending parents should protect the germ cells, the most precious of all earthly things, from all evil influences, as they would their own lives, and so give a great gift (none greater) to future generations.

BABY FARMER SENTENCED.

At the Central Criminal Court last week, before the Recorder, Margaret Jane Richardson pleaded guilty to the theft of a bracelet, and to obtaining money by false pretences from three people who had entrusted infants to her care. Evidence was given by the police to show that the prisoner received money for the care of infants, and in one case left the child with another woman for a few hours, and never returned, while in another instance the child disappeared, and the prisoner had persistently refused to give the mother any information about it. She was sentenced to five years' penal servitude. Any woman who, in order to make money, traffics in little children can scarcely be dealt with too severely.

CENTRAL MIDWIVES BOARD FOR SCOTLAND.

THE RULES.

The rules of the Central Midwives Board for Scotland have, in accordance with the Scottish Act, been submitted to the Privy Council for approval. The rules having been considered by their Lordships, and the General Medical Council having made no representation with respect thereto, have now been approved for a period of five years from August 26th, 1916.

The Rules are substantially the same as those of the English Board, and rightly so as it is evident that the two Boards will have to work in close touch with one another. They are published by George Robb & Co., 16, Clyde Street, Edinburgh, price 6d., by post 7d., and it behoves all midwives working in Scotland to obtain them, and to get a clear grasp of the regulations under which they will henceforth have to work.

The Scottish Rules contain on the first page a list of the members of the Central Midwives Board for Scotland, a precedent which might well be followed by the English Board in future editions. Few midwives purchase the Midwives Roll, while if they are wise, they will possess the rules, and midwives have a right to know who constitute the Board, and by whom its members are appointed.

It will be remembered that provision is made in the Scottish Act for the inclusion of two certified midwives practising in Scotland, who are appointed by the Lord President of the Council. This is a distinct improvement on the English Act, in which no provision is made for the inclusion of one midwife, and the appointments of Miss A. H. Turnbull, Superintendent of the Deaconess Hospital, Edinburgh, and Miss I. L. Scrimgeour, Matron of the Cottage Nurses Training Home, Govan, Glasgow, have given general satisfaction. So far on neither Board is there any provision for the direct representatives of the midwives, a provision which must be included before the composition of their governing bodies can be considered satisfactory by certified midwives.

The Chairman of the Central Midwives Board for Scotland is Sir John Halliday Croom, M.D., F.R.C.P., and the Deputy Chairman Dr. James Haig Ferguson, M.D., F.R.C.P., the Secretary, Mr. David Lewis Eadie, and the Office, 50, George Square, Edinburgh.

We note that under the Scottish Rules provision is rightly made for defraying the expenses of the members of the Board.

A MIDWIVES ACT IN VICTORIA.

A Midwives Act is now on the Statute Book in Victoria, Australia, and it is necessary for all persons practising midwifery in the State to be registered under the Act. There is not one midwife on the Governing Body set up under the Act.

There appear to be no inspectors appointed to see that the rules and regulations are put into practice.

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EDITORIAL.

THE RISING SUN.

Many unexpected situations have arisen in the course of the war, but none more momentous, or with a greater influence on the future, than the recording of their votes by British women on a matter of Imperial policy—the question of compulsory military service—at the Australian Imperial Forces Headquarters at Westminster—Westminster, the battle ground on which the right of women to the Parliamentary Franchise has been contested for years, even within the precincts of the Houses of Parliament from which women demanding the constitutional right of access to Ministers have been again and again ejected, and which—to those with eyes to see only material forces—appeared to be an impregnable stronghold of male prerogative.

But the trumpets of war have sounded not only a challenge to the enemies of the Empire, their clarion call has reached to its furthest bounds, and the hearts of all the peoples within its limits have throbbed in unison. Their skill, their lives are at the service of the Empire in its needs. From far and near they have rallied to the call, amongst them, from Australia, the Anzacs whose loyalty and heroism will be acclaimed so long as the Empire endures. With the fighting men came highly skilled nurses, free citizens of the Land of the Rising Sun—and, when provision was made for having a referendum on the question of compulsory military service outside the Commonwealth, no one could gainsay that side by side with the Australians with the Army in the field, with the Fleet, and in hospitals, the nurses of the Australian Army Nursing Service should record their votes, yet so quietly has this been accomplished that many people do

not now realize what a revolution has taken place.

This vote of the Australian nurses is the more important because, before the war, an argument which was most frequently advanced against the extension of the Parliamentary Franchise to women was that, as they were incapable of fighting, they ought not to be allowed to vote. Their place, it was asserted, was to deal with Local Government, but not with high Imperial politics. Yet Cabinet Ministers have publicly declared that the services of women are essential to the successful termination of the war, and even the Prime Minister has announced the profound modification which his views, as a life-long opponent of women's suffrage, have undergone in consequence.

Who indeed shall judge whose sacrifice is the greater—that of the men who freely give their lives in the Empire's service, or that of the women who send them forth, and then, with brave faces, and anxious hearts, turn to unaccustomed tasks that the work of the nation may be carried on in their absence.

The spiritual force, the earnest purpose, the high endeavour which women bring to bear upon national problems have never been so strikingly demonstrated as in the last two years, because so great an opportunity has never before been theirs.

So far the influence of their special qualities which is needed in the counsels of the Empire has been ignored and wasted, and many of the gifts which women have been eager to use in the service of their country have been rejected, and it is the poorer in consequence. In the land of the Rising Sun the women have already come into their inheritance, and its reflected light illumines the faces of their sisters in the Mother Country who realize that for them too it will rise in majesty and strength.

DISEASES OF CHILDREN.*

(Concluded from page 328.)

It will readily be understood that in reviewing a book which is professedly a practical modern manual on the diseases of children, systematic, small, and complete, and which admirably achieves its object, it is impossible within the limits of a review to refer to all its features, although we have devoted considerable space to our notice of it, as we consider the book important, valuable, and interesting.

Much attention is devoted to the care of infants—artificial infant feeding, improper diet in infancy, disorders of digestion and nutrition and their treatment, rickets and scurvy are all exhaustively discussed. Then there follow chapters on diseases of the mouth and throat and alimentary canal, on tuberculosis, on diseases of metabolism and the ductless glands, of the circulatory and other systems.

CONGENITAL HEART DISEASE.

Amongst the diseases of the circulatory system congenital heart disease is described in considerable detail. We read:—

"Many cases have to be ascribed to imperfect development, and exhibit, in addition to the abnormality of the heart, other forms of imperfect development. . . .

The deformity sometimes consists in the persistence of foetal conditions (openings), sometimes in strictures of valves, and sometimes in various rarer conditions. In a few rare cases intra-uterine infection apparently has produced foetal endocarditis.

Lesions.—In most cases several lesions are present, the most common combination being pulmonary stenosis with patent ventricular septum.

Symptoms.—A very important point to grasp in connection with these cases is that in many cases there is entire absence of any symptoms. The condition is only found to be present on physical examination and the auscultation of a murmur.

* By A. Dingwall-Fordyce, M.D., Ch.B., F.R.C.P.E. A. & C. Black, Ltd., 4, 5, and 6, Soto Square, London, W.C. 10s. 6d. net.

The most common symptom, and the outstanding symptom, is *cyanosis*. In some cases this is extreme, the child being of a blue-black colour. The cyanosis not infrequently grows more marked as the child grows older. It is usually present in most of the severe cases, but may be absent even with severe lesions. Cyanosis may only occur in paroxysms, or it may be noticed only on exertion. When it is marked, examination of the blood discloses a high degree of polycythaemia. It is also accompanied by clubbing of the fingers. *Dyspnoea* is a common symptom when there is any degree of cyanosis present. It occurs especially on exertion, or after a large meal. Syncopal and epileptiform attacks also sometimes occur in severe cases.

The disturbance of the circulation causes interference with nutrition, and consequently many of these patients are small and undersized. Sometimes, even, where all other symptoms are absent, marked malnutrition of the infant is explained by the discovery of congenital heart disease."



CLUBBED FINGERS.

MENINGITIS.

Meningitis is a term nurses are very familiar with, but they often have no clear idea of the different varieties. Dr. Dingwall-Fordyce deals with them under the following headings:—Tuberculous meningitis, meningococcal meningitis, (a) acute cerebro-spinal, (b) posterior basal, pneumococcal meningitis, other forms of meningitis, and meningism.

The illustrations reproduced on page 347 are a case of tuberculous meningitis, showing the retraction of the abdomen, and a pronounced squint; and a case of cerebro-spinal meningitis in a child of eight months.

TUBERCULOUS MENINGITIS.

Tuberculous meningitis is, we are told, the most common form of meningitis and is a not uncommon condition.

Causes.—"Tuberculous infection of the meninges occurs as a condition secondary to tuberculous infection elsewhere in the body, and consequently is not a common condition during the early weeks and months of life. It occurs with increasing frequency among children from six months of age up till the age of one year, and it is most common between the

ages of one and two years. After two years of age the frequency of its occurrence rapidly diminishes, but it is still common up to the age of about five years. The primary tuberculous lesion is extremely small, and the infection of the meninges may consequently have all the appearance of a primary infection."

Symptoms.—We learn that though very frequently the symptoms of meningitis are the first evidence of any tuberculous infection, yet when a child who has been suffering from gross tuberculous disease develops meningitis, the symptoms are often very acute and marked—convulsions, paralysis, coma—and he succumbs in the course of a few days. But in the great majority of cases the onset of the condition is very insidious, whether the child is apparently robust, or whether he is weakly. For a varying period—it may be a few days or a few weeks—he is vaguely "out of sorts."

He suffers from malaise. Mentally he is unlike himself, his nature is changed, he is fretful and irritable. He eats badly and sleeps badly. He apparently suffers from diarrhoea, but, as the premonitory stage passes and the condition becomes developed, usual and very important symptoms are *vomiting*, *constipation*, and *retraction of the abdomen*. This combination of symptoms is unusual in simple indigestion.

Later the child becomes drowsy. If the fontanelle is still open, it is found to be bulging, and if the child is older, he complains of head-

ache. He lies with his face from the light, and is irritable if disturbed. The pulse, which in the premonitory stage is often rather quickened, now becomes slow and irregular. The child wastes, localized paralyses frequently develop. "Champing" and grinding of the teeth are common symptoms. A tremor of the limbs and spasmodic twitchings are frequently present.

The facies is characteristic: the vacant, staring eyes, the knit brow, and the ptosis or other facial paralysis, often convey an impression of grim resolve or concentrated thought. Towards the close he becomes rapidly comatose, the pulse and respiration become rapid, and the *tache cérébrale* marked. Optic

neuritis is present in the later stages.

MENINGOCOCCAL MENINGITIS.

"Acute cerebro-spinal meningitis, or 'spotted fever,' is a disease due to infection with the

meningococcus. . . . It appears probable that the method of infection is through the nasal and faecal mucous membrane. . . . About 50 per cent. of cases are those of children under five years of age."

The onset of the disease is sudden and acute. In some cases the child dies within forty-eight hours, with all the symptoms of toxæmia. Symptoms of the disease are headache and pain, high fever, vomiting, convulsions, stiff neck, hyperæsthesia, emaciation. Death occurs from exhaustion or bronchopneumonia.



CEREBRO SPINAL MENINGITIS.
Child aged 8 months.



TUBERCULOUS MENINGITIS.
To show retraction of abdomen. Note also the squint.

OUR PRIZE COMPETITION.

STATE WHAT YOU KNOW OF THE CARE OF PATIENTS SUFFERING FROM A CEREBRAL TUMOUR.

We have pleasure in awarding the prize this week to Miss Thomasina F. Donald, Royal Infirmary, Glasgow.

PRIZE PAPER.

Tumours of the brain may be classified thus :

- (1) Infective granulomata-tubercle, gummata, actinomycetes ;
- (2) Neoplasmas, sarcoma, glioma, carcinoma, and benign tumours ;
- (3) Cysts.

Symptoms :—

(1) *Headache* may be diffuse and of a dull aching character, but is more often acute, stabbing, persistent, and localised, with tenderness over seat of tumour.

(2) *Vertigo* is marked, especially when the tumour affects the cerebellar region.

(3) *Vomiting* is most common when the cerebellum is affected. It is of a persistent character, often painless, and sometimes occurs whether food is taken or not.

(4) *Double optic neuritis*, followed by optic atrophy.

(5) *Mental disturbance* is sometimes absent, but the patient is often in first stages highly emotional, and later dull and apathetic.

(6) *Irritation or destruction* of the affected part of brain, the former leading to convulsions, paræsthesia, and subjective sense impressions ; the latter to paralysis, anaesthesia, and defect of special sensation.

Treatment may be medical or surgical.

Trephining is often done for the relief of pressure, and the tumour if possible is removed, though extirpation can be carried out only in a small percentage of cases.

Lumbar puncture is sometimes performed, so that some of the normal cerebro-spinal fluid is taken away, thus relieving pressure.

Patient may be conscious, sub-conscious, semi-conscious, or unconscious.

Position in bed.—Patient should lie flat on water bed without pillow in a darkened, quiet, and well-ventilated side room. The head should be shaved completely, and icebag applied.

Eyes should be bathed with solution of boracic, and pads of lint (sewn in a piece of tape) similar to and bigger than shape of eyes, should be applied to keep out dust, flies, &c.

Mouth should be washed out frequently with glycothymoline, hydrogen-peroxide, or borax and glycerine.

Nourishment should consist of fluids only. If unconscious, patient may be fed by means of

nutrient enemata, or by means of nasal feeding. Fluid should be peptonised, and given very slowly. Nourishment may consist of milk only, or milk and white of egg, meat extracts, or concentrated soups, each having a teaspoonful of glucose added.

Temperature should be recorded four-hourly ; there is usually hyper-pyrexia.

Pulse in cerebral tumour usually slow, full, and strong, or weak, slow, and intermittent.

Respiration generally varies with degree of unconsciousness. Cheyne-Stokes is a particular variety of breathing associated with head cases.

Special attention should be paid to (1) pupils, what condition they are in ; if unequal, contracted, or dilated, &c. ; (2) epilepsy should be watched for ; note should be taken how and where fit started, which muscle or group of muscles the twitching affected ; (3) paralysis should be reported ; (4) cerebral vomiting should be noted. By this means the surgeon will be able to settle site of tumour, for it is during his absence those things nearly always affect patient.

Bladder.—Strict attention must be paid to bladder, either for incontinence or retention of urine. When patients are not conscious, they are unable to ask or to know when the bladder needs emptying. The bladder may rupture when too full, and often a constant dribbling may mean an overflow. Therefore patient should have catheter passed every eight hours if in this condition, and the greatest possible care should be taken that everything is thoroughly sterile, thereby avoiding cystitis.

Bowels should be kept regular in all head cases. Croton oil may be given on butter, if patient is unable to swallow, or calomel, gr. v, and jalap 60, followed by mag. sulph. eight hours afterwards (under medical direction), or patient may have saline wash-out (3 pints) night and morning. Head cases have the habit of retaining enemata, and the saline retained will do patient good.

Patient's back should be kept clean by treatment with soap and water. Some emollient ointment should be well rubbed and massaged in. The position of patient should be changed, and sheet drawn every two hours if possible, so that pressure is not always on one part of back. A pillow may be put in at back to keep patient a little to one side. By this means bedsores and the feeling of hot irritating skin is prevented, and the stagnation of blood at bottom of lungs is avoided, and the consequent risk of pneumonia.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. James, Miss F. Simson, Miss R. Thompson, Miss N. McKenzie.

QUESTION FOR NEXT WEEK.

What do you know of chorea, its mode of development, the diseases to which it is allied, and the nursing care necessary?

NURSING AND THE WAR.

THE ROYAL RED CROSS.

The following ladies had the honour of being received by the King on Saturday last, when His Majesty conferred upon them the decoration of the Royal Red Cross:—

FIRST CLASS.

Principal Matron Jane Purves, Territorial Force Nursing Service; Matron Martha Mark, Queen Alexandra's Imperial Military Nursing Service; Matron Margaret Brown, Territorial Force Nursing Service; and Sister Christina MacRae, Queen Alexandra's Imperial Military Nursing Service.

SECOND CLASS.

Staff Nurse Margaret Smith, Territorial Force Nursing Service; Miss Ethel Davidson, Australian Army Nursing Service; and Miss Margaret Whitson British Red Cross Society.

A Supplement to the *London Gazette* of October 19th contained a despatch from Lieut.-General Sir Percy Lake, Commanding the Forces in Mesopotamia, submitting a detailed list of officers, warrant officers, non-commissioned officers and men whom he desired to bring to special notice on account of their services in the operations for the relief of Kut-el-Amara. The following are included in the list:—

NURSING ORDERLIES.—Butler, No. 416, Pte. O. F., 21st Lancers; Fanbrother, No. 0455, Pte. A., Oxes and Bucks. L.L.; Saunders, No. 8702, Pte. W., Hants. R.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.—Cusins, Miss C. L., Lady Supt.; Watt, Miss P. F., Lady Supt., R.R.C.

It will be remembered that Miss Watt received the Royal Red Cross when Matron of the Rawal Pindi Hospital in France. She was trained at St. Bartholomew's Hospital.

Members of the Royal Victorian Trained Nurses Association object to voluntary Red Cross workers assuming the title of "Military Nurse." These workers are being advertised for for nursing abroad, and need only have first aid and home nursing certificates. Miss Gretta Lyons writes from Melbourne:—

"I would like to state that up to the present time the 400 odd military nurses from this State who are on active service with our troops have all had to show they possessed a three years'

general nursing certificate, and were members of the R.V.T.N.A. In justice to these women, I should think the voluntary workers would choose some other title than that of "Military Nurse."

She adds: "At this crisis what immense value legal status with the protection of the title of 'Registered Nurse' would have been to us."

Another correspondent from Australia writes:—
"We are having a very serious shortage of nurses for the civilian population. Voluntary Red Cross workers could find much to do to help in social reform, nursing in districts, &c.; but this real help to the nation's sick they will not give; they are all for following the troops, and don't care in the least for the sick wife and children they may leave behind. To make heroines of these girls, who are not inspired by the real spirit of nursing—which is nothing if not inspired by self-denial—is fostering in them a most sickly, not to say dangerous sentimentality."

In this connection we have before us a most suggestive article on "District Nursing as Patriotic Work," by Miss Thelma Bowser, from *The Queen*. In it she tells of the great success which has resulted from an organised experiment tried by the Lady Superintendent of the Birmingham District Nursing Society over a year ago, when she found that her staff of fully trained nurses was so depleted that the sick inhabitants of the crowded districts round the great Midland city could not be properly nursed. She applied to the headquarters of the St. John Ambulance Brigade in Birmingham for help, and this was quickly organised, with the result that the sick poor of Birmingham have been thoroughly well attended to, and are no longer suffering as they were from lack of nursing.

The scheme organised by this Lady Superintendent who, of course, is a fully trained nurse, was that the St. John Nursing members, all of whom had a certain amount of nursing knowledge, should go round the district for one month with a fully trained nurse belonging to the District Nursing Society. In this way the St. John nurse was initiated into the methods of district nursing, and at the end of the month, and sometimes even before it had expired, she was perfectly capable of taking on cases by herself which had already been visited by a fully trained nurse. St. John members are never sent to a new case, but after it has been visited by a regular Sister, the St. John nurse can continue the work, although the trained Sister keeps a watchful eye and will occasionally pay surprise visits.

The scheme has been worked out in a thoroughly businesslike manner, one St. John Commandant in Birmingham having been appointed to manage it. She endeavours to supply the Nursing Society with eighteen members a week, each one of these members doing one shift in the day. The member reports herself at the office of the Lady Superintendent before nine o'clock in the morning. She is told what cases she is to visit, and she sets off on a round which

will keep her busy until one o'clock, when she again reports herself and goes home.

"By a clever system of cards, the Lady Superintendent knows absolutely everything that each member does, and at regular intervals sends a report of each girl to the St. John Commandant. Another shift of members works in the afternoon. In this way an enormous number of visits can be paid with entirely satisfactory results. One St. John member in Birmingham has paid as many as 157 visits in one month.

"The work is arduous, and there is no glory attached to it; but for the woman who really wants to help her country at this moment of stress there can be no manner of doubt that this is one of the very finest ways of giving herself to national service."

The Scottish Women's Hospital has been presented with an X-ray wagon as a memorial to Edith Cavell. It is almost a year since the "Scottish Edith Cavell" Fund was started by Miss Etta Shandland, Greerock, to commemorate the name of Nurse Cavell. The committee decided that in the meantime this memorial should take the form of help for the wounded. Eight "Edith Cavell" beds have been named in hospitals at the front. The wagon was presented by Lady Dunlop, and Miss Mair, in accepting the gift, said the wagon would make a tour of Scotland.

A contemporary publishes an article, for the *bona fides* of which it vouches, written by a Master of Arts and University Lecturer in Science, who, with a knowledge of ambulance work, volunteered for this duty as soon as war broke out. We do not wonder that he has headed the article describing his experiences: "Charwomen in Trousers." We are sorry that he was so unfortunate in the members of the nursing profession whom he met. He writes:—

"No doubt many hospital nurses closely approach the poet's ideal. But there *are others*, and I had the ill-luck to meet with quite different types to the 'ministering angel.'

"The nurses, one and all, were very superior beings in their own estimation—they were certainly snobs of the first water in ours. They were effusively polite to doctor, and very attentive to the more 'interesting' patients, but they evidently agreed that orderlies were so-called because they existed to be 'ordered' about. The doctor occasionally paused in his rounds to speak a kindly word to us; but they always promptly came along and took him away, telling us afterwards that we had no right to waste our time speaking to the doctor."

The writer gives amongst other samples the following illustration:—

"One morning, shortly after my arrival, I was bitten to blacklead a ward fire grate. The Sister knew quite well that it was my first attempt to clean a grate, and as a good fire had been burning

all night she knew that the bars must be frizzling hot. But when I had finished she snapped out, 'If you call that clean I don't; do it over again and be quick about it.'"

After applying for a transfer, the writer found on his request being granted that he was to go to a hospital governed by a Colonel R.A.M.C., and that there was a staff of real charwomen to do the work, so he "shook hands with himself over his good luck."

But, alas! he found himself out of the trying-pan into the fire. "The Colonel was a charming gentleman and a good surgeon, but practically destitute of the business capacity and knowledge of men required to run a hospital." As he was often absent on other business the hopeless muddle that pervaded every department of this institution was chiefly due to the incompetence of the Quartermaster, surely the stupidest man that some trick of fortune had jockeyed into so responsible a position."

The writer describes how, when in charge of the linen store, he was sent for to receive an infectious fever case, and when, taking an armful of the new patient's clothing to the disinfectant, was ordered to return at once to his duties amongst the clean linen without even time to wash his hands.

But the last story reveals not only stupidity and inefficiency, but callous brutality.

A poor, dragged woman with a baby in her arms, weary after a long journey, came to see her husband, of whose dangerous illness she had been notified. The writer states:—"As it was not the correct visiting hour I had to ask the Quartermaster's permission to admit her. He came with me to the door and spoke these gracious words: 'Well you're Mrs. Smith, and you've come to see your husband, have you? You can go and see him—he's in the mortuary across the yard there.' It seems the poor fellow had 'gone West' a few hours before."

Several thousand French women have recently been drafted into the French military hospitals, to help with the nursing of the sick and wounded; and owing, no doubt, to the necessity for the utmost secrecy in the conduct of the campaign, the military authorities are much more strict in permitting the entrance of foreigners, even from the countries of Allies, into the war zone. Great offence has been given by the publication of a book by an American woman, criticising without any sympathy French hospital methods; and such lack of good feeling and tact injures the estimation in which all foreign nurses are held by the French Service de Santé. The result has been to prohibit American and English nurses being employed in a large new hospital in the war zone financed by a rich American, which is to contain 1,200 beds. What a disaster for the poor suffering soldiers who appreciate with so much gratitude the skill of thoroughly trained nurses; but we cannot wonder at the just indignation of the French.

CARE OF THE WOUNDED.

The Russian Hospital for British Officers, in South Audley Street, was opened on Tuesday, October 17th, by Mr. Aspinth, and dedicated to the work for which it has been given by a service in the rites of the Eastern Church. A distinguished company of guests were present.

"Gorgeous" and "luxurious" are the adjectives which describe the three wards, "Faith," "Hope" and "Charity."

The remarkably lofty and wide reception rooms which have been converted into wards are panelled in white and heavily encased with gold. A beautiful shade of blue is the predominant colouring, and the silk eiderdowns, curtains, lamp shades and mats are all of this colour.

The comfortable-looking beds are panelled white, with white quilts. The bed tables are tiled in blue. On the occasion of our visit there were nine patients who had only arrived from the Front the night before. The hospital is at present equipped for thirty patients, with a possible increase to fifty.

There is a fine theatre, the proportions of which are on a scale with the rest of the house.

The Matron, Miss G. Piper, was trained at St. Thomas's Hospital, and has since held the post of Sister at the Great Northern Hospital. The generous donors of this lavish hospitality are M. and Mme. Mouraviev Apostol, and Mme. Mouraviev Apostol is acting as Commandant.

The house has been lent by Sir Berkeley and Lady Sheffield.

The Press Association special correspondent, in a message from Salonika, says: "It is only right to pay a tribute to the bravery and devotion of the chieftesses of the Scottish Women's Hospital attached to the Serbian Army, who take the ambulances as far as the cars can go along precipitous paths in order to meet the wounded, and are constantly risking life and limb in this dangerous work, which requires skill as well as nerve. Yet young girls perform the journey sometimes twice daily, and often have to spend the night on the mountain side, as breakdowns are, unfortunately, too frequent in such bad country."

Mr. John Penoyre, writing to the press from 8, King's Bench Walk, Inner Temple, E.C., asks ladies to write for the printed pattern of a sweater and send him the knitted results for our men. The pattern is clear, easy to knit, and not extravagant in wool. He has sent out nearly 18,000 sweaters, but has promised Sir Edward Ward another 10,000 by November.

The time is short, and the number large, but what is that, says Mr. Penoyre, as between the British public and the British Army?

Everyone should read that wonderful book, "The Retreat from Mons."

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals:—

Gifford House, Rochampton.—Miss M. Pickett.
Arnott Hill, Daybrook, Notts.—Miss H. Campbell.
Red Cross Hosp., Saffron Walden.—Miss M. Dugguid.

Red Cross Hosp., Oakland, Clevedon.—Miss E. Marsh.

Aux. Mil. Hosp., Badhoelet, Banga.—Miss A. Sias.

Bilton Hall, Rugby.—Miss M. Peary.

Kingswood Park Hosp., Tunbridge Wells.—Miss E. A. Rattray, Miss K. Wright.

Waterlooville Hosp., Haits.—Miss M. Chillingworth.

Haverstock Aux. Hosp., Whitechurch, Haits.—Miss E. Garland.

Red Cross Hosp., Marlpad, Edenhodge.—Mrs. W. Smith.

Ottershaw Park, Chertsey.—Miss C. A. B.H.

Mapporley Hall, Nottingham.—Miss A. Mooney, 78, Brook Street, W.—Miss E. H. Curtis.

Red Cross Hosp., Clevedon, Somerset.—Miss G. Knight.

F.L.D. Hosp., Battenhall, Wore Co.—Miss F. Stearnan.

Aux. Hosp., Wych Cross, Forest Row.—Miss C. McIver.

Blake Hall, Ongar.—Mrs. E. Roberts.

Red Cross Hosp., Teakshury.—Miss T. Somers.
Auste Grange, Holmwood, Surrey.—Miss M. Leed.

Holmville, Warwick New Road, Leamington.—Miss K. W. Parker.

Red Cross Hosp., Cirencester.—Miss M. Mayers.
St. John Hosp., Fencham.—Miss M. F. Weatheritt.

Aberdare and Merthyr Hosp., Aberdare.—Miss O. Pound, Miss A. Gregorian.

The Priory Red Cross Hosp., Cheltenham.—Miss K. J. Orton.

Newton Abbott, Devon.—Mrs. D. M. Matthews.
Clauden Park, Guildford.—Miss K. Brennan.

Trafford Park Red Cross Hosp., Manchester.—Miss E. E. Donnellan.

Aux. Hosp., Newick, Sussex.—Miss M. Pomeroy.

Red Cross Hosp., Hoole Bank, Chester.—Miss A. G. Shephard.

Hauwoth Park Red Cross Hosp., Feltham.—Miss M. Preston.

Linden Lea Aux. Mil. Hosp., Brooklands, Cheshire.—Miss M. A. Lomgren.

Norton Hall Hosp., Campden, Glos.—Miss S. A. Prickett.

Abbots Barton, Canterbury.—Miss A. M. Stevens.

Garswood Hall, Newton h Willows, Lancs.—Miss N. Sadler.

West Hall Hosp., Tunbridge Wells.—Miss A. M. Deakin.

Pailton House, Rugby.—Miss C. Hutchinson.
South Croydon Relief House.—Mrs. B. Jacobs.

ABROAD.

Brulogne Headquarters.—Miss E. Westaway.

CHRONICLE OF THE RED CROSS.

NO REPRISALS ON PRISONERS.

(From the "Journal de Genève.")

A recent number of the *Bulletin International* of the Red Cross contains a quantity of interesting news on the activities of the International Committee and national societies during the last quarter. At the beginning of the number is the beautiful appeal which the International Committee, on the initiative of the vice-president, Professor Edward Naville—wrote for the belligerents and neutral countries, to contend against the reprisals on prisoners. The International Committee have never ceased since the beginning of the War to urge the principle of good example. They appeal to the belligerents to meet reprisals by showing justice and humanity, which will leave a remembrance of gratitude, and which will help so greatly to do away with hate—that bitter obstacle to peace.

The *Bulletin* does not say what reception the appeal met with. By reading the different papers of the belligerent countries one could come to the conclusion that each, on the one hand, has declared itself to be in sympathy with the principles of the Committee; but, on the other hand, they have not failed to add that they feel themselves exempt from reproach, and it was the enemy's fault for starting.

The chapter of protestations covers, once again, many pages of the *Bulletin*. The most important documents published in the last number are connected with the protestations of the Austrian Red Cross against the attack on the hospital ship *Elekta* by a French submarine; and also that of the Russian Red Cross against the sinking of the hospital ship *Portugal* by a Turkish submarine. It also gives, under the title of "Russia," the analysis of two papers from the Russian Red Cross, accusing the German and Austro-Hungarian armies of a number of violations of the Convention of Geneva.

The agencies for prisoners of war at Geneva have continued their activities. Up to June 30th, 1910, the number of enquiries answered since the beginning of the War had reached 470,300. The French, English and Belgian prisoners numbered about two millions. The German about one million, without counting 300,000 civilians. These figures, which grow every day, give an idea of the immense undertaking which is so quietly worked in the halls of the Musée Rath, thanks to the splendid work of the helpers.

The International Committee continue to send delegates to visit the camps of the prisoners. They have just published the report of the two doctors, M. Blanchod and M. Speiser—on the camps and workshops of the French prisoners in Germany; and also that of Dr. von Schulthess and Dr. Thormeyer on their visit to the camps of Russian prisoners in Germany. New missions

are being prepared to visit the English and French prisoners in Turkey and the Turkish prisoners in Russia.

Civilians continue to occupy the special attention of a committee directed by Dr. Ferriere, and the International Committee never cease to intervene for the repatriation of these civilians, in order to conform with Article 12 of the Convention of Geneva.

The correspondence with the French provinces occupied by German troops is now centralised, in the way that what concerns France is in the hands of the Enquiry Office, under the direction of the Ministry of Interior in Paris (27, Avenue de l'Opéra). It is a very active medium of communication with the Red Cross in Frankfurt.

This office is trying to extend a regular correspondence to those parts of Belgium which are still shut off. This humane work is one of the most interesting of the day. The *Bulletin* contains many particulars of the work undertaken by the Red Cross to help the victims of the war. The societies of the United States and Japan hold, as we have often said, the place of honour in a work of joint responsibility.

Moreover, let us mention a series of reports of the Austrian, English and Russian Red Cross on their work during the war, articles on special work such as the help given to refugee children in Germany, the health camps for tubercular soldiers in France, &c.

The American Red Cross is now in correspondence with the English Government to obtain their sanction to send to the principal centres medical and surgical necessities for the wounded. She relies on Article 10 of the Convention of Geneva. The *Bulletin* considers that the reasons given by the American Red Cross should receive every consideration by the nations interested.

The *Bulletin* also contains very useful information on the working of the Red Cross in Serbia since the occupation of the Austrians and on the second meeting of the German, Austro-Hungarian and Russian Red Cross at Stockholm.

Needless to say, Switzerland is represented in many ways in that review of the work of the Red Cross, in particular in the chapters about the wounded, the interned, &c. Let us mention also the hospitality offered by our country to the wounded and sick of the fighting nations. One knows that this work, under the President, Mme. Arthur Hoffmann, and the Hon. President, M. Ader, is in full activity, and has given splendid results, thanks to the Hotel-keepers' Association, who took the initiative and who also bear the brunt of the expense.

Much regret is felt at Middlesex Hospital at the very sudden death of Mr. Mellado, the Secretary-superintendent. His business ability has been of exceptional value to the hospital, which has extended its usefulness in every direction in recent years.

THE CENTRAL COMMITTEE FOR THE STATE REGISTRATION OF NURSES.

At the meeting of the Committee held on Saturday, October 21st, in the Council Chamber of the British Medical Association, Mr. T. Jenner Verrall presided. A letter from the Hon. Arthur Stanley, Chairman of the Council of the College of Nursing, Ltd., was received and considered, and the following Resolution adopted:—

That the Central Committee regrets it cannot recede from the position it has taken up and fully communicated to Mr. Stanley in the letter of September 30th, and it has therefore determined to proceed with its own Bill.

The Committee then proceeded to consider the Amendments proposed in the Bill by the Executive Committee, all of which were agreed to with some slight additions and verbal alterations.

AN INDEPENDENT GOVERNING BODY.

The questions at issue between the Central Committee and the College of Nursing, Ltd., are matters of principle, the former claiming that the Nursing Profession has a right to an independent Governing Body, the authorities empowered to compose such a General Nursing Council to be clearly put forth in the Bill. The College contending that the Governing Body shall be composed of individuals named in a Bill drafted by the College, which therefore precludes a *conjoint* Bill, and necessitates automatic membership of the College, the Memorandum and Articles of Association of which are recognised as dangerously coercive by the members of the self-governing Nurses' Associations affiliated in the Central Committee, who resent being placed under lay control.

A CENTRAL EXAMINATION.

The Central Committee also stands for the one Portal System—*i.e.*, a Central Examination for all nurses after three years' training, in the wards of a hospital or of hospitals, before being placed upon the Register, after the three years' term of grace.

The College Bill makes no provision for this fundamental basis of professional organization, and has adopted three standards for registration on its Voluntary Register, now in process of compilation, upon payment of a guinea fee.

It was agreed that the Executive Committee be instructed to communicate the present position to the Nursing Profession and the Press.

The Executive Committee will meet at an early date.

THE ROYAL BRITISH NURSES' ASSOCIATION.

Negotiations have for some time been in progress between the R.B.N.A. and the College of Nursing, Ltd., with a view to amalgamation. We believe such an arrangement is permissible under the Royal Charter, upon such conditions as the Corporation may deem fit. We presume that before this Royal Corporation of trained nurses absorbs or is absorbed by—the College of Nursing Company, that the members will have an opportunity of expressing their opinion in general meeting assembled.

NATIONAL COUNCIL OF TRAINED NURSES.

The annual meeting of the Grand Council of the National Council of Trained Nurses will be held on November 23rd at the offices, 431, Oxford Street, London, W. Nominations for the hon. officers and resolutions must reach the Hon. Secretary, Miss B. Cutler, in writing before the 9th of November. Associations of Nurses desiring to affiliate to the National Council should apply by November 16th. The Grand Council is composed of duly appointed delegates from affiliated Associations, each of whom will receive a notice of the meeting and agenda ten days before November 23rd.

The President, Mrs. Bedford Fenwick, will speak on "The Organization of the Nursing Profession by Act of Parliament."

NATIONAL UNION OF TRAINED NURSES.

At the request of the Joint War Committee, Miss Violetta Thurstan has accepted the post of Matron of the Hôpital de l'Océan, La Palue. The Executive Committee of the National Union of Trained Nurses has released her for six months, feeling it their duty to enable her to make use of her special experience and knowledge in the service of our Allies.

The Hôpital de l'Océan is a Belgian Military Hospital, with 1,000 beds. The medical director is the well known surgeon, Dr. Depage, who was head of the hospital to which Miss Cavell's training home was attached. The nursing staff consists of Belgian and English Sisters, English V.A.D.s, and Belgian Red Cross ladies.

The Council of the N.U.F.N. will meet at 46, Marsham Street, Westminster, on November 8th, at 1.45, and November 6th, at 10.30. Members are earnestly asked to attend as important business will be discussed.

SCOTTISH NURSES' ASSOCIATION.

The annual meeting of the Scottish Nurses' Association will be held in the Masonic Hall, 100, West Regent Street, Glasgow, on Thursday, November 2nd, 1916, at 3.30 p.m.

Mrs. Strong, the President, will be in the chair. The meeting will be addressed by Miss Violetta Thurstan on her work with the Red Cross in Belgium and Russia, and by Dr. McGregor Robertson on "The Present Position of the Nurses' Registration Bill and the Attitude of the College of Nursing, Ltd."

Three important points are on the Business Agenda for consideration by the members, namely:—

1. Alteration in constitution to admit of federation with similar organisations.
2. Provision of badge for fully trained members.
3. Establishment of a Nurses' Club.

Applications for tickets of admission must be lodged with Miss M. Russell Smith, Secretary, 18, Berkeley Terrace, Glasgow, W., on or before October 30th, 1916. Tea will be served at the close of the business.

A NEW PROFESSIONAL EDITOR.

Wherever nurses are organised it is essential to their welfare that they should have an organ through which their views can be voiced, and that it should be professionally controlled. We therefore congratulate the management of *The Canadian Nurse* on having the paper for their "very own" and on the appointment—which we have already chronicled—of Miss Helen Randal as its editor, in succession to Miss Bella Crosby, whose good work in this connection is so well known. It is with pleasure that we publish Miss Randal's portrait, and wish her success in her new undertaking.

Sister E. Thacker, who was trained at the General Hospital, Wolverhampton, and has recently been awarded the Royal Red Cross for her services at Dover Military Hospital, has been presented by the Brownhills Women's Effort Committee with an illuminated address and case of Treasury notes; also with a brooch of pearls and diamonds in the form of a Staffordshire knot. She is a member of an old Brownhills family.

A NURSE'S CLAIM TO A LEGACY.

Re MARIAN TRAVERS, DECEASED—HURMISON v. CARR.

This was a summons by the plaintiff to determine the question whether on the true construction of the will of Marian Travers, deceased, the plaintiff was entitled to a legacy of £115 14s., or of any other amount, under a bequest in the following words: "And to each of my servants a further sum equal to their respective wages for one year."

By her will, dated July 24th, 1907, the testatrix, after making certain pecuniary bequests to certain named servants if they were in her service at the time of her death, gave and bequeathed to each of her servants a further sum equal to their respective wages for one year. On January 17th, 1910, the plaintiff was engaged to attend the testatrix as a hospital and mental nurse. She began work on January 22nd, at a salary of two guineas a week. The testatrix died on February 3rd. The plaintiff claimed the sum of £115 14s., being one year's wages.

Mr. Justice Eve—before whom the case was tried—said that the question was whether by the context the testatrix had indicated any intention to include any persons except those who might be her servants at the time of her death. She gave pecuniary gifts to various named servants; but the difficulty was that she went on to give a further sum equal to a year's wages "to each of my servants." He (his Lordship) thought that this was in the nature of an additional legacy to servants. It involved finding an original legacy to an individual. He must treat the legacy as a gift to those servants who were named in the will. The plaintiff was, in fact, a servant, but she was not named in the will, and accordingly she did not benefit.

This appears to us most extraordinary reasoning—but, alas! the vagaries of British law are a by-word. It appears that a trained nurse is a servant, and yet cannot participate in domestic perks. We think the nurse had no claim to a legacy, as she was not engaged as a domestic subject to the laws which govern the engagement and discharge of such. Until we get registration, it is evident that a trained nurse is neither "fish, nor flesh, nor good red herring."



MISS HELEN RANDAL.
The New Editor of *The Canadian Nurse*.

APPOINTMENTS.

MATRON.

River Ambulance Service Metropolitan Asylums Board.—Miss Nancy H. Thorpe, who has been appointed a Matron under the Metropolitan Asylums Board, received two years' training at the Croydon Infirmary, and subsequently joined the staff of St. John's House, in connection with which she received three years' training at Charing Cross Hospital and the Metropolitan Hospital, Kingsland Road. She also received her midwifery training at St. John's House Maternity Home, Battersea, and was on the staff of the H. use for five years. As we reported last week, she has worked under the Metropolitan Asylums Board in various capacities for over twenty-three years.

Mount Vernon Hospital for Consumption and Diseases of the Chest, Northwood. Miss Priscilla Sanderson has been appointed Matron. She was trained at Middlesex Hospital, and has been Day Sister, Night Superintendent, Assistant Matron and Home Sister at the Royal National Hospital, Ventnor.

ASSISTANT MATRON.

Edmonton Military Hospital. Miss M. A. Birkill has been appointed Assistant Matron. She was trained at Kensington Infirmary, London, where she was pupil midwife and Ward Sister, and has been head of Auxiliary Military Hospitals at Suffolk and Harrogate, and Night Sister at Edmonton. Miss Birkill holds the C.M.B. and Sanitary Inspector's certificate.

SISTER.

Township Infirmary, Beckett Street, Leeds.—Miss Mary Wilkinson has been appointed Ward Sister. She was trained at the above Infirmary and has since been Staff Nurse at the Military Hospital, Gestorh, Newcastle-on-Tyne.

Miss M. Iddenden has been appointed Ward Sister in the same Infirmary. She was trained at Ecclesall Infirmary, Sheffield, and is a certified midwife.

UNIVERSITY TEACHING FOR NURSES.

To Charing Cross Hospital belongs the honour of being the first in this country to provide systematic theoretical training for the pupils in its nurse training school on University lines. After November 1st the probationers who have hitherto attended classes held by the Assistant Matron and the Electrical Sister in their first year, and also Cookery classes, arranged by the Universal Cookery and Food Association, will attend specially arranged lectures at King's College, Strand, (University of London), in certain subjects. The lecturers will be: *Anatomy*, Dr. R. J. Gladstone; *Physiology*, Professor W. D. Halliburton, M.D., F.R.C.S.; *Hygiene*, Professor W. J. R. Simpson; C.M.G., M.D., F.R.C.P. The classes in Practical Nursing, and Cookery, will be held at the hospital as heretofore.

The complete course for probationers will be as follows—

FIRST YEAR.

October to December. Anatomy and Cookery.
January to March. Physiology and Practical Nursing, including bandaging.

SECOND YEAR.

October to January. Hygiene, and Surgical Instruments.
January to March.—Anæsthetics and Pharmacy.

THIRD YEAR.

October to December. Lectures on Medical Diseases and Bacteriology.

January to March. Surgical Diseases and Gynecology.

We congratulate the Committee and the Matron, Miss M. Heather-Bigg, on the establishment of the education of the nurses on these lines. Nothing could add greater prestige to the nurse training school, which already ranks high, and the certified nurses of the hospital will go out into the world well grounded in the theory upon which their practical work is based.

ST. BARTHOLOMEW'S HOSPITAL.

The following is the result of the October examinations of senior and junior probationary nurses. We congratulate Miss S. Bostock on being awarded the Gold Medal and Miss A. Cowell on winning the Prize of Books.

FINAL EXAMINATION. OCTOBER, 1910.

1	S. Bostock	(Gold Medal)	12	Ethel Smith
			13	E. V. Ashidge
2	M. Kennedy		14	B. M. Thomas
3	W. M. Gray		15	V. Ventris
4	C. D. Clarke		16	M. K. Baird
5	G. Aldous		17	N. M. Sanderson
6	S. Rossiter		18	M. E. Collins
7	L. Moller		19	B. Keane
8	A. M. McClure		20	A. Cleary
9	D. Underhill		21	M. S. Robins
10	W. M. Lane		22	E. Moore-Campbell
11	D. Mulrow			

FIRST YEAR EXAMINATION.

1	A. Cowell	(Prize Books)	16	N. M. Jackson
			17	M. G. Carter
2	D. A. Williams		18	F. Young
3	M. Dingle		19	A. N. Martin
4	D. K. Baxter		20	J. Ingram
5	S. C. Wilcox		21	M. A. E. Smith
6	A. D. Normandale		22	O. Caldecourt
7	M. E. Moore		23	S. Aldous
8	H. F. Pugh		24	E. Meredith-Brown
9	F. M. Jupe		25	C. Duke
10	D. Vines		26	E. Whitehead
11	L. L. Procter		27	E. G. Ladey
12	Kate Smith		28	M. D. McLeod
13	E. M. Margerison		29	L. G. Hughes
14	C. E. Everett		30	E. A. Holloway
15	A. J. Barlow		31	M. Gower-Jones

THE PASSING BELL.

We regret to record the death at Bristol, after a very serious operation, of Miss Grace Margaret Marley, a member of the nursing staff of the 2nd Southern General Hospital, and much loved by all connected with both the military and civil side of the Infirmary. The funeral took place at Melksham Cemetery, and before the removal of the deceased nurse a memorial service was held in the chapel of the Royal Infirmary, attended by the Matron (Miss Baillie), Sisters, Nurses and the domestic staff. At Melksham the first part of the service was held in the parish church; and, in addition to the relatives, there were present Colonel Prowse (2nd Southern General Hospital), Sister Kennedy, and Nurses N. M. Smith, Hardiman and Withershaw of the Royal Infirmary, Bristol.

As the sad result of an accident, the death occurred last week at Cambridge of Miss Beris Selina Frances Burton-Fanning, a member of the Voluntary Aid Detachment working at the 1st Eastern General Hospital, Cambridge, and quartered at Selwyn College.

Whilst talking to a colleague over her fire before going to bed Miss Burton-Fanning discovered that she was in flames. It is believed that a spark from the fire set her dressing gown alight.

We regret to record the death in France of Miss Barbara Esmeé St. John, a member of the 112th V.A.D. Sussex, a "Red Cross Nurse," the daughter of the Rev. H. B. and Mrs. St. John, of Ninfield, Sussex. After serving for a year in the 5th Southern General Hospital at Southsea, she was sent abroad to the 26th General Hospital, France. Since the great "push" began, she had charge of a surgical ward of thirty-five beds, with occasional stretcher cases in addition, with only a young orderly of seventeen to help her, working thirteen hours a day. A sister looked in to help when necessary. She was attacked on October 4th by scarlet fever; but was making a good recovery, when paralysis set in. She was buried in the soldiers' cemetery at Wimereux on the following day with full military honours, much mourned by all who knew her.

We have, in this Journal, so often criticized young women not thoroughly trained, being given responsibility, for which they are not sufficiently experienced, in the care of our sick and wounded soldiers, that we only refer to it in connection with this sad death to point out that the more conscientious the woman the greater the strain upon her physically and mentally; and the charge of thirty-five acute surgical cases with a Sister occasionally "looking-in," under the conditions described, would tax the resources of a highly experienced nurse. It is neither fair on a partially trained person to place her in such a position, nor upon stretcher and other serious cases that they should not have the skilled nursing which is their right.

NURSING ECHOES.

Those of us who have lived our lives, and we are thankful we have done so, have lived through very vital moments. We can recall wonderful thrills—indeed, we have had more than our share—it would take a chapter to enumerate them. For instance, the first time we entered a ward in uniform; again, when, as a girl, we passed out by Henry VIII's Gate at Bart's, having been appointed Matron of the first Royal Hospital in the Empire; when we opened the cable on the other side of the Atlantic to read that the Royal Charter for the R.B.N.A. had been won; when we stood hand in hand with Julia Ward Howe and Lucy Stone, and gazed on blue Michigan through the peristyle at the World's Fair; the sudden pink sunset and afterglow of stars on the Acropolis; a leaf gathered from Wolfe's grave on the heights of Abraham; the sight and touch of Washington's sword at Mount Vernon; the embrace of Victoria and her son, a King to be, within the Abbey Church of Westminster; the defeat of the Nurses' Directory Bill (calculated to subjugate them), in the House of Lords; the homage of the boy Prince of Wales, in his gorgeous habiliments of resplendent blue, as he knelt barcheaded before his father and Sovereign at the sacring and crowning of King George V, and repeated the valiant words:—

"I, Edward, Prince of Wales, do become your liegeman of life and limb, and of earthly worship; and faith and truth I will bear unto you to live and die, against all manner of folks—so help me God."

And from that coign of vantage behind the grille, when we watched the division on the first reading of the Nurses' Registration Bill in the Commons in 1914. A stream of voters going to the left—a mere sprinkling to the right—and listened to the announcement, "The Aye, have it."

And then, to crown it all, to watch batches of neatly uniformed Australian nurses pass into the Australian Imperial Forces Headquarters at Westminster, to vote on an Imperial referendum on the question of conscription, among the members of the Australian Naval and Military Forces in Great Britain!

A vital moment indeed, prophetic of the great civic responsibility with which the women of the Empire will be entrusted after the war.

Trained nurses are urgently needed in Rumania, but we believe they are not to be permitted to offer their services from this country to our latest Ally.

Mary Ann Crow, a scrubber at the Plumstead Infirmary for over forty years, during which time she has never once been late, and has only been absent through illness for three days, has just retired with a small pension, and in view of her record she has been awarded a gratuity of £10.

What a splendid example of hard work, tenacity of purpose, and sense of duty, to every probationer who enters the hospital. We are sorry to read that her pension is small. She should be kept in real comfort till the end of her days. Mary Ann Crow is the right stuff.

month. An editorial in the *Medical Record* advises that a course of lectures and demonstrations should be given probationers before their admission to the wards. It acknowledges that this is done in some hospitals. It considers that the power of the superintendent of nurses is usually much too arbitrary. Personal animus or lack of patience with a beginner may terminate abruptly a career which would otherwise have been successful. No nurse, it concludes, should be allowed to practise until she has passed an examination by a State licensing board in both theoretical and practical nursing.



AN AUSTRALIAN NURSE RECORDING HER VOTE IN A LONDON HOSPITAL ON THE QUESTION OF CONSCRIPTION FOR AUSTRALIA.

In a paper, says the *American Journal of Nursing*, on the Education of Nurses, presented at a meeting of the Medical Society of the State of New Jersey, the question was asked whether it was fair to the applicant who came to the hospital to be trained, to use her as much as she was used for the convenience of the institution and to neglect so largely the bedside training. Too often, it was stated, the nurse's training was left to a subordinate nurse, while those paid for that purpose were seldom seen at the bedside. Gross errors were too often controlled by severe discipline, instead of being remedied by example and precept.

The subject of nurses seems to be on the tapis in the American medical journals this

ENEMY INFLUENCE IN OUR MIDST.

We are glad to note that a special committee to suggest measures for the elimination of enemy influence in our midst, has been appointed by the Unionist War Committee, and that it is going to tackle our naturalisation scandal. At its first meeting it was suggested the following changes in the Statute law should be made:

1. There should be a longer period of qualification.
2. The oath of allegiance should be taken in all cases.
3. There should be power to revoke a naturalisation certificate.
4. Naturalisation in this country should be accompanied by denaturalisation in the country of origin.

NOTIFICATION OF VENEREAL DISEASES.

A strong appeal signed by a number of prominent social workers has appeared in the press inviting all mothers and wives to join in demanding notification of venereal diseases. Taking into consideration the terrible ravages venereal disease is making, the writers feel it their duty as women, and on behalf of the present and future generations of the Empire, to urge that speedy steps are taken to assure more effective action now, although fully realising the excellent work the Commission is doing as regards educating the public, and pressing forward provision for free treatment for the sufferers. They plead the extreme urgency of the question owing to the number of men passing through England, the fact that by contagion, or for hereditary reasons innocent persons are constant sufferers, and that it is the duty of the State to protect them. The obvious remedies for every contagious disease are notification and compulsory treatment, and other dangerous and contagious diseases are thus treated. Those who agree with these views are invited to communicate with Lady Askwith, or the Hon. Mrs. Graham Murray, at 12, Hans Crescent, London, S.W., and to join in insisting that this hideous evil be fought by every means within our power.

The National Council for Combating Venereal Diseases is not in favour of compulsory notification, which it believes must be futile unless accompanied by police measures for enforcing treatment which could not be given until full facilities have been made available to all classes.

We entirely agree that present facilities for treatment are inadequate. They should be provided, but, as one who took an active part some years ago in urging the National Union of Women Workers to take an interest in the prevention of this terrible scourge, we are strongly in favour of compulsory notification as the logical and effective means of dealing with these diseases.

LEGACIES TO NURSES.

Mr. David Henry Gregory Chambers, of North Croydon, who died on July 22nd, left estate of the gross value of £10,021, of which £10,055 is net personality. The testator left £785 to Mary Elizabeth Mitchell, a nurse with the British Expeditionary Force.

Mr. Augustus Broom, 79A, Pall Mall, S.W., who died on August 18th, left estate value £6,430. He gave by will to Nurse L. L. Wooldridge £50, furniture, and £2,000 in trust for life; £25 to Nurse Gladys Burgess.

THE ROYAL SANITARY INSTITUTE.

At an examination for Women Health Visitors and School Nurses held by the Royal Sanitary Institute at Liverpool on October 13th and 14th, seven candidates presented themselves, and the following four were granted certificates:—Lily Cragg (Aughton), Agnes Clara Hughes (Ruyton-Elleven-Towns), Annie Winifred Parker (Waterloo), Ellen Thompson (Parkstone).

"CAPTAINS ALL."

(With apologies to Mr. W. W. Jacobs.)

If somebody decided to compile a new dictionary, how would he or she define the word "Nurse"? Had the great Doctor Johnson himself been alive, it might well have given him: much food for thought and caused him to drink innumerable cups of tea, for the "Nurse" is a wonderful being, and

Age cannot wither nor custom stale
Her infinite variety."

Here are some of the best-known varieties, and no doubt there are many, many others:—

Group 1.—To begin with what may be described as the legitimate stage of the nursing profession, there is, right at the top, the glorified Nurse who is Matron of a large General Hospital or Poor Law Infirmary. All Matrons, whether of large or small hospitals, are glorified Nurses; they only differ in degree. The Matron is Queen of her own small State, and she usually looks and plays the part in a regal manner.

Assistant Matron	-	-	less glorified.
Night Superintendent	-	-	still less glorified.
Theatre Sister	-	-	" " "
Ward Sister	-	-	" " "
All other Sisters	much	about	the same.
Staff Nurse	-	-	very moderate degree of glory.
Senior Pro.	-	-	No glory—important.
Junior Pro.	-	-	Nobody—a mere worm.

The lot of the humble Junior Pro. has its compensations, though it may not appear so at first sight. She knows that from Matron down (including Matron, of course), they all have once been Pros. None of them have blossomed forth in a day or a week. And there is even a hope that she herself may one day be a Matron! But not before long, long years of hard work have come and gone. Even her dreams of being a Sister are faint and far-away. There are many examinations to be passed and not only on paper. Her personal character, temperament, work and progress will have been watched long and closely by eyes that see, and judged by minds whose aim is "the greatest good of the greatest number," before each step of promotion.

Group 2.—A branch of the "legitimate" stage—the Mental, Fever, and all other special hospitals, where the glory of the Nurse diminishes on a similar scale, until there is none left for the Pro. or second Assistant Nurse.

Group 3.—When we come out into the world, we find the trained Nurse (belonging to the first group):

Fever trained	Nurse	Midwife.
Mental "	"	Housekeeper.
Semi "	"	Masseuse.

Partially trained and	Nurse Companion
Experienced Nurse	Secretary
The Nursery Nurse	Attendant
.. Private ..	The Army Nurse
.. District ..	.. Naval ..
.. Village ..	.. School ..
.. Cottage ..	Tuberculosis
	The Dental
	.. Monthly ..

Last, but not the least wonderful or accomplished the "Nurse" who "goes out nursing" when other occupations fail or become tiresome.

Group 4. When the V.A.D., which may be called the "Variety" stage of Nursing, is considered, still dizzier heights of glory are reached, and still lower depths of nothingness, for Royal ladies lay aside their crowns;

Duchesses their coronets and strawberry leaves; Peersesses their (shall we say) diamond tiaras; Their daughters, nieces, aunts and cousins follow suit, leaving the social whirl behind them—except for an occasional look-in!

The feminine relatives of Cabinet Ministers do not lag behind.

The wives and daughters of professional men, merchants and farmers, follow in the wake of this noble throng.

Actresses desert their own fascinating profession to shed a temporary halo on nursing.

The Teacher leaves her school.

The Shop Assistant her shop.

The Clerk her office.

The domestic servant her "place."

The washerwoman her tub; and

The charwoman abandons her pail and scrubbing brush.

All are animated by one common desire—to be Nurses and, usually, to don uniform. These desires being attained, there is a natural wish to be photographed in uniform, while "nursing," "working as a nurse," or "acting as nurse."

The uniform and the title Nurse link together all the foregoing groups, but there are many and striking points of difference between the nurses. Some learn nursing with ease, grace and rapidity, while others progress slowly, and sometimes make painful mistakes. Some become quite efficient in a few weeks or months, while there are numbers that take years to reach that goal. Some are highly educated, speak in flowing periods, and can deal with emergencies of which they understand nothing with that calm self-possession which stamps those who govern. It pains me to place on record that there are, on the other hand, plebeian nurses, whose grammar is faulty, and who so entirely lack repose of manner that they start if shouted at.

Some are young, gifted, rich and beautiful. Some, no longer young, are dull, uninteresting and plain, and, worse still, many of them are, in addition, very poor. Far be it from me to attempt to trace Effect to Cause—I merely set forth facts.

Some are like angels, and are often compared to them.

A large number are just average, without virtues too obtrusive or faults too tiresome.

I hate to have to tell it, and so have postponed it until the last minute—so small number are "cats."

All, without exception, are nurses. Does "a rose by any other name's still as sweet" or is the great man wrong?

For my part, if I have assisted some budding lexicographer or the man that compiles the Encyclopedia I shall not have lived in vain.

ONE OF THE CAPTAINS.

GREAT NORTHERN CENTRAL HOSPITAL.

THE DIAMOND JUBILEE.

The occasion of the Diamond Jubilee of the Great Northern Central Hospital drew a large and representative audience to a meeting at the Mansion House on St. Luke's Day, October 18th.

The Lord Mayor presided. In his opening speech he said that no more suitable day could have been chosen for their gathering. The debt they owed to the Doctors, Sisters and Nurses for their sublime sacrifices in the present war could not be overestimated. When the history of the war came to be written there would be no brighter page than that which recorded the work of the nurses.

The Bishop of London then spoke. He said so great was his admiration and enthusiasm for the work of the London Hospitals that if he were pinched when he was asleep he thought he could start right off on a speech in their praise. "Often," he said, "my Lord Mayor, you and I think our jobs difficult, but I think if we had to do a Matron's job we should soon be glad to go back to being Lord Mayor and Bishop." He said it was the most beautiful thing to see a poor creature that had been taken from a filthy bed of rags, in a short space of time clean and comfortable in a spotless bed. Tommy, wounded in the trenches, found himself like "greased lightning," at his destination, thanking God he was back in "Blighty."

Hospital organization was one of the greatest masterpieces. Hospitals were the grandest charities, purifying the life of London by drawing out sympathy, as a breeze fills up the vacuum caused by heat. He reminded the audience that not only were the hospitals for the relief of suffering, but they were also schools of experience for doctors and nurses. How glorious had been their work in this war!

When speaking at Bethune to 1,000 soldiers, close to the firing line, at the conclusion of his address a figure in nurse's garb emerged from the dressing but close at hand. He had no idea that any woman was near.

"Bishop," she said, "isn't it nice to be chosen to be here? I am nearest of any nurse to the guns." She loved the thought that she had been

chased out for that. "There's the spirit and the pluck of which our women are made," said the Bishop.

The V.A.D.s, he said, had shown what they were capable of in service and sacrifice by doing untrained work and picking up bits of experience as they went. But the main line was the trained, registered nurse. On the trained hospital professional nurse all depended. It was, in his opinion, the most beautiful woman's work in the world.

The Right Hon. H. J. Tennant, M.P., Deputy-Chairman of the Hospital, stated with great regret that Lord Derby, who was announced to speak, was unable to be present. He spoke warmly of the wonderful work of the Sisters and nurses of the hospital.

Sir James Crichton Browne, M.D., B.L.D., said that even the gruff, iron-voiced Huns had voted the English nurses "lovely."

Alderman G. A. Toulch, M.P., in seconding a vote of thanks to the speakers, said that if the best efficiency was to be obtained from nurses, they must be taken care of, and work under the best conditions. Every nurse should have a room of her own and be properly housed. He appealed for funds for a suitable Nursing Home attached to the Great Northern Hospital. It would cost a good deal of money, but there could be no better investment.

The Treasurer, Mr. George Lawson Johnston, announced some very substantial donations.

The Great Northern Central Hospital, situated in the Holloway Road, Islington, may be described as the Life Boat for the North of London, and is the only hospital in a very extensive area. Like many others, a large proportion of its beds are given over to the wounded, and for this purpose the adjoining Public Library has been taken over by the authorities, and very satisfactory wards have been converted from their original use.

The women clerks, numbering 1,500, in the Money Order Department of the neighbouring post office, have generously contributed all the linen and many other articles for use in these wards.

Some convalescent Tommies were busy, when we recently visited the hospital, with quite elaborate needlework, mostly in cross stitch, and one had knitted himself a really splendid grey jersey. The quilts in these wards were of a serviceable texture and colour, so that a tired man might lay himself down without fear of damaging them. Comfort evidently comes first in this department.

The babies' ward is very attractive and in spite of there being many acute and serious cases, the little ones were on the whole a smiling little crew. The uniform of these attractive little people, boys and girls, was white knitted jerseys, knickers and socks, so that little legs could free themselves from hampering bedclothes, and wave in space at will without fear of chill. Some of the little patients on the roof garden of the hospital clad in their woollies were looking like dear little Esquimaux. These said

"woollies" are provided by a society called "Little Deeds of Kindness."

There were many pathetic little sufferers who were the centres of the skill and love of their nurses. Little Tommy "with a hole in his tummy" was well enough to sit up and play with his toys. Many of the hernia operations are nursed without any dressing over the wound, and a simple contrivance for keeping the children's hands out of mischief has been invented by the Matron. An admirable and simple rack for the bottles and teats was also worthy of note.

The circular wards are a feature of this hospital, but they have an unfamiliar look. A corridor containing rooms for private patients, at a maximum inclusive charge of £2 2s. weekly meets a very great and crying need for the poorer middle classes, and it will be easily understood that they are very seldom vacant.

The Matron is Miss A. Bird, trained at St. Bartholomew's Hospital, and formerly Night Sister at University College Hospital.

Though the work of this hospital is at all times most strenuous, and of the present moment largely increased, she feels it a privilege to be doing what is a very big "bit," and has evidently a thorough grasp of the various departments under her direction.

H. H.

BOOK OF THE WEEK.

"THE PARK WALL."

The park wall enclosed little Alice in the dull environment of a large and prosperous family, none of whom in the least understood her. "Alice-Alone" she was nicknamed later on, and this name fitted in with the greater part of her life. She was the odd one of the family, coming midway between the elder and the younger. The three elder had their tea in the schoolroom, but Alice always managed to be where there was any unpleasantness. When they put on their clean starched frocks, Nurse rubbed soap round the necks of the two tines to soften them, but the tucker and sleeves cut like circular saws into Alice's plump person; while the nurserymaid who had been scolded tugged at the tangles in her soft, dark hair. "Never mind, Mattie," she said, "I'll give you my new bead necklace." "As if I wanted any of your rubbish!" answered Matilda tartly. "I never did see such a child for sucking up, no, never."

Alice Ingpen's love-story was as unlike the ordinary accepted idea of such things as a tropical cyclone is unlike the tranquil unfolding of the English seasons.

Ralph Towers saw her for the first time, "a barrier of scarlet and crimson and grey, a mist of dark hair haloed by the sun at the back of it, and a round, rosy face like a pink double daisy, topped by a quaint little round black felt hat. He further

* By Elinor Mordaunt. Cassell & Co., London.

discovered that her thick lips were tinged with red, while there was a tiny powdering of freckles on either side of her nose." This big, florid man seemed to Alice from the first to possess her, "shutting out the air a little, yet making it all very warm and comfortable for her, spreading his tail for her alone, indomitably masculine."

Towers was impetuous in all he did, and little Alice's people were perhaps rather relieved to get a rather difficult child off their hands, so at the age of nineteen she set sail with her big, coarse husband to his home in the tropics. The result might easily be forecasted. Towers soon tired of his young wife and almost as soon began to ill-treat her. Her first child was stillborn as a consequence. He afterwards arranges that she shall go home on a visit and so contrives that she is compromised by travelling with his friend Wyckham. Alice refuses to defend herself for the reason that Towers shall have no claim on the second child that she will bear in due course. She therefore brands the child and herself with undeserved disgrace, and not only so, but she persuades Wyckham to keep silence and bear his quite unmerited blame.

Her very unnatural family take the view that there must have been some cause for Towers's cowardly behaviour. Alice is given a beggarly allowance and she endeavours to support herself and her child by needlework in the South of London.

Dickie, a handsome little chap, proves a chip of the old block in many of his ways. Her father is serious on the occasion of Alice's return home. Neither she nor her son were allowed to forget that they were there on sufferance, nor then equivocal position. This is not a very convincing tale, though it is quite readable. The authoress seems to imagine that she has straightened the tangle by Wyckham marrying Alice, but many people would hold, ourselves among the number, that she had further complicated it. Towers being still alive, although he had divorced her. It is always a thing to regret when a high standard of morals is not maintained in works of fiction.

H. H.

COMING EVENTS.

November 2nd.—The Scottish Nurses' Association Annual Meeting. Mrs. Strong will preside, Masonic Hall, 100, West Regent Street, Glasgow. 3.30 p.m.

November 8th and 9th. National Union of Trained Nurses. Autumn Council Meetings. 46, Marsham Street, Westminster, S.W.

November 23rd.—National Council of Trained Nurses. Annual Meeting Grand Council, 431, Oxford Street, London, W. 4 p.m. tea.

WORD FOR THE WEEK.

"Ah, Mylnheer," he said, "we do not struggle for a little thing nor contend for a mean advantage, but for what will be precious in the future."

William by the Grace of God,
by Marjorie Bowen.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

THE SPIRIT OF NURSING AND THE SPIRIT OF NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM, *In my opinion no more bare-faced scheme for the monopoly of the economic existence of working women has ever been put forward than that being quietly riveted by the present Nursing College Council.*

There are times when patience and submission far from being virtues are negative sins. These times are when a class or body of people are trying to oppress or tyrannise over their weaker brethren, in order to acquire or maintain unlawful power over them. It seems very obvious that there are a great many people in this country to-day who are thinking backwards. It is a remarkable thing that, although the nursing profession, in this year of grace, has reached a high level of proficiency and experience, these curious people appear to think that it is still where it was when Florence Nightingale founded it! Such people are fifty years behind the times.

When one speaks to far-minded members of the laity, they exclaim, "But why should they interfere with you, what possible reason can they have?" Yes; why? The spirit of nursing involves combat—we fight disease all the time; we combat ignorance and prejudice in our patients; and, if we have any measure of *esprit de corps* and professional enthusiasm and professional idealism, we fight for principle. The principle of justice to the rank and file of the profession—professional freedom and economic independence for all. No surrender of these elemental, human rights. Henrietta Hawkins, whose words I have borrowed for a text, also says: "It is high time we women who have some spirit rose and exposed the whole danger by every means in our power." I say, with the greatest sincerity, that we are enormously indebted to the Editor of this journal for the large share she has taken in exposing the danger. The issue of October 14th is a particularly valuable one. Out of consideration probably for those who have not time to study the dangerous Memorandum and Articles of Association of the College of Nursing Co., Ltd., she has taken the trouble to pick out the clauses which are such a serious menace to the freedom of the nursing profession, and she points out in heavier type what the special dangers mean. This is most valuable; it is a formative stimulus for the mind. It is earnestly to be hoped that we women who have some spirit (and let me add gratitude, too) will not allow these important facts to float lightly on the surface of our minds, but let them sink to the bottom like a precipitate, to be stirred

and shaken by the power and pleasure of the will. The spirit of nurses is not broken, in spite of the many years that they have—under able leadership—been fighting the good fight with all their might.

BEATRICE KENT.

A REPLY TO MISS F. A. SHELDON.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Miss F. A. Sheldon writes in last week's issue "the whole history of women's work shows lack of combination"—I agree—"and wise leadership is wanted"—again I agree; but such leadership must be chosen by the workers themselves not self-appointed. We want a democracy rather than autocracy. Societies are "impersonal things." Nurse societies are composed of nurses themselves, and their leaders in such societies are their chosen and independent representatives; but what can we say of their training schools? Their relation to the nurse is that of employer and employed, teacher and pupil, a mutual benefit arrangement; but what nurse would expect a hospital committee or its officials to fight her battles when she starts out "on her own" in the world outside hospital? Would they, for instance, attempt to get her well housed, well paid and such like? Of course not. They would say that was only their business within their own walls. They ought not to spend time or money on championing nurses any more than they would other of their employees; their funds are trust funds for the service of the sick.

Improvements in conditions of service have taken place for several reasons, such as

1. Opening of other branches of women's work, and therefore scarcity of probationers.
2. In response to a better public opinion of what is just to workers in all kinds of work.

The relation between a nurse and the hospital where she trained is a sentimental one, and valuable as such, a nurse holds her training school in sincere affection; but surely neither Matron nor committee can undertake any responsibility for her affairs when she leaves, except by way of recommendation.

Now, as to the relation of a Matron to the College of Nursing, Ltd. Suppose the College were to take a line of action opposed to the pecuniary interest of the hospital of which she is an official, and she were told to have nothing to do with it. Could she resist? Must she not either submit or resign? How can she, therefore, act as a free agent in charge of the trained nurses' interests when as an official she is not a free agent?

One thing more as to the value of the College of Nursing. Such educating centres, after the passing of a State Registration Bill, will be necessary, and provided the trained nurses' interests are carefully safeguarded such educational centres may do excellent service—but until then? What can the College do for trained nurses in return for their money and support? I can understand its use to hospitals, and those in charge of nurses' training,

as it can save them the trouble and expense of examination, and no doubt presently of teaching, but I cannot see that it has any value in itself for nurses who have trained.

May I say, in conclusion, that some of us cannot but feel rather doubtful of the *bona fides* of those who promote the College of Nursing when we see on the Council the names of so many that in the past we have known as convinced opponents of State Registration for Nurses. What has converted them? And are they really converted to the fundamental principles of effective legislation?

Rather is it not more true that the new movement is one of self-protection upon the part of hospital committees, that it is feared that the nurses will organise themselves and become increasingly powerful through self-government, and that it is more than likely that the cheap labour hitherto freely given to hospitals will be restricted, and a more just system as between employees and employer demanded; and that economic control of the nursing profession is therefore imperative if existing conditions so beneficial to the hospitals are to continue?

H. L. PEARSE.

REPLIES TO CORRESPONDENTS.

Miss A. Wilkinson.—T.N.T. stands for tri-nitro-toluol, used in munition factories. It has caused death to those susceptible to the poison, and once a person has had T.N.T. jaundice he or she should never return to work where they may be affected by it.

The Editor has received a number of letters strongly objecting to the incorporation by Act of Parliament of the College of Nursing, Ltd., as the Governing Body of the Nursing Profession. These letters cannot appear, as no name or address is enclosed as a guarantee of good faith.

OUR PRIZE COMPETITIONS.

November 4th.—What do you know of chorea, its mode of development, the diseases to which it is allied, and the nursing care necessary?

November 11th.—What are the causes of Nasal Hemorrhage? and how is it treated?

November 18th.—What is Asthma? State symptoms and how alleviated.

November 25th.—What do you know about Venereal Disease? How would you help to stamp it out?

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, and getting their friends to do likewise. Only the most reliable firms are accepted by the management as advertisers.

The Midwife.

THE MORPHINE-HYOSCINE METHOD OF PAINLESS CHILDBIRTH, OR SO-CALLED TWILIGHT SLEEP.

Dr. F. W. N. Haultain, F.R.C.P.E., and Dr. Brian H. Switt, B.A., from the Royal Maternity Hospital, Edinburgh, describe in the *British Medical Journal* the Morphine-Hyoscine Method of Painless Childbirth, of the observation of which they have had practical experience. The following is the technique observed:—

"As soon as the pains begin the patient is put in a quiet and darkened room, and plugs of cotton-wool are put in her ears. When the pains occur regularly every five or six minutes and the os is of a size sufficient to admit two fingers the initial dose is given. This consists in the hypodermic injection of morphine hydrochloride gr. $\frac{1}{4}$ with hyoscine hydrobromide gr. $\frac{1}{16}$. The patient usually rapidly begins to feel drowsy, and in an hour may fall off to sleep but awakens when the pains come on. The second injection of hyoscine gr. $\frac{1}{16}$, is usually given at the end of an hour. Half an hour later the patient's memory is tested by showing her some object and then allowing her to sleep. Some time afterwards the same object is shown her again, the patient being awakened. If she recognises the object as one that was shown her before, another dose of hyoscine gr. $\frac{1}{16}$ is called for; if, however, she does not recognise the object and says it had not been shown her before, then the depth of desired unconsciousness has been obtained. This memory test is repeated later, and, if necessary, similar doses of hyoscine may be required. The patient usually sleeps between the pains, but generally is conscious during them. She does not, however, fully appreciate the pains as such, and, if asked about them, generally describes them as otherwise.

"The child is usually born normally, and, after the birth of the placenta, the patient falls into a normal sleep for four to six hours and awakes quite fresh. During the labour she should be catheterised. This is most important, especially in long labours. Patients very often complain of thirst, and in such cases should have water to drink.

"Kronig lays stress on what he calls islets of memory. For instance, the patient whilst coming out of the narcosis may hear some noise or see some action which arouses her and may remain in her brain, so that she will remember it, and after the labour will build up her ideas of the labour from this one fact. Thus, the baby should be removed to another room, so as to avoid the mother hearing the child cry and so forming an islet of memory.

"As it is impossible in hospital to isolate each case in a separate room, it was found that by darkening the room and placing a screen round the

patient, whose ears were plugged with cotton-wool, the desired result was obtained. As soon as the patient's memory was gone, injections were given at the fixed interval, usually at intervals of three-quarters of an hour or an hour, according as the patient appeared to be deeply under or not."

SUMMARY OF PROCEDURE.

The following is a summary of special points which are most important:—

"1. In the case of a primipara the first injection must not be given too early, as it tends to stop the pains. The rule of giving the first injection when the os admits two fingers, and the pains are regular, is a useful one. In the case of a multipara, however, the injections cannot be given too early after the pains have started. It is generally found that the first injection is given too late.

"2. The second injection, namely, the first $\frac{1}{16}$ gr. of pure hyoscine, should be given about an hour after the initial injection, whether the patient is well under or not. If this injection is delayed the effect of the morphine tends to wear off, when the future injections of hyoscine will not take effect.

"3. The injection can with safety be repeated either at hourly or three-quarter hourly intervals.

"4. Do not repeat the morphine in the latter part of the second stage or the child will most probably be born oligopneuc. If the hyoscine is not taking effect, then it is well to give the mother a slight whiff of chloroform; thus the hyoscine is allowed to work and the patient gets again into the condition of 'twilight sleep.'

"5. The patient's friends must be kept away from the room, which ought to be quiet and darkened.

"6. Patients, if thirsty, must be given water to drink.

"7. The bladder must be catheterized during long labours.

"8. Remove the baby to another room after birth, so that the mother cannot hear the cries, otherwise she may remember the cry and so piece together and so imagine her whole labour."

CONCLUSIONS.

The writers conclude:—

"From the foregoing experience it may be stated that we have a safe and efficient means of managing labour painlessly in the majority of cases. It requires, however, the constant attendance of a competent attendant. This rôle can be efficiently undertaken by a reliable nurse under supervision, which makes its adoption in better class private practice possible to the medical practitioner.

"It is of special value in primipara, in whom, as a rule, the first and second stages of labour are long and painful.

It is also of great value in a prolonged second stage, due to a large head or slightly contracted pelvis, as it allows of head moulding without unduly exhausting the patient.

So far as anaesthesia is concerned, it is of little use to commence the treatment during the second stage.

The strength of the uterine contractions is not diminished, hence its advantage over chloroform. There are no contra-indications to its use beyond extreme restlessness, which is very exceptional, and probably due to an idiosyncrasy.

The absence of exhaustion after even a long labour is one of its greatest advantages.

Thirty-seven of the forty patients (consecutive cases observed) rose from bed on the third day after labour.

It is regrettable that such a great deal of publicity has been given to the subject and that prominent specialists have allowed themselves to be exploited through the lay press, as the lay community suffers from the want of knowledge and sense of proportion which allows of an estimate of its value under various conditions, and is therefore too apt to attempt to force the hand of the careful practitioner. At the same time, the method of management of labour is so good from the point of view of relief of suffering that it may help materially to bring about the increase of the birth-rate so much required, which is, perhaps, the only argument in favour of publication in lay journals, &c."

THE ALLEVIATION OF PAIN DURING LABOUR.

Dr. Alfred M. Hellman, in a paper published in the *American Journal of Nursing*, writes on the subject of Twilight Sleep:—

"I should like to make a few suggestions of a practical nature from the nurses' point of view. In other words, how can they make themselves most useful to the obstetrician when engaged on a Twilight Sleep case? First and foremost, as at all obstetrical cases, remember that surgical asepsis, reinforced by antiseptics, is all important. In Twilight cases this is sometimes more difficult, because the patient may be restless and irrational and cannot help, hence even more than ordinary care must be exercised. Free use of soap and water, weak lysol and bi-chloride will prevent many a post-partum rise of temperature. Always keep the vulva aseptically or antiseptically covered. As quiet and subdued light are so important, get everything possible ready on reaching the patient, so that later there will have to be no hustle and bustle that may disturb. Keep your voice subdued and remind others to do the same. Keep out all not needed at the delivery. Allow no sudden noises and no sudden flashes of light and, most important, and what most nurses are not capable of, learn to listen for, to hear and to count the fetal heart sounds. In most cases this

is not difficult, especially if the doctor has pointed out the location. If it suddenly becomes more rapid, or suddenly becomes slow, get your obstetrician at once. Finally, watch for the bulging perineum with increased attention, for these labours progress at times so quietly that the caput may be showing and nobody is ready to deliver it because the quiet patient gives no warning sign by unearthly screaming. Not every patient needs this treatment, and the treatment brings more work for the doctor and nurse, but where needed, it is a blessing for the mother and her thanks fully repay the trouble."

AMENDED REGULATIONS FOR PRACTICE BY MIDWIVES IN CAPE PROVINCE.

The following are amongst the amended regulations to be observed by midwives in the Cape Province, South Africa:—

No midwife who is suffering from any infectious or contagious disease or who has any discharging ulcer or sore or any septic discharge from any part of the body shall, while so suffering, attend any confinement or other midwifery case.

No midwife who has been in attendance upon a patient suffering from puerperal fever, or from any other illness believed or suspected to be septic or infectious, or who has otherwise been exposed to the infection of any contagious or infectious disease, shall visit or attend any lying-in woman until her person, clothing and appliances have been disinfected to the satisfaction of the local sanitary authority (if any) and until she has obtained a certificate from the health officer of such authority, or, if there be no such officer, then from a medical practitioner, that she is no longer likely to carry infection. Disinfection of clothing and appliances shall be carried out where possible, either in a steam disinfectant or by boiling.

Nothing in this regulation shall preclude a midwife who is in attendance on a case of puerperal fever or sepsis from concurrently attending a second case of a similar nature, provided that she has first informed the latter's medical attendant of the circumstances and obtained his approval.

Section 6 of Act No. 7 of 1890 (Cape) provides *inter alia* that any person practising midwifery for profit who shall cause injury or serious ill-health to any lying-in woman through uncleanness, or failure to take the precautions ordinary and proper for preventing or safeguarding against puerperal fever or any similar disease, shall be liable, on conviction, to a fine of £10, or in default of payment to one month's imprisonment, such proceedings or conviction not to be pleadable in bar of any prosecution for culpable homicide in case the woman died under circumstances justifying such prosecution.

Many of the regulations are substantially the same as these enforced by the Central Midwives Boards for England and Scotland.

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EDITORIAL.

THE TYPHUS EPIDEMIC AT GARDELEGEN.

The horrors of the prison camp at Wittenberg are still fresh in our minds, and now we have, issued in a White Paper (Cd. 8351), the story of the typhus epidemic in the prison camp at Gardelegen, in the report of the Government Committee on the Treatment by the Enemy of British Prisoners of War—a story which must stir the nation to its depths, both because of the inconceivable brutality of the German officials, and the self-sacrifice of their victims.

The report is based on the accounts given by Major P. C. T. Davy, Captain A. J. Brown, and Captain Scott-Williams, R.A.M.C. officers, who were at Gardelegen during the epidemic.

When the typhus epidemic broke out, the Germans deserted their prisoners, and left them to fight the disease without equipment. The camp is near the Gardelegen station, on the line between Berlin and Hanover. It is divided into eight compounds, each containing eight huts. When the epidemic began in February, 1915, there were about 11,000 prisoners in an area of 350 yards by 550, of whom 260 were British, the others being French, Russians, and Belgians, the men of all nationalities being crowded together.

Major Davy reports:—"The overcrowding was such as I have never before seen or imagined anywhere. The hut contained in the breadth four rows of straw or shaving pallasses, so arranged that laterally they were touching, and terminally only left the narrowest passage-way between. Here men of all nationalities were crowded together. In these huts, devoid of tables and stools, the men lived, slept, and fed. They sat on their bags of shavings to eat their meals; they walked over each other in passing in and out; they lay there sick, and, later on, in many cases, died there cheek by jowl with their fellow-prisoners. The atmosphere by day, and still more by night, was indescribably fetid, and this was their sole

alternative to going outside in their meagre garments for fresh air."

The food the prisoners received was not sufficient to keep them in a normal state of nutrition.

The British and French existed more and more on what they received from home. The Russians were not so fortunate, and Captain Brown relates:—

"The men were semi-starved. It was no unusual sight to see a crowd of Russians on their hands and knees in the pit in which potato peelings were thrown, struggling to find a stray potato, or a piece of rind with a little more potato than usual. This occurred day after day."

Add to this that the heating arrangements were totally inadequate, that the description of the sanitary arrangements given by Major Davy and Captain Brown "cannot properly be repeated" in the Committee's report, though we are told that the latrine work was specially allotted to the British prisoners, that there were practically no facilities for personal cleanliness, that lice swarmed in every garment the men wore, and in every blanket they slept in, and it is evident that there was every facility for the outbreak of typhus which occurred. When this broke out, a commission of German doctors arrived, and within two hours there was not a German left inside the camp. The sick were left quite unattended. The hospital was overfull, and the sick were pouring into the annexe. There were no feeding-mugs, or small cups, no beds, no bedpans, and the state of the patients and the floors was indescribable. More than once the medical men were sent for hastily to a hut to see prisoners who were said to have gone mad suddenly. All that had happened was that they had had typhus for some days, but said nothing about it, and had reached the stage of delirium.

The one humane German appears to have been a Dr. Kranski, who had been in practice in Alexandria for many years, and who was deported at the outbreak of the war. He arrived at the camp at the end of March, and

worked early and late. Amidst so much callous brutality shown to our prisoners, it is a relief to record this fact.

The generous treatment of German prisoners in this country has evidently only aroused contempt in the minds of the enemy, and the question of reprisals does not arise because it is not the British way to hit men when they are down, but the sense of burning indignation caused by the report is none the less deep.

Not only do the nations with whom Germany is at war, condemn her methods. Mme. Karen Bramson, the Danish writer, who has been conducting an impartial inquiry into tuberculosis among French prisoners now in Swiss sanatoria, declares that Germany will never clear herself by any sophistry of her disgraceful treatment of war prisoners.

This JOURNAL circulates round the world, and we hope its readers in every country will realize how absolutely imperative it is that a nation capable of such dastardly cowardice and brutality must be crushed under the heel of civilization.

WOUND INFECTION IN WAR SURGERY.

By Miss Amy Phipps.

I.—VARIETY OF WOUNDS.

Although a few wounds in war hospitals are found to be comparatively clean, in the large majority of cases, they are associated with established and diffuse sepsis. Especially is this the case where from necessity only the smallest amount of first-aid dressing has been possible; or where renewed dressings have been long delayed.

The bullet itself is not a septic agent, and when received from a point-blank discharge, with little tearing of tissues, and provided there is no injury to vital parts, the conditions are favourable for spontaneous healing.

On the contrary, a bullet which has ricocheted in its course, strikes the body with a much enlarged irregular surface, and so exerts strong pressure upon the tissues, with much tearing and bruising. Moreover, these bullets carry with them much septic matter, such as particles of clothing, soil, &c. Unfortunately, in the warfare of to-day, wounds from ricocheted bullets are very common, being estimated at about 35 per cent. of all cases. The effects of these wounds vary of necessity with the situation of the part affected, and its relation to other important tissues and organs.

The variety of wounds themselves may be considered according to degree thus:—

(1) *Contusions*.—These may be very slight, or may end in sloughing.

(2) *Erosions*.—These may be mere scratches, which dry up and leave no scar, or they may be deeper cutaneous abrasions, with contused edges. These heal quickly, but usually leave a scar.

(3) *Cul-de-sac Wounds*.—These present a blind track, more or less deep, and often ramifying in various directions. Frequently they contain the projectile which has caused the wound.

The cutaneous aperture is usually of smaller dimensions than the projectile, thus forming one of the causes of deep-seated abscess formation, if the drainage is inadequate.

(4) *Setons*.—These are "through and through" perforations, and vary in severity with the size and shape of bullet, and situation of aperture caused by it.

(5) *Enfiladed Wounds*.—When the projectile has travelled a great distance down or up the body. For instance, when fired from above, the bullet may make a course from the neck to the buttocks, and again through the leg.

Many wounds of the soft tissues heal spontaneously, especially those caused by rifle bullets; in some instances, after extracting the bullet, and suturing the wound edges, primary union has been the result. Needless to say, these wounds need careful watching, and are only present in a small percentage of cases.

The majority of wounds may be considered as (1) relatively aseptic, or (2) decidedly septic. In the former case, the prognosis will be:—Slight suppuration along the bullet track, with slight swelling and hardening of the tissues; these gradually subside, the wound healing, leaving a cicatrice. In the latter case, a variety usually due to shrapnel, shell splinters, or deflected bullets, or where other septic agents have intervened, suppuration to a marked degree takes place; in many cases it is abundant; later becoming fetid; it is usually accompanied by tension and redness, the pus tending to extend and burrow.

Almost all of the large, extensive wounds run the above course. Where the bone is involved in any degree, the situation is considerably graver. Especially is this the case with joints, which readily become infected.

The amount of pain varies widely, small wounds penetrating a joint often causing far more pain than an extensive wound of the soft tissues only. Almost every wound in the first stages gives great pain on movement, hence the absolute necessity of skilled and careful handling. (To be continued.)

OUR PRIZE COMPETITION.

WHAT DO YOU KNOW OF CHOREA ITS MODE OF DEVELOPMENT, THE DISEASES TO WHICH IT IS ALLIED, AND THE NURSING CARE NECESSARY?

We have pleasure in awarding the prize this week to Miss Dora B. Vine, Eversley, Exmouth.

PRIZE PAPER.

Chorea, popularly called St. Vitus' Dance, is a nervous disease of childhood, of which the characteristic symptoms are the jerky movements or spasms of the voluntary muscles (specially of the face and arms), or fidgets in an exaggerated form, accompanied by irritability, anemia, and insomnia. It may occur with rheumatism or heart weakness, as the result of some mental shock (for instance, some painful experience or thoughts in an imaginative and lonely child, forced to repress her feelings), or it may arise from a definite accident to the spinal cord or cerebellum. It occurs more often in girls than boys, and ten is the most usual age, although six to sixteen is the danger period for nervous subjects.

There is also a form resulting from a toxæmia in pregnancy. This is by far the most serious. It requires most careful treatment in hospital, but the prognosis is never good.

Chorea from the nurse's point of view is one of the common diseases met with in every hospital, and to the earnest probationer every case should represent a serious responsibility and a precious opportunity. Chorea is so much a disease of the mind as well as the body—although, of course, all disease, being a form of evil, must perforce affect body, soul, and spirit—that the nurse must influence the *mind* favourably if a cure is to result. Very often a "chorea child" gives a nurse her first chance of exerting a definite influence on her patient as a means of treatment. In hospital these cases are screened; that fact alone makes many a new patient cry. Now is the chance for nurse to explain, to show how she can help in her own cure. This must be said with due care not to make the child self-conscious. All treatment must be explained as a means to an end—the great end, health—which must be represented as an attainable ideal. By a few words now and then while bedmaking, &c., nurse can sketch out the way the patient can keep her nerves healthy. It is never right to ignore these topics. Obviously (and this is true of adults too) the Ego is the one absorbing topic to every invalid, and if we repress all references, then the thoughts will not be checked, but simply

kept secret. It is the nurse's privilege to train these children's thoughts on themselves into healthy channels.

Regular habits are, of course, necessary, and plenty of light and air will do us much as any tonic. As long as complete rest in bed is ordered, the nurse must be careful to give the child's mind healthy occupation while avoiding any strain; she must encourage sleep by suggestion, simple homely means, and, of course, any special treatment ordered, such as electricity.

In severe cases care must be taken lest the patient injure herself during the spasms, and in pregnant patients the possibility of precipitate labour must not be forgotten. I once had such an experience, the child being born during a spasm with no warning whatever, surprising the mother (a primipara) as much as myself.

During convalescence the child should follow a graded plan of mental training. Unconsciously the brain must be taught to control its forces under various circumstances. A canary is a great aid at the right moment; the child learns to care for it, and at the same time the brain receives the impression of movement—jerky spasmodic actions without forcing the voluntary muscles to respond.

Nurses should give the mothers of such patients full detail as to convalescence, for that stage is generally completed at home, and if the movements recur owing to some temporary indisposition or fright, any kind of ridicule or punishment will not only bring on another attack of chorea, but will dishearten the child and affect her future.

In conclusion, mothers must learn to study their children. Nurses must study the temperament of each case, and endeavour to equip each for the battle of life, not merely by curing chorea, but by teaching the use of the weapon nature has provided, viz., the use and abuse of our wonderful nervous system. Incidentally, St. Vitus' Chapel at Ulm, in Suabia, was said to have been the birthplace of chorea, young women entering the chapel being seized with extraordinary spasms. Others say that St. Vitus gave relief to sufferers from chorea.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss J. G. Gilchrist, Mrs. Farthing, Miss Crouch, Miss A. B. Oaten, Miss Winifred Nash, Miss F. Shppard, Miss B. Mackenzie, Miss M. Bagelow.

QUESTION FOR NEXT WEEK.

What are the causes of nasal hemorrhage? and how is it treated?

NURSING AND THE WAR.

The King conferred the following decorations at Buckingham Palace on Saturday last:—

THE ROYAL RED CROSS (SECOND CLASS).

Sister Cicely Bray, Queen Alexandra's Imperial Military Nursing Service.

Queen Alexandra's Imperial Military Nursing Service Reserve: Sister Fanny Bellerby, Sister Annie Ensell, Sister Rose Brunskill, Sister Ethel Dawson, Sister Margaret Brebner, Sister Julia Williams, Sister May Foster, Sister Ethel Cubley, Sister Jessie Whyte, Sister Emily Roberts, Sister Annie Breeze, Sister Catherine Black, Sister Coral Houlson, Sister Mabel Barrett, Sister Eva Bowes,

been permitted, would willingly have gone to their aid.

It is wonderful how the Scottish Women's Hospitals are always on the spot. Of course they were in the Dobroudja in time for active service. A wire came recently from the London unit at Medjidia, which has fallen.

News to hand indirectly is to the effect that the party have been doing splendid work. They are not nursing the Russians nor the Roumanians, but the Serbs who joined the Russian Army by whom they were captured from the Austrians. The members of the party are even carrying their own wounded, and are said to be working like navvies. So impressed was the Prefect of Constanza, that



THE PALACE HOSPITAL, BUCHAREST.
Princess Elizabeth, Princess Maria, The Queen.

Sister Mary Brocklehurst, Staff Nurse Olive Newstead, Staff Nurse Lillie Abbott, Staff Nurse Maude Cooze, and Staff Nurse Mabel Rainey.

Our illustration shows a salon in the palace at Bucharest converted into a hospital ward with the Queen of Roumania, Princess Elizabeth and Princess Maria as Red Cross workers. Many nurses have been much disappointed that they are unable to offer their services to Roumania, for the brave struggle of this little country compels admiration, and her Queen has a sweet and magnetic personality which attracts devoted service, and knowing the great need of the sick and wounded, nurses in this country, had they

he remarked: "No wonder England is a great nation if all her women are like that."

Lady Brassey calls attention to the fact that Dr. Elsie Inglis, with her corps of eighty women doctors, dressers, nurses and chanciers, are giving invaluable aid to our hard-pressed Allies, and that the work of the two field hospitals and transport column entails great expense, and further funds for the present emergency are urgently needed at the present time.

As we go to press the scheme for the Edith Cavell Homes of Rest for Nurses is made public. We shall deal with the matter next week.

The *Mandates Standard* publishes a week's diary of a young Australian soldier of work inside a "tank" during fighting. He reports that his experience was not altogether pleasant at first, tank sickness being as bad as seasickness until you get seasoned.

A Kerry lady with the Indian Expeditionary Force writes to a friend from Mesopotamia:—

"MY DEAR B—Have you got the letter I wrote you from the *Sybil*? I hope so, as in that I explained why my mails in future must be so slow. From here I think it takes ten days for our letters to reach Bombay. When we got to Busra we found we were not really stopping there, and after spending a night at the Hospital there we embarked again on a paddle steamer, and had a three days' trip up the Tigris to Amara, where we are now. It was a lovely trip, just like a picnic. We did not travel at night. There were six sisters—one an Irish Sister in the Indian Nursing service. We had such a jolly time. I was sorry when it came to an end. It was lovely at Busra, and for some distance up the river to the junction of the Tigris and Euphrates, near where the Garden of Eden is supposed to have been. It is not much to look at now, and there are new buildings in progress there that spoil the look of it. I can feel with the perspiring Tommy who said, 'It would take no blooming hangul with a sword to drive him out of 'ere now.' After leaving this the palm trees are seldom met with, and crops of sugar-cane are the only form of tillage you see. We passed by many Arab encampments, and the women came down to the banks to sell us fowls, eggs or melons. Their dress is the same to-day as you see in the old Bible pictures. The women all wear a kind of black robe, almost like a Sister of Mercy, but the men dress in very bright garments. At night all their cattle and horses are brought into the zebra, lest they be stolen, and fires are lighted to keep off the jackals. Ezra's Tomb is another place of interest on the way. The tomb is a sort of round temple of white tiles half-way up, and the upper part of blue. It is an interesting occupation to dream of the many events of Sacred History associated with the place for many thousands of years back. But I wonder if the Arabs of those times (if there were any) had any equivalent for the Eighth Commandment. Their present-day descendants here certainly appear to observe neither the one nor the other. They rob wholesale here despite the strict watch kept on them. I have not been here quite a week so the novelty has not worn off yet. We are doing our nursing in tents, or rather huts with mud walls, about a foot high, and the upper parts and roofs of bamboo matting. The floors are earthen, and you go ankle deep in the dust. The patients are not nearly so ill as those I had at Bombay, and now that the heat is not so great it is still about 112, there is not so much illness. In September the cold weather sets in. There is little or no nighting, as we have no wounded in hospital. Our hospital is right on the bank of

the Tigris. The place looks fine in the glare of the sun by day, but all that changes at sunset. It has all its harshness and glows a real Eden once more. You'll enjoy the watching. At night, too, it is lovely. We all sleep out of doors for coolness. We'll go each a little bit of our own and our camp-out. The town, if you could call it that, is a short distance from here, and the Red Cross steam launch goes up and down several times a day, so we get to see as often as we wish, but are not allowed into the native bazaars without a military escort when we do any shopping. We can get most things we want here, but at the ordinary prices of course. We are always so thirsty you just want to drink all day long. No wonder Kipling says:—

'Place me somewhere east of Suez
Where a man can raise a thirst'

There are two other Irish Sisters here, actually no girls both. Don't worry about me, as I would not have missed coming out here for anything.

"D. O. S."

FRACTURED LIMBS IN PLASTER AND OPERATIONS UNDER LOCAL ANÆSTHETICS.

A Sister writes:—"It has been my lot to do duty amongst French wounded with an English staff, and at present I am nursing them with a French staff entirely. The French surgeons simplify the conveyance of their fracture-cases from the Front hospitals by placing the limb in some instances almost immediately in plaster, but in addition to the usual method, iron supports are also inserted, that is to say, after several layers of bandaging a semi-circular piece of iron one-inch wide, having horizontal ends, is placed against the limb and directly over the wound; after which the plaster of Paris bandage is continued as before. We are receiving most of our fractures in such like position. The method is obviously simple and, at the same time—saves incalculable further injury whilst the wounded are in transit to the base hospital. In this hospital the majority of operative cases are performed with the aid of a local anæsthetic, called "novocain." It has its advantages and disadvantages, inasmuch as there is not the same amount of fear as when a general anæsthetic is administered; also there are no after effects of sickness or nausea; on the other hand the patient is fully conscious of the proceedings in the theatre, and it is a question as to how much courage he has to withstand the operation, whether major or minor. Should the operation be prolonged beyond the effects of the novocain then a general anæsthetic is sometimes given, but very little is required. Recently an excision of the right kidney was performed within an hour under the foregoing method of local anæsthesia, also a very severe empyema was opened.

CARE OF THE WOUNDED.

The Queen is appealing for continued support for her Needlework Guild, which has in the last twenty-six months sent out the splendid total of 3,060,784 garments as additional comforts for sailors and soldiers at home and abroad. The chief needs of the moment are mittens, mufflers, helmets, socks, gloves and cardigans, and the Guild is also being asked for pyjamas, day shirts, bed jackets, blankets and sheets.

The King and Queen have paid a visit to St. Mary's Russian Hospital for British Officers, at 8, South Audley Street, Mayfair, where the Union Jack, Russian Ensign, and the Red Cross flag were flying over the building. Their Majesties inspected the wonderfully appointed wards and operating theatre, attended by M. and Madame Muravieff Apostol, Miss Piper (the Matron), and Drs. May and Ware, and expressed warm approval of all they saw.

Their Majesties have also visited the sick and wounded at the Maudsley Hospital, Extension, 4th London General Hospital, Denmark Hill; and the No. 4 Division Croydon War Hospital, at Thornton Heath.

The address of the Wounded Allies' Relief Committee is changed to 8, Grosvenor Gardens, S.W., lent to the Committee by Lord Ilchester.

The sum of £250 has been given by Mr. E. C. de Fonseka, a resident in Ceylon, for the purpose of building a room in the Star and Garter Home.

ROLL OF HONOUR DAY.

Queen Alexandra has consented to become patron of the Roll of Honour Day, which is fixed for November 7th, in aid of the Lord Kitchener National Memorial Fund, which is being devoted to the relief of disabled officers and men of the Army and Navy.

The main source of revenue will be from the sale of flags and enamelled badges bearing a miniature portrait of Lord Kitchener, together with a coloured memorial card containing, in addition to a striking likeness, reproductions of many scenes with which his soldier life was associated. These are being printed by the million.

KITCHENER OF KHARTOUM.

Some murmur that no stately pageant led
Your farewell progress thro' our stricken lands
To some great temple where the noble dead
Receive full honours from a nation's hands.
Or that no sentinel of homeland yew
Chequers the grass athwart your well-earned sleep,
But only from the night time's darkening blue
Squadrons of stars may guard you through the
decp!

What matter since in ev'ry English breast
You have your unforgetten place of rest.

—C. B. M.

THE NURSES' REGISTRATION BILL.

AMENDED BY THE CENTRAL COMMITTEE.

The profession is aware that for some months negotiations have taken place between the Central Committee for the State Registration of Nurses, which has advocated this reform for six years, and the College of Nursing, Ltd., which has accepted the principle of registration by the State, instead of a voluntary system, since incorporation six months ago.

So far the negotiations have not resulted in a conjoint Bill, as certain principles, as supported by the Central Committee, have not been accepted by the Council of the College.

The Central Committee has therefore amended its own Bill, incorporating as far as possible such clauses as have been agreed upon between the two bodies. The two most important principles which the Central Committee maintains are: (1) That the General Nursing Council shall be the Governing Body of the Nursing Profession, that it shall be a "Central Body appointed by the State," as recommended by the Select Committee of the House of Commons in 1905, and not the College of Nursing, Ltd., incorporated by Act of Parliament; and (2) That after a three years' term of grace, a nurse to qualify for registration must have had not less than three years' training, under a definite curriculum prescribed by the Council in the wards of a hospital or hospitals approved by the Council . . . and that such person must have passed such an examination as the Council may prescribe. Thus (1) provides for an independent Governing Body for the Nursing Profession analogous to the General Medical Council for the medical profession; and (2) for a definite curriculum and term of hospital training, and for admission to the Register after a Central Examination—the One Portal system which is calculated to prevent privilege and monopoly amongst favoured Nurse Training Schools.

THE GENERAL NURSING COUNCIL.

The Nurses Bill contains in Clause 4 the detailed constitution of the General Nursing Council as follows:—

* 4.—(1) The Council shall consist of thirty-three persons to be appointed or elected as follows:—

(a) Three persons to be appointed by the Privy Council.

(b) Three registered medical practitioners, one to be appointed by the Local Government Board for England, one by the Local Government Board for Scotland, and one by the Local Government Board for Ireland;

(c) Three registered medical practitioners to be appointed by the British Medical Association, one

to be resident in England, one to be resident in Scotland, and one to be resident in Ireland:

(d) One registered medical practitioner to be appointed by the Medico-Psychological Association.

(e) One registered medical practitioner to be appointed by the medical superintendents of fever hospitals approved by the Council as training schools for nurses in fever nursing.

(f) Four persons to be appointed by the Nurse Training Schools attached to hospitals approved by the Council. Two by the Nurse Training Schools in England and Wales, one by the Nurse Training Schools in Scotland, and one by the Nurse Training Schools in Ireland.

(g) Sixteen Registered Women Nurses to be elected as the direct representatives of the Women Nurses in the General Register: eight to be elected by the Nurses registered in England and Wales, four by the Nurses registered in Scotland, and four by the Nurses registered in Ireland; provided that of the eight elected by the Nurses registered in England and Wales four shall be past or present Matrons of Nurse Training Schools attached to hospitals approved by the Council, one of whom shall be registered in the General Register as "also trained in fever nursing"; of the four elected by the Nurses registered in Scotland two shall be past or present Matrons of Nurse Training Schools attached to hospitals approved by the Council; and similarly, of the four elected by the Nurses registered in Ireland, two shall be past or present Matrons of Nurse Training Schools attached to hospitals approved by the Council.

(h) One registered male nurse to be elected as a direct representative of the nurses registered in the male nurses' register.

(i) One registered mental nurse to be elected as a direct representative by the nurses registered in the mental nurses' register.

THE PRELIMINARY COUNCIL.

Provided that on the first constitution of the Council, in the place of the representatives appointed under Clause 4, Sub-sections (e), (f), (g), (h) and (i), there shall be twenty-four persons appointed as follows:—

(a) One Matron to be appointed by the Admiralty.

(b) One Matron to be appointed by the War Office.

(c) One nurse to be appointed by Queen Victoria's Jubilee Institute.

(d) One nurse to be appointed by the Asylum Workers' Association.

(e) Ten persons to be appointed by the Central Committee for the State Registration of Nurses, representing its constituent societies, three of whom must be Matrons in active practice, and of these three one must be the Matron of a Poor Law Infirmary.

(f) Ten persons to be appointed by the College of Nursing, Ltd., three of whom must be Matrons in active practice, and of these three one must be the Matron of a Poor Law Infirmary.

And the persons so appointed shall hold office until the Lord President of the Council certifies that the task of forming a register of persons entitled to be registered under this Act, and of training schools recognised by the Council, is sufficiently advanced to admit of the election of their representatives, and the persons so appointed shall then retire and shall give place to the representatives elected as provided under Clause 4.

Clause 6. This Clause has been amended to provide for the election of the Council every three instead of every five years.

Clause 10. Sub-section (g) authorises special uniforms and badges.

Clause 12. Stages unamended and provides for three years' training and examination.

Great relief has been expressed by many Matrons and Nurses who have for so many years worked for the State Registration of Trained Nurses, that their own Bill is not to be superseded by the Bill drafted by the College of Nursing, Ltd., which incorporates a lay institution, and compels every registered nurse to belong to it, which fails to define the authorities empowered to nominate the Council, and omits provision for a definite term of hospital training, or a standard examination.

We would remind trained nurses who value (1) an independent Governing Body, and (2) a Central Examination for all Nurses after three years' hospital training, that they must be prepared to work actively to obtain such privileges, and should begin to do so at once.

POOR LAW INFIRMARY MATRONS' ASSOCIATION.

ANNUAL MEETING.

The annual meeting of the Poor Law Infirmary Matrons' Association was held, by kind invitation of Miss Alsop, at Kensington Infirmary, on Saturday, October 28th, at three o'clock. There was a large and representative gathering, Matrons having specially come to London from distant parts of the country to attend the meeting.

The ballot for the Hon. Officers and Committee was announced, the twelve who received most votes being elected on the Committee. (Miss Constance Todd, being on active service abroad, was not eligible for re-election.)

The result of the ballot was as follows:—
Miss Barton, R.R.C. Matron, Chelsea Infirmary, President.
Miss Cockrell, Matron, St. Marylebone Infirmary, Hon. Treasurer.
Miss Alsop, Matron, Kensington Infirmary, Hon. Secretary.

COMMITTEE (IN ALPHABETICAL ORDER):

Miss Bodley, Matron, Selly Oak Infirmary, Birmingham.

Miss Clark, Matron, West Ham Infirmary, Leytonstone.

Miss Dodds, Matron, Bethnal Green Infirmary.

Miss Dowbiggin, Matron, Edmonton Infirmary.

Miss Hannaford, Matron, Poplar and Stepney Sick Asylum.

Miss Inglis, Matron, Shoreditch Infirmary.

Miss Masters, Matron, Leicester Infirmary.

Miss Myles, Matron, Brighton Infirmary.

Miss Mowat, Matron, Whitechapel Infirmary.

Miss Elma Smith, Matron, City of Westminster Infirmary, Hendon.

Miss Smith, Matron, Withington Infirmary, Manchester.

Miss Williams, Matron, Cardiff Infirmary.

It was explained that several new members had lately joined.

Due appreciation was given to the excellent work done both by the Matrons and the trained Poor Law nurses generally during the war. The wish was expressed that, especially this winter during the early stages of the formation of the College of Nursing, the Association should keep in close touch. It was agreed that besides the quarterly meetings of the Association to be held the last Saturdays in January, March, July and October, at three o'clock, that the Committee should meet the last Saturday in each month, and that all members should be encouraged to send suggestions and questions. The possibility of getting into touch with all superintendent nurses of the various infirmaries who are not eligible as members of the Association was brought forward. The Committee was asked to consider a scheme by which all trained superintendent nurses could be invited to affiliate with the P.L.I.M.A. Suggestions on this subject are invited. There having been a great deal of discussion in the Press and meetings held as to the attitude of the National Poor Law Officers' Association and their anxiety to enrol nurses into their Association, the question was discussed as to whether the members of the P.L.I.M.A. considered that it would in any way be an advantage for nurses trained or in training, to join the N.P.L.O.A.

The President pointed out that, as an Association, they could not influence the actions of individual members, but that the wish had been expressed that an opportunity might be given the Association to express its opinion as a corporate body on this subject. The question was not as to the excellence of the N.P.L.O.A. and its indefatigable president, but as to its relation to those in training as professional nurses.

Letters were read from absent members expressing their views, and an interesting discussion followed. When the vote was taken it was found that about six of the absent members wished to vote in favour of nurses in training being encouraged to join the N.P.L.O.A., while about twelve of the absent members recorded their votes against. Those present voted unanimously against the suggestion of its being in any way advantageous for nurses trained or in training to join the N.P.L.O.A.

Other interesting subjects were touched on, such as the "College of Nursing," and the Committee for the "Supply of Nurses."

An excellent tea had been provided, and was much appreciated, and a hearty vote of thanks was accorded to Miss Alsop for her kind hospitality.

FEVER NURSES' ASSOCIATION.

REPORT OF THE EXECUTIVE COMMITTEE.

OCTOBER 16TH, 1916.

(1) Since the meeting of the Council in April last the Committee has held two meetings.

(2) The Committee has accepted as registered members 81 nurses who passed the April examination, and one by Equivalent Examination (M.A.B.).

(3) The Committee regrets to have to report the resignation of Dr. Cameron, Medical Superintendent of the Joyce Green Hospital.

(4) Sixty-five candidates have entered for the October, 1916, examination, the results of which are not yet to hand.

(5) *College of Nursing, Ltd.*—The Council will remember that a statement concerning the proceedings of the College and the negotiations that had taken place between the College and the Central Committee for the State Registration of Nurses, so far as they had then gone, was amongst the items in the Annual Report of the Council. It will not, however, be out of place now briefly to relate the history of the events since Mr. Stanley, the Chairman of the Council of the College, proposed its foundation in January last.

In March the College was registered at the Board of Trade as a Company limited by guarantee and not having a share capital. On August 17th the Articles of Association were amended, but the Memorandum remains the same.

Quite recently the College has, in accordance with its Articles, appointed a Local Board to manage the affairs of the College in Scotland. This Board is to consist of thirty members, of whom twenty-three have been appointed. They are Chairmen of Hospitals, Conveners of Hospital Committees, Medical Superintendents, Matrons and Nursing Superintendents of Hospitals, and medical men. Seven places are reserved for nurses, who are to be co-opted, but the names have not yet been announced.

It will be remembered that one of the objects of the College, as stated in the Memorandum of Association, was to promote Bills in Parliament for any object connected with the interests of the nursing profession, and in particular with their education, organisation, protection, or for their recognition by the State. In consequence of this object the Central Committee for the State Registration of Nurses, upon which the Fever Nurses' Association is represented by delegates, approached the Council of the College to see whether, by the united action of the Committee and the College, an agreed State Registration of

Nurses Bill might not be introduced to Parliament and passed into an Act.

The College consented to enter into negotiations with the Committee and drafted a Nurses' Registration Bill as a basis of discussion. But though the Central Committee has met three times to consider this Bill, which has been redrafted several times, and though there have been several conferences between authorised representatives of the Central Committee and representatives of the Council of the College, no agreement as to a conjoint Bill has been reached. Finally, at its last meeting on September 20th, the Central Committee resolved to inform the Council of the College that if four amendments which were set out were not adopted by the College, the Committee would not continue to negotiate another Bill. This was without prejudice to the further consideration of minor amendments. The four amendments to which the Central Committee attached so much importance were those relating to the constitution of the temporary and permanent Nursing Councils, to the registration of nurses in practice at the time of the passing of the Act, and to the qualifications of nurses for registration after the passing of the Act. The Central Committee was of opinion that the clauses relating to these matters should remain in much the same form as they are in the Bill drafted by the Committee six years ago.

A meeting of the Central Committee has been called for October 21st, in order to consider the reply of the Council of the College. It is extremely unlikely, however, that the College will adopt the Committee's amendments. If it does not, there will be no agreed Bill; and the Central Committee will introduce its own Bill to Parliament after having made certain alterations in the Bill introduced in 1914, in order to bring it up to date.

So far as fever nurses and the Fever Nurses' Association are concerned, the Council of the College agreed to the registration of the Association's certificate as an additional qualification for a trained and registered nurse. But the question of the representation of the Association on the temporary and permanent nursing councils was subsidiary to the larger question of the constitution of these councils and has not, therefore, been settled.

(Signed) E. W. GOODALL,
Chairman.

EXAMINATION FOR CERTIFICATE OF FEVER TRAINING.

October 11th, 1916.

General Trained Nurses shall be required to answer only those questions in the paper which relate to fever and fever training.

The time allowed for the Paper shall be two hours for General Trained Nurses and three hours for probationers.

1. Describe the eye. (The microscopical structure is not to be given.)

2. a. Mention the chief waste products of the human body and the channels by which they are excreted.
b. Describe briefly the action of the kidneys.
3. What are the most important differences between chicken-pox and smallpox?
4. a. Give a list of the most common complications of scarlet fever.
b. At what stage of the disease do they usually occur?
c. Mention their symptoms.
5. a. Describe the process of peptonising milk.
b. Describe a method by which a continuous saline injection may be given to a patient.
6. Describe the stages in the formation of a bed-sore. How can bed-sores be prevented?

INTERNATIONAL COUNCIL OF NURSES.

MISS L. L. DOOK, Hon. Secretary of the I.C.N., writes:—

Since the time of the San Francisco meetings no word had been received from Denmark in regard to the International Council of Nurses, until a few days ago. This was accounted for by us as a by-product of the world-war—of course, an accidental, unintentional by-product, and this proves correct. A Danish nurse, arriving in New York recently, brought letters from Mrs. Henry Tscherning, President of the International Council, including copies of those written a year ago and never received. Several from this side must also have been lost. Mrs. Tscherning, like the rest of us, feels dubious as to the near possibility of a truly successful meeting of the International Council of Nurses in a European country. For my part, as secretary of the Council, it seems clear that we must prepare to push our next meeting date a little further on than 1918, as the continuance of war is making it too close to give us time to prepare for a date only a little more than a year off. And, as it was our country's turn to hold a Congress and only a business meeting was possible at San Francisco, it might be better for us to make another attempt, when the time does come, to hold the next meeting here.

In this connection I would like to emphasise atreth and with a little more explanation the point of view of some of us on this side. Miss Wald and the whole Settlement group, and others, as to preparedness for war—why we oppose and resist it. It has not needed the tragic and terrible example of Europe to inspire our sentiments, neither are we lacking in profound sympathy for the nations so fearfully afflicted.

War is an integral part of the competitive system. It is the flower and fruit of competition. In war, such as rages in Europe, we see only the inevitable, acute stage of industrial and commercial

warfare which is present with us all, in more or less sub-acute stages, wherever cut-throat competition is the accepted policy.

We believe that co-operation is the law of life and growth; competition, of destruction and death. War is avoidable through men's actions. It does not come by natural agencies like flood or lightning or cyclone, it is not even like a contagious disease, which is indeed spread by man's ignorance or carelessness, but without plan or purpose on his part. War arises from man's actions toward his brother man, his words to him, his feelings toward him. In proportion as he practises justice and regard for others, war is preventable. As he indulges jealousy and hatred, war is inevitable.

And we regard preparedness for war as a hot house and cultivator for jealousy, suspicion and hatred. Energies devoted to preparation for war are energies taken away from the saving, wholesome, living forces of international friendship and co-operation. No one can at one and the same time work for competition and for co-operation. Each must choose one or the other.

The nations plunged over the abyss at the end of their competitive race could at last, when the crisis came, do no other than they have done. But now if ever is the time for ours and all neutral countries to recognise the peril of national shortsightedness and to assert more strongly than before the saving power of the International Idea—the world our one common country, international association and organization for world law the only hope for the future.

Mrs. Henny Tscherning has for some time been in charge of the nursing of the beautiful Danish Hospital in Paris for the French sick and wounded. It is a most convenient building for the purpose, and beautifully appointed.

APPPOINTMENTS.

MATRON.

Monkwearmouth and Southwick Hospital, Sunderland.—Miss Gertrude Hart has been appointed Matron. She was trained at the London Hospital, and has held the position of Sister at the Bethnal Green Infirmary; Night Superintendent at the General Hospital, Croydon; and since 1913 that of Assistant Matron at the General Hospital, Swansea.

ASSISTANT MATRON.

Red Cross Hospital, Kingston.—Miss Bertha Harris has been appointed Assistant Matron. She was trained at the Kensington Infirmary.

SISTER.

Clare Hall Sanatorium, South Mimms, Barnet.—Miss Gertrude Rostrom has been appointed Sister. She was trained for three years at Victoria Hospital, Barnsley, and the Borough Hospital, Bolton; and has been Staff Nurse at the Fazakerley Hospital, Liverpool.

Miss Ada Gooch has also been appointed Sister at the same Sanatorium. She was trained at

Bethnal Green Infirmary for three years, and holds the C.M.B. certificate. She has been Staff Nurse at Victoria Hospital, Morcambe.

Kendray Fever Hospital, Barnsley.—Miss R. Sterritt has been appointed Sister. She was trained at the Borough Sanatorium, St. Helen's, and the Rotherham Hospital and Dispensary; and has been Sister at the Kendray Hospital, Barnsley; Charge Nurse at the Conway Isolation Hospital; and Staff Nurse at Graylingwell War Hospital, Chichester.

LONDON COUNTY COUNCIL.

Miss Ellen Bessie Feacey, who for some time has been a School Nurse on the temporary staff of the London County Council, has been appointed a member of the permanent staff.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

TRANSFERS AND APPOINTMENTS.

Miss Ursula Gordon is appointed to Somerset C.N.A., as third Assistant Superintendent; Miss Hannah E. Abbott is appointed to Leighton Buzzard; Miss Janet Arnot, to Cleator (Frington); Miss Winifred J. Bignell, to Brighton; Miss Agnes C. Cottrill, to Tottenham; and Miss Gerardina van den Steen, to Liverpool (Walton).

Her Majesty Queen Alexandra has been pleased to approve the appointment of the following to be Queen's Nurses to date October 1st, 1916:—

England and Wales.—Ethel Daniells, Edith Mary Gould, Theodora Harding, Mary Dorothy Thorne, Dorothy Mary Annie Bayle, Edith Catherine Doe, Edith Gertrude Holborow, Ethel May Swinburne, Edith Dora Buxton, Bertha Oldroyd, Kate Irwin, Nora St. Clair Ryan, Priscilla Jane Thomas, Agnes Wilson, Mary Monica Walker, Ethel Marion Camp, Ivy Alice Fawkes, Elizabeth Powell, Emily Lewington, Sarah Norledge, Lucy Roberts, Barbara Castillon Hingston-Randolph, Rachel Sophia Kime, Eveline Amy Lee, Rose Lund, Grace Ellen Wormwell, Emma Stevens Brown, Mabel Byard, Elizabeth Ellen Brazier, Emma Harrington, Gertrude Ellen Rippon, Annie Mary Payne, Blodwen Bowen, Gladys Mary David, Catherine Ann Griffiths, Vronnie Kilson Jones, Mary Annie Vaughan.

Ireland.—Charlotte Elizabeth Black, Adelaide Geraldine FitzGerald, Cecilia McFadden.

NATIONAL UNION OF TRAINED NURSES.

NEW APPOINTMENTS.

The following appointments have been made through the N.U.T.N.:—

Addington Park War Hospital.—Miss I. Wyldes, Staff Nurse.

Cirencester Red Cross.—Miss R. Corbett, Night Sister.

Exeter I.A. Organisation.—Miss Stanley, Assistant Matron; Miss J. Johnston, Night Superintendent.

Tottenham School Nurse.—Mrs. Jarrett.

NURSING ECHOES.

A tablet to the memory of the late Mrs. Paston Brown, first lady chairman of Poor Law Guardians in Surrey, and deeply interested in the nursing school attached to the Kingston Hill Infirmary, has been unveiled at the Wimbledon Public Library. She was for twenty-one years a worker for the amelioration of the lot of poor children.

Speaking at a special service for hospital nurses held at St. Nicholas's Church, Liverpool, the Rector of Liverpool (the Rev. G. W. Hockley) said, in addressing them:—

In the great change, known more recently as the woman's movement in its widest sense, which had been passing over society during the last fifty years or so, few events were more remarkable and more encouraging than the development of the life and the work of nurses. Since the days of Florence Nightingale, and largely through her influence, an immense transformation had taken place in the status and conditions of nursing in this country, and in the last two years a further touch of splendour, not only through the honours conferred on nurses by the King, but through the generous spirit of self-sacrifice and labour shown by all of them, had been given to the glorious work already accomplished. The calling of the nurse ought to be regarded as a vocation from God. Nursing was a profession and an outlet for energy and enthusiasm; it was, perhaps, a fine opportunity for service to one's fellow men and women; it was very likely for many a means of livelihood, but that was only the human side. He wanted them to look

at it from the Divine side. Florence Nightingale was full of the conviction that her life-work was a direct call from God. And so it should be with others who had taken up her work. It was a very exacting and a very exhausting work, but if it was looked at in the light of a vocation, that work would be lifted to a higher level, and by it they would be given an impulse to fulfil the daily task, even though mere nature might rebel. In order that their work should acquire a Divine character the preacher urged on his hearers the importance of self-discipline and the power of religion.

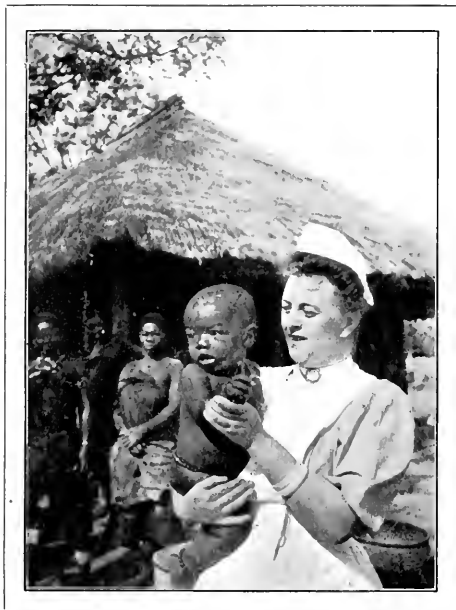
Undoubtedly there were difficulties and dangers in a nurse's life, coming, as she did, into relationship with all sorts and conditions of persons, and, although in so exacting a life opportunities of prayer might be exceedingly limited, he exhorted nurses to endeavour to find some time, however little, in which to be alone with God, and, above all, to pursue their daily work in the spirit of prayer and in the spirit of devotion.

The Colonial Nursing Association is anxious to extend its work to the prairies and outlying districts of the Dominions, beginning with Canada.

It is hoped to induce the widows of

officers or of n.c.o.'s who have had their homes broken up by the war to go in for a course of midwifery, and then to engage for a tour of two years' service in the Dominions as mothers' nurses, during which they will be under the charge of local practitioners.

The difficulty at present is to get trained nurses to go out to the prairies, but it is thought that the idea of special training for this work may open a new field for women whose homes have gone.



THE LATE MISS ETHEL LILIAN BURRIDGE
AND A BABY PATIENT.

We wonder if any member of the Nursing Committee of the Colonial Nursing Association, or whoever suggested this scheme, has ever spent a month, much less two years, on the prairies and in outlying districts in Canada, especially in the winter? Englishwomen who have lost their husbands and their homes are hardly in a mental condition to assimilate a new profession, and start work under the extraordinarily difficult conditions on the lonely prairie. Canadian-born women even dread this solitude, and statistics prove that the Montreal and other sanatoria for the insane are full of women who have broken down physically and mentally from the strain of loneliness during the long white winter months. One needs to be young and buoyant, with health and hope, to stand the monotony. A woman of sorrows should not be put to such a task.

At a meeting of the Scottish Council of Queen Victoria's Jubilee Institute for Nurses the quarterly report was submitted, and showed that the Council were directly responsible for the maintenance of nineteen Queen's nurses, four candidates receiving instruction in the Training Home, and five temporary nurses. Five nurses had received first appointments at Colleslie, Dunrossness, Nairn, Sandwick, and Yoker. Scottish Queen's nurses to the number of 124 are at present on "active service," while ten others are giving part-time services in their own districts. Twenty-four visits of inspection had been made, including districts in the counties of Argyll, Ayr, Inverness, Lanark, the Lothians, Renfrew, and Shetland. The work in Edinburgh for the period showed that 1,120 cases had been nursed by the nurses from the nursing home, 21,591 visits being paid in this connection. Donations received amounted to £134 17s., and subscriptions to £224 10s. 8d.

By the kindness of the Secretary of the U.M.C.A. we are able to publish on page 375 a portrait of Miss E. L. BurrIDGE, who passed away at Likwena after a painful illness. Miss BurrIDGE was trained at the North Ormesby Hospital, Middlesbrough, and was a certified midwife, receiving her training in this special branch in Glasgow. Miss BurrIDGE, who joined the mission in 1909, showed the greatest aptitude in picking up languages from the first. She also had the gift of remembering faces, which, combined with her great sympathy, brought her into close touch with the people. A fellow-worker writes of her:—"It was quite amazing, when she was working at Likoma, to note how she seemed to know almost every-

body on the island—their history, their kinsfolk, and these last through all the complicated ramifications of an African genealogy. This ready sympathy, coupled with such powers of observation and memory, brought her into much closer touch with the natives than most of us. I have often envied these gifts, so useful to a missionary. . . . Many a native heart will be sore when the news is carried up the lake."

Miss A. M. BURKE sends us the following little story from India:—

It is wonderful the incredible amount of superstition the poor, ignorant, Indian village man will be made to believe.

J. E., an Indian boy, aged about twenty years, a farmer's assistant, was admitted as an in-patient suffering from guinea worm. Very content and happy for twenty days. One morning about 8 a.m. I found him sobbing and crying aloud, beating his chest. I asked him what was the matter. All I could get as answer from him was—he began pulling the linen off the bed, searching under the pillows, and in a little cloth bag which he had in his hands (dear me! the contents of this bag would have pleased the heart of a juggler). I came to the conclusion he had lost something. Not quite grasping the meaning of the signs and words he was uttering, I called the Indian ward-servant to interpret, and this is what he revealed: The boy was in no pain, but his face wore the expression of great fright. He was so upset because he had lost a relic of his village god. This relic consisted of a dried, small-sized lemon, studded with toilet pins and covered with some white cotton thread. This had been given to him by his priest at the village shrine before he came to hospital, and as long as he had it with him nothing could affect him, and he would get well; but having lost it, this special curse was to follow: He would go mad. Poor man. Every now and then he would break out in lamentations, which meant the whole ward had to put up with the noise and sight of him weeping. Nothing on this earth mattered to him so long as he found *this* lemon. There was he offering all sorts of bribes to the ward servants if they would *only* find it for him. At last, to relieve his mental anxiety and make the ward peaceful again, I sent to him by the head ward boy another lemon, with the hope that it would satisfy his conscience. He accepted this with some misgiving, saying, as he did so, he did not know whether it would do, but all the same placed it in his bag with the words, "What has to be will be." "Kismet" seems to be the password of the working-class Indian, and it is wonderful to see the amount of self-control practised by him.

It was lucky that J. E. was nearly well, as his anxiety for his discharge was ridiculous. He left telling us he was going to the village shrine, which meant paying a donation to have the curse averted. Of course he was taking our lemon with him, and would likely get it endowed with special virtues. Such are the ironies of the East.

"MISS NURSE."

"Miss Nurse" was a special title of deference and a tribute to the astuteness of the Staff of the Jewish Ward. "Miss Nurse" could not be hoodwinked. Moses' childlike asseverations that "noting by my blessed life" was concealed beneath his pillow did not prevent "Miss Nurse" ruthlessly withdrawing therefrom a parcel of fried fish. No amount of assurance would persuade "Miss Nurse" that Moses' continuous stream of relations and friends had all come on important "buishness." She stood immovable at the door on visiting day, and despite of oaths by their "blessed life" that they had brought "noting, noting," confiscated contraband goods with an intuition sharpened by much practice. She had also an uncomfortable way of picking up a word or two of Yiddish at inconvenient moments. Certainly "Miss Nurse" was respected, and she was also loved. On the Sabbath at sunset did she not adorn the table with a white cloth and fresh flowers? Did she not light the candles? But certainly! She also forbore on those occasions to ask Moses to put on the coals, or to help with the supper things. She was very comforting when the pain was bad, and one had to cry "Aie! Aie! Aie!" at the top of one's voice.

But even when the most endearing cat is away the mice will play. "Miss Nurse" went for her holiday. On the day of her departure Moses was observed to write on six postcards, which, though in Yiddish, had evidently the same message on each. "Miss Nurse," however, had left a worthy substitute, and she got these same postcards translated. They ran as follows:—"The 'Miss Nurse' has gone for her holiday. Come as many as you like, and bring what you like." On the following visiting day nothing unusual happened, and Moses' air of bewilderment and anxiety was a study. "Miss Nurse" on her return said more in sorrow than anger: "Moses, what for did you write those postcards when my back was turned?" Astonishment prevented an answer, and in silence Moses watched her leave the ward. He then gave vent to the opinion, that was endorsed by his fellow-sufferers, "The 'Miss Nurse,' she know everyting."

Owing to engagements, prior to her departure for La Panne, Miss Violetta Thurstan was unable to visit Glasgow on Thursday, much to the disappointment of the Scottish Nurses' Association. Miss Rimmer attended and represented the National Union of Trained Nurses.

PRESENTATION.

On resigning her position as Matron of the Mount Vernon Hospital, Northwood, which she has held for the past 11½ years, Miss Mary Steuart Donaldson was the recipient of some beautiful presents, and many good wishes for her future. At a meeting of the Committee many kind things were said recognising her work during this long period, and great appreciation was expressed for all she had done. "We realise to the full," said the chairman, "the success which has attended your labours, no small part of which has been the training and equipping so many young nurses with the necessary tone, character and knowledge which is so essential to them in their profession." On behalf of the Committee, the Chairman (Mr. C. Johnston), presented Miss Donaldson with a substantial cheque, "as a mark of their unanimous appreciation." They also told her of their intention to send after her a memento of their pleasant association with her in the work of the hospital for so many years. Among other gifts was a gold and pearl brooch and a magnificent leather suit case from the nursing and domestic staff "in grateful and loving memory of all that you have done so unselfishly on our behalf; our only gratitude can be to try and uphold the splendid standard of devotion to duty, and loyalty which you have held before us for so long, and to preserve the splendid traditions of nursing that are now the heritage of all who go for preliminary training to Mount Vernon Hospital." A number of "old" nurses joined with those who are still in training in expressing their gratitude for Miss Donaldson's unceasing efforts on their behalf.

Miss Donaldson, who is a member of the Matrons' Council, hopes to take up work again, after a brief rest.

THE "STUDINGTON" COAT.

Most people are economising at the present time, both from necessity and as a matter of patriotism; but one of the things which is important to health is a warm coat in which to meet the inclemencies of the winter season; and those who are just now thinking of making this wise investment should not fail to visit the establishment of Messrs. Studt & Millington, civil and military tailors, 51, Conduit Street, Bond Street, W., and 67-69, Chancery Lane, W.C., who are showing a large stock of well-cut coats for the present season, made in their noted "Wetoga" cloth, from 3½ guineas, which—besides being warm and of good style—are absolutely weatherproof. The firm hold a large stock of tweeds, trizes and other materials, from which a selection can be made. For travelling and motoring, as well as for daily wear, nothing could be better than one of these coats.

The Incorporated Society of Trained Masseuses are advertising the post of Secretary and Director of Examinations. Candidates must be well-educated gentlewomen. The salary is £150.

THE PASSING BELL.

Sister Lena Crowther who we regret to record, passed away on Sunday, the 22nd ult., after a long and very painful illness received her training at the Edmonton Infirmary and left to proceed to India under the Colonial Nursing Association. When illness overtook her the Board of Guardians of the Edmonton Infirmary showed her the greatest kindness and she was nursed by her old colleagues. A memorial service was held in the Military Chapel, attended by the Board of Guardians, the medical and nursing staff, and a large body of wounded soldiers. She was interred at Tottenham Cemetery.

PRISONS AND PENAL REFORM.

PART III.

PIONEER REFORMERS.

By MISS BEATRICE KENT.

(Continued from page 349.)

The great and beautiful city of Los Angeles, California, is in the van of progress in respect of Social Service. It was the first to adopt the reform of Women Police, and the first woman to be appointed was Mrs. Alice Stebbens Wells. The work of these civil servants—there are nine of them in the city—is considered indispensable. I should just like to recall one or two facts of the Police Department that I have mentioned on a previous occasion, because they are well worth remembering, and are worthy of imitation.

The "Juvenile Bureau" is what might be called a preventive agency. It deals with young people under the age of twenty-one, but more especially under the age of eighteen. No juvenile under the age of eighteen is allowed to undergo imprisonment at all; they are sent to Detention Homes. No juvenile under twenty-one is kept in prison for more than one night. Any girl in moral danger can be admitted to the prison as to a place of refuge, without the stigma of imprisonment. It is the rule in the Department that no young girl can be questioned by male officials concerning sexual wrongs. Women magistrates try the cases of women and children. The finest thing of all, perhaps, is the "City Mother." This is a new and separate bureau of the Police Department. The Bureau is kept in other quarters than the Police Station Houses, and "it will be the duty of the policewomen detailed to command this Bureau, to receive in confidence the statements of parents concerning their children, and to assist them in every way possible consistent with police duties." This is a general prison. The treatment seemed humane enough, but not precisely revolutionary, as in the case of the Ontario Reformatory and the Sing-Sing Prison. There is no solitary confinement. It does not appear that reform in women's prisons is going on as rapidly on the American Continent as in those of

Los Angeles prison without reference to the honoured name of Mr. Leo Martin, the head of the Juvenile Department. It was our privilege to meet and talk with him. He is the right man in the right place; he loves and understands the children; his attitude towards them is that of the tenderest father. He loves to get the children round him and give them fatherly talks. He says: "Police officials should make children their friends; children should not fear the officers." There is a well-equipped Emergency Hospital in the prison; the nurses—female and male—are required to pass the Civil Service Examination, to qualify for which they must prove that they have had five years' experience in a hospital.

Judging from information to hand, there does not appear to be much crime among women in Canada. According to the Report for 1912, in seven prisons, the total number of prisoners was only twenty! In our own country the prison system is still very bad. We know far more about it than formerly, thanks in the first place to the Prison Reform League, and also to Lady Constance Lytton, who has given us her experiences in "Prisons and Prisoners," and Elizabeth Sloan Chesser, M.B., in the chapter on "Women Prisoners" of her book "Women, Marriage and Motherhood." She recommends—what all will applaud—namely, that there shall be a qualified medical woman attached to every woman's prison, trained nurses, women to direct women's prisons, and a woman on the Prisons Commission. We are greatly indebted to Mrs. Bedford Fenwick for her interest in nursing in prisons, especially for her paper on "The Training of Prison Staffs," and the suggestion made at the International Congress of Nurses in 1909 that trained nurses should associate themselves in an "Elizabeth Fry League," and dedicate to her memory some definite scheme whereby their skill could benefit "those in prison," as in her fine philosophy she would have applied it. Mrs. Fenwick considers that the Matrons of all prisons should be highly trained nurses with a wide experience of social service. We are also indebted to Mrs. St. John, wife of the Hon. Secretary of the Penal Reform League, for her interesting paper on "Nursing in Prisons," read at the Congress of the National Council of Trained Nurses of Great Britain and Ireland, held in Birmingham in 1914. She suggests similar reforms. We have plenty of helpful material to work upon when the day comes when we shall do something more than *talk* about reform, or, rather, I should say, when the Government realises better the urgency of it, and gives facilities for legislative enactment. The ancients have taught us a great deal; we have much to learn from them still through their immortal works. Aristotle tells us in his "Athenian Constitution" that before the Archons (or magistrates) were appointed, they had to appear before the Council and undergo a strict examination. Witnesses were present and were invited to bring accusations against them if there was any justification for this. Upon their appointment they were required to swear solemnly that they would "ad-

minister just judgment." It that was the standard of justice in a non-Christian country, how much higher should it be in one professing Christianity? We want a new type of man to fill that highly responsible post—the same type of man precisely as Mr. Mott Osborne and others we have mentioned. We want the magistrates (our Archons) to have "grace to execute justice and to maintain truth." Those of us who have been in the Police Courts and seen the travesty of justice, and the mockery of the ceremony, are convinced that radical reforms are needed here, too. We have ourselves seen a man in the dock, *quite obviously* feeble-minded, receive the sentence of "an incorrigible rogue"! The magistrate who gave that sentence, hardly looking at his victim, showed himself to be lacking in all the qualities necessary for his position—observation, imagination, sympathy and indeed *sans*.

(To be concluded.)

BOOK OF THE WEEK.

"WILLIAM BY THE GRACE OF GOD,"*

The House of Orange has already been the subject of more than one novel by Miss Bowen. The fortunes of this illustrious House seem to possess an especial fascination for her. William of Orange is presented as a most attractive personality, and the reader is bound to be drawn into the circle of admiration which is woven around him. Miss Bowen's sympathies are openly on the side of the Protestants, which is somewhat singular in a person who is so much in love with colour and effect. Nevertheless, she adapts herself to the austerities of Puritanism with equal sureness of portraiture. She has the gift of idealising, and an intense belief in the gifts and graces in which she clothes her favourites. This is a truly delightful way in which to assimilate the dry bones of history, and we sincerely hope that Miss Bowen will present the present international crisis in the same attractive and informing style. What a thrilling romance could her glowing pen weave of the long intrigues which led up to the present war. Her many admirers will always be asking for more. William, unhappy in his domestic life, a fugitive from his kingdom, is the centre of this romance. The devoted and hopeless love of the serving woman Rénée for her royal master is drawn with restraint and appeal.

"She saw him ride, wrapped in his shabby cloak, on the shabby horse, and her gaze followed him until the walls of Heidelberg hid him from view. And her heart ached after him with an intolerable yearning. If she could have ridden behind him, as his foot boy, as his slave, it could be with him, to soften ever so little his troubles and discomforts."

* By Marjorie Bowen. Methuen, London.

In the battle of Mooker Heyde the House of Nassau paid a heavy toll. The two Nassau princes, and Duke Christopher, the Elector's son, went down together on that day of woe and terror, and never, alive or dead, did any again behold them."

A pretty example of word painting in Miss Bowen's most characteristic style describes William smitten with sickness at Rotterdam and Rénée ministering to him. After a period of unconsciousness "he turned round and stared round the chamber. The windows were wide open on the sunshine; on the sill was a white pot of coarse earthenware holding a plant of scarlet geraniums, which showed its vivid green amid the encircling light. The short curtains of coarse white linen very slightly waved in the delicate breeze. The walls, half panelled wood and half whitewash, were full of shelves and open cupboards, which held articles, china and earthenware, in sluing hues of blues and reds. His tired eyes encountered with a sense of shock the figure of a woman sitting in the corner of the room farthest from the bed. She wore a plain dress of dark grey and a ruff of fine muslin; she had her back to the Prince so that he could not see her face, only the piled-up locks of her red-gold hair.

"The Prince watched her with the suspended interest of a sick man. He liked to see her there, in her grace and calm—her delicate fingers working so steadily, her whole person suggestive of repose and comfort. It was long since he had seen such a woman in any house or apartment of his. As this thought of his loneliness came to him, he sighed."

Divorced from his first wife, the insane and wanton Anne of Saxony, William contracts a second union with the dainty Charlotte de Bourbonne, formerly an Abbess, who had renounced her vows and embraced the Protestant faith. The closing scenes of the book describe the assassination of William by one of the spies of Philip of Spain.

II. II.

COMING EVENTS.

November 4th.—Irish Nurses' Association. Meeting Executive Committee, 31, St. Stephen's Green, Dublin.

November 7th.—Institute of Hygiene, 33-34, Devonshire Street, W. Preventive Medicine Series of Lectures: "Venereal Virus and Its Detection," by John W. H. Eyre, M.D., F.R.S. Ed. 4 p.m.

November 8th and 9th.—National Union of Trained Nurses. Autumn Council Meetings, 46, Marsham Street, Westminster, S.W.

November 9th.—Meeting Executive Committee, Central Committee for the State Registration of Nurses, 431, Oxford Street, London, W. 2.30 p.m.

November 23rd.—National Council of Trained Nurses. Annual Meeting Grand Council, 431, Oxford Street, London, W. 4 p.m. tea.

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 TEST OF CONVICTION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I wonder how many trained nurses realise that the very existence of Nursing as a profession is in danger in this country, if the Bill drafted by the College of Nursing, Limited, becomes law.

The basic principles for which our Empire is pouring out its treasure, its glorious young manhood, and sacrificing the happiness of its women, *i.e.*, the right to live in honourable and free communion with humanity, to earn one's bread without oppression, and thus serve God and the State, human rights for which we trained nurses have striven for so many years, will never be ours unless we unite at once to prevent the tyrannical constitution of the College of Nursing being incorporated by Act of Parliament.

Those of us who have carefully watched the growth of this oligarchy during the past nine months are convinced that its promoters are actuated by the same intolerant policy which inspired them eleven years ago, when they first drafted the scheme, and that the only result will be the subordination of the nursing profession. We realised and resisted the danger in 1905. We must resist it now. The question is are the independent members of the profession going to oppose the College Bill, as drafted, or are they not? I can answer for myself. I object to its autocratic assumption of authority over my whole life without my consent. I therefore intend to do everything in my power to prevent the College policy of government of workers by employers being incorporated in an Act of Parliament.

In the past the members of the Society for the State Registration of Trained Nurses have clung to their principles and have worked and paid for them. They have been playing this valiant part for some fourteen years, and they have got to go on playing it until a *just* Registration Bill is passed. That is what we are out to get, and we must get it.

When we realise what our hon. officers have accomplished with the very limited financial support at their command, we can estimate how much heart and soul they have lavished in support of our liberties. To enumerate a few: (1) Five years' labour to get our case heard by a Committee of the House of Commons, which resulted in a unanimous recommendation in 1905 that it is "desirable that a Register of Nurses should be kept by a Central Body appointed by the State."

Then three more years hard work to get a Bill through the House of Lords in 1908. Six more interminable years' drudgery before the test of

opinion in the House of Commons in 1911, when it was proved by a majority vote of 229 that the country was with us.

How many nurses have taken the trouble to realise what such results have cost in hard cash? Thanks to the recent exposé of many things in the High Courts, we now know this propaganda has cost thousands of pounds, and who has paid for it.

The question is, Are we going to have the victorious results of this monumental labour and self-sacrifice made null and void by the very people whose cruel opposition has made it necessary? I sincerely hope not. Unless we are to prove ourselves the invertebrate creatures we shall surely become if we shirk our duty now.

We need the sineas of war. Publicity costs money, therefore money we must have. If what is now known as the Employers' Bill is to be defeated and a just Nurses' Bill to become law, we need at least £100, and little enough to counteract the social and official influence ranged against us. If further sacrifice is necessary we must make it. Those who are really in earnest please send what you can afford. It does not matter how little or how much. Go without something, it will do you good, and send what is saved to our uniting and devoted Miss M. Brey, Hon. Secretary, Society for State Registration of Trained Nurses, 431, Oxford Street, London, W., who is often about her voluntary task for your benefit till daylight doth appear.

Yours faithfully,

HENRIETTA J. HAWKINS.

A VOICE CRYING IN THE WILDERNESS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—An overseas nurse, I have been working in England for upwards of a year. I am simply astounded at the extraordinary lack of freedom in the nursing profession in England, and wonder how ever women of British parentage can endure it. What strikes us Colonials is that social influence apparently governs the entire nursing world. It is amazing—this feudalism in the twentieth century. I have been collecting information for some articles I am to provide to American and Canadian papers after the War. I shall deal with this deplorable aspect of nursing in England. It may interest you to know that, when in California last year, THE BRITISH JOURNAL OF NURSING came under my notice. I asked an American nurse its policy, and her reply was, "A Voice Crying in the Wilderness!" and, indeed, since I have been here I have realized how true was her description, and what a deep debt of gratitude the whole nursing world owes to you for the persistent courage with which you have stood for the "professional enfranchisement" of the trained nurse throughout the world—and for your frank onslaughts on all forms of snobbery and privilege.

Yours cordially,

A SISTER OF THE SNOWS.

FALSE ECONOMY AND SOCIAL AUTOCRACY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—"There is an old proverb that "You can take a horse to the pond but you cannot make him drink." Thus, with the "Supply of Nurses Committee." There need never have been any shortage of trained nurses if the War Office had taken time by the forelock and organized the supply—on terms trained nurses were prepared to accept. False economy and social autocracy have been at the bottom of the failure of supply—together with lack of consideration for our professional status. I hear that there are hundreds of well-trained nurses waiting in Canada, South Africa and New Zealand, who would gladly respond to the Empire's needs, if their expenses were paid; and instead of availing themselves of such efficient help, every sort of amateur and "dug-out" has been given preference in nursing our sick and wounded. As you say, every standard of nursing has been depreciated, and a shortage of the thoroughly trained is the result. The majority of the matrons on the "Supply Committee" are on the War Office Nursing Boards. Let us hope they may now have somewhat of a free hand outside its entanglements of red tape. New blood is what was required, but that, of course, will be rigorously excluded—especially if it is well supplied with red corpuscles.

Yours sincerely,
SISTER (T.F.).

THE INCORPORATED SOCIETY OF TRAINED MASSEUSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The Council of the Incorporated Society of Trained Masseuses direct me to inform you that the new Institute of Massage and Remedial Gymnastics (Manchester), which has recently circularised you, is in no way connected with the Incorporated Society of Trained Masseuses.

You are aware that the Incorporated Society has endeavoured to fulfil all the requirements of the profession, and from its foundation in 1894 has had the support of medical men and women and their active assistance in examination. The present Advisory Board of the Society is representative of professional interests, as the enclosed list will show. The examination in medical electricity inaugurated by the Society since the outbreak of war is entirely conducted by members of the medical profession, who also take part in all other examinations, namely, those for massage, Swedish remedial exercises and teachers' certificates. The written part of all examinations is held at local centres, and for years past a practical examination has been held in Dublin, and, more recently, in response to a demand, in Liverpool and Manchester.

Certificate holders now number 3,000 (men and women).

The Society provides a distinctive badge for its members and associates.

The Council regret the formation of a new

examining body in massage, as by the One Portal system alone can a standard for training and examination be maintained. With this object in view the Society invited cooperation when the Manchester Institute was first proposed, and it is to be regretted that the endeavour of three medical members of the Society's Advisory Board to arrange a Conference in Manchester was ignored by a Committee of the Manchester Institute.

The Council will deeply appreciate the continuance of your co-operation and support in the Incorporated Society's endeavour to advance the interests of the profession generally.

Yours faithfully,
(Signed) E. M. TIMMELTON,
Secretary.

157, Great Portland Street,
London, W.

"It is very difficult to maintain the One Portal system of examination for any profession, unless by Act of Parliament. We hope to hear before long that the Incorporated Society of Trained Masseuses has drafted a Registration Bill providing for self-government for the profession of massage by an independent Central Council. [Ed.]

PREVENTIVE MEDICINE LECTURES.

The Institute of Hygiene is lending its help in the crusade against venereal disease, and the first of an instructive series of lectures by recognised medical authorities commenced at the Institute on Tuesday. These lectures are specially intended for District Nurses, Health Visitors and Midwives.

November 7th.—"Venereal Virus and its Detection," by John W. H. Eyre, M.D., F.R.S. Ed.

November 14th.—"Venereal Disease—Its Racial Effects," by Lady Barrett, M.D., M.S.

November 21st.—"The Problem of Gonorrhoea," by G. B. Townley Clarkon, M.A., M.R.C.S.

OUR PRIZE COMPETITIONS.

November 11th.—What are the causes of Nasal Hemorrhage? and how is it treated?

November 18th.—What is Asthma? State symptoms and how alleviated.

November 25th.—What do you know about Venereal Disease? How would you help to stamp it out?

ORDER THE B.J.N. AT YOUR NEWSAGENT.

In view of the shortage of paper, and the Government appeal for economy in its use, we ask our readers to assist us by placing permanent orders for the regular supply of their copy of THE BRITISH JOURNAL OF NURSING with their newsagents each week, price 1d. weekly, or by ordering it direct from the Office of the JOURNAL, 131, Oxford Street, London, W., price 6s. 6d. per annum, 3s. 6d. for six months, or 1s. 6d. per quarter, post free.

The Midwife.

TRAINING SCHOOLS IN MIDWIFERY.

THE MARYLEBONE WORKHOUSE MATERNITY WARDS.

How many people who pass up and down Northumberland Street, Marylebone, suspect that within the precincts of the Marylebone Workhouse there flourishes an excellent school of midwifery, recognised by the Central Midwives Board; the Medical Officer of the workhouse, Dr. Fraser, being an approved teacher under the Board.

Yet investigation reveals not only the existence of such a school, but that its pupils take a high

The Maternity Department consists of a flat at the top of a block, with two wards, each containing eight beds, one used as the maternity ward proper, and the other for convalescent, and occasionally waiting cases. There is also a single septic ward, used for venereal and other septic cases. The bed, which is of convenient height, has the usual iron framework, fracture boards, and a mattress in three divisions, each being covered with red mackintosh sheeting.

The labour room is equipped with every requisite, and on either side of the gas fireplace are to be noted two delightful practical little cradles in which newly born infants can be



Dr. Fraser. Mrs. Simmonds. Mr. Hattersley,
Medical Officer. Matron. Master

THE STAFF OF THE MARYLEBONE WORKHOUSE.

place in the C.M.B. examinations. Organized by Dr. Basil Hood, now Medical Superintendent at the St. Marylebone Infirmary, and the Matron of the Workhouse, Mrs. Simmonds, who is a trained nurse and a certified midwife, the result has been to secure for the patients who enter the wards highly skilled treatment and care, and to utilise these wards as a valuable training ground for midwifery pupils. Originally restricted to the nursing staff at the Marylebone Infirmary, this training is now offered free of charge, with board, lodging, and washing to nurses trained in other schools, and they will be wise to avail themselves of the opportunity. Mrs. Simmonds was trained at the St. Pancras Infirmary and the Clapham Maternity Hospital.

placed until it is their turn for attention. The frame is of galvanised iron, the bottom of canvas laced on, and the sides of white dimity. The whole can be easily washed at any time.

Amongst the treasures of the department are a number of specimens, beautifully mounted and preserved in formalin, which have been collected and preserved by Nurse Andrews and Nurse Twigg, the midwives who take alternate night and day charge. Until recently there have been two pupil midwives, but the work has increased so much that at present there are three.

A considerable number of the patients are unmarried girls with their first babies, and it is good to know that the Workhouse Girls Aid Committee visit the workhouse and are ready to

help all those who wish for their aid when they leave the infirmary.

We must not forget to mention the excellent charts in use in the wards, designed by Dr. Hood, which might well be adopted by many other institutions.

By the kindness of the Matron we are able to publish the accompanying illustrations of the staff, and the labour ward.

PLACENTA PRÆVIA AND CÆSAREAN SECTION.

Dr. A. G. Tresidder, M.D., Captain in the Indian Medical Service, and Staff Surgeon, Poona, discusses in the *Lancet* the conditions

been very satisfactory, both as regards the maternal mortality and that of the infants. The maternal mortality of placenta prævia treated on the ordinary lines is four to eight per cent., and the average foetal mortality is sixty per cent. Munro Kerr says: 'The best figures give four per cent. and thirty-five per cent. respectively, and they are as low as one can ever expect to reach with the present recognised methods of treatment.' But in certain cases of placenta prævia, such as the one described below, Cæsarean section would, I think, justify us in expecting much better results than a maternal mortality of four per cent. and a foetal one of thirty-five per cent.

"As regards the mothers, there seems no special reason why Cæsarean section, performed in suitable cases of placenta prævia should not



THE LABOUR WARD.

under which Cæsarean section should be performed in cases of placenta prævia. He writes:—

"One meets only a few cases of placenta prævia in which the condition of both mother and child justifies the operation of Cæsarean section. This is more especially so in hospital practice, where such patients are usually admitted in a more or less advanced stage of labour and only after there has been a considerable loss of blood—a state of affairs which would obviously contraindicate a major operation when other means of delivery are open to us.

"In recent years it has been recognised that the best treatment for certain cases of placenta prævia is Cæsarean section, and the results obtained among these carefully selected cases have

yield quite as good results as it does in cases of contracted pelvis, when the operation is performed under the best conditions, the maternal mortality then being 2.9 per cent. (Amand Routh). . . . One other great advantage to the mother is a lesser risk of morbidity as compared with that which results from the necessary manipulations, often prolonged, which accompany delivery *per vias naturales*.

"The foetal mortality must obviously be very greatly reduced by Cæsarean section, and the rate of thirty-five per cent. at the best would be reduced to one of about five per cent. Further, in most cases, the mother should be as well able to nurse her infant as after normal delivery, a result which, because of some slight sepsis or as the result of hæmorrhage before and during delivery,

is often denied to the mother who has been otherwise delivered.

"Generally speaking, the operation of Caesarean section in a case of placenta prævia is indicated under the following conditions: (1) when the hemorrhage has not been excessive and the maternal pulse is full and its rate not above 100 per minute; (2) when the cervix is undilated and appears to be unduly rigid, indicating that dilatation is likely to be slow and difficult, as is often the case in elderly primiparæ; (3) when the surgeon can be confident that there is no risk of sepsis from previous frequent vaginal examinations, &c.; (4) the pregnancy should have reached full term or very nearly so, and the fetal heart sounds must be good; (5) another factor which should influence the surgeon in deciding in favour of Caesarean section is the co-existence of some disproportion between the size of the fetal head and the maternal pelvis; and (6) when the parents are especially desirous of a live child."

The writer then describes a successful case of Caesarean section performed on a Eurasian woman aged 32 for placenta prævia. She had been married twelve years, and it was her first pregnancy.

UNREMITTING CARE OF NURSES SAVES BABIES' EYESIGHT.

In these times, when the work of Infant Welfare is occupying so much of the public attention, it is satisfactory to learn that the Poor Law Authorities are contributing their aid to this all-important work. At a recent meeting of the Barnet Guardians their Medical Officer drew their attention to two serious cases of *ophthalmia neonatorum* which had been successfully treated in their Infirmary. Dr. Stewart pointed out that it was owing to the unremitting care and attention of the nurses that the sight of these two infants had been preserved. While we do not grudge any need of praise to our sisters working among the troops, those who are quietly and conscientiously going on with less interesting work should not be forgotten.

NEPHRITIC TOXAEMIA OF PREGNANCY.

A writer in the *New York Medical Journal* says that the gravid uterus pressing on the kidneys is one of the causes of nephritis in pregnancy. He advises as a prophylactic measure, where the tendency exists, or as contributing to its relief, the use of a special bed. It consists of a head piece and foot piece, each with a separate mattress and spring; between these is a broad band of rubber cloth. This is long enough to be hollowed out to accommodate the abdomen. The patient lies prone, that is, face downwards, thus relieving the pressure and permitting a comfortable reclining posture.

CENTRAL MIDWIVES BOARD.

EXAMINATION PAPER, OCTOBER 24TH, 1916.

1. Describe the uterus and its blood supply. Draw a diagram if you are able.
2. What are the signs that a threatened abortion has become *inevitable*, and what would your treatment be until the doctor arrives?
3. A woman three months pregnant asks your advice concerning a lump in the breast which she has had since her last confinement fifteen months ago. What is the importance of such a lump? And what would you advise?
4. From what discomforts are women liable to suffer during their pregnancy? How would you attempt to relieve any of them?
5. Describe in detail how you would manage a *normal* Breech Labour.
6. What rashes may a baby develop during the first ten days of its life? Which of these are serious, and how would you recognise or deal with them?

"I AM A GRANDMOTHER."

It is always fascinating to read about real people, and "Lady Login's Recollections," edited by her daughter, must not be missed. They take us back to before the Mutiny, as before marriage she went out to India to join her brother. Lady Login enjoyed the friendship of Queen Victoria, and tells the story that visitors were being shown through the galleries at Windsor Castle, when there was a sound of hurrying feet, accompanied by the cry, "The Queen! The Queen!" "Our guide at once motioned us to stand aside, and, at the same moment, a door at the further end of the apartment was flung wide, and now the cry came in stentorian tones, while the Lord Chamberlain appeared, running backwards with extraordinary agility, to keep pace with the Sovereign whom he was ceremoniously ushering—thus showing that it was an errand of state that she was on.

"For the Queen, whom we had so lately parted from in calm dignity, was flying with the eagerness of a young girl, and so rapid was her movement, and so joyous her expression, it was plain that her suite had much difficulty in keeping pace with her speed. Catching sight of me in the distance as she came up the long room, she suddenly waved aloft a telegraph form that she was holding in her hand—ominous missive usually in those far-off days—and called out in triumphant tones, unheeding the shocked expression of her attendants at such unconventionality, 'Lady Login! Lady Login! I am a grandmother!'"

Her Majesty was on the way to communicate, with all due etiquette, to her Consort, Prince Albert, the birth of their first grandchild.

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EDITORIAL.

THE MIGHT OF THE DEAD.

"Sleep signifieth confidence
And death is life-renewing sleep."

The month of November—ushered in by the Feast of All Saints and the Day of All Souls—is the month in which, in the fair order of the Church's seasons, we specially commemorate the dead, and at the present time, when so many of those we love have passed but recently behind the veil, the thought of the intercessions uplifted for their perfection in the Paradise of God must bring comfort to aching hearts, as they learn to comprehend the profound reality of the mystical doctrine of the Communion of Saints, in which they have professed their belief from their childhood upwards.

On the battlefields of France the flower of British and French manhood have laid down their lives in defence of honour and freedom, and in cemeteries behind the lines they rest in life-renewing sleep.

The days when our cemeteries were desolate places, uncared for and unvisited, have, thank God, passed away, and flowers beautify the graves, and are cultivated around them. Nowhere is this more true than of the cemeteries in France, as an illustration in another column, and the following touching story, told by a contemporary, will show.

A Frenchwoman in deep mourning was arranging flowers on a grave when a little bareheaded procession entered—an N.C.O. leading the way, an English chaplain preceding a stretcher on which lay a body wrapped in a brown army blanket and covered with the Union Jack, then half-a-dozen privates looking a little awkward, but simply and sincerely sorry. The Frenchwoman fell in at the rear of the procession, some of the flowers still in her hand, and through the service knelt a few yards away. When it was over "Strong and tender, love's last offices to render,"

she dropped the white flowers into the newly-made grave, and went back to the other empty-handed. Such acts must bind together the British and French nations in an enduring friendship.

In the *Figaro* of November 1st M. Maeterlinck commemorates the "Day of the Dead" with an essay on the "Might of the Dead," in the course of which he says:—

"Whatever our religious faith may be, there is at least one place where our dead cannot die. That living dwelling of theirs is in ourselves, and for those who may have lost it becomes a paradise or hell, as we are near or far from their thoughts, and their thoughts are always higher than ours. By lifting ourselves, then, we shall go to them. We must take the first steps, for they cannot come down, while we can always ascend, for the dead, whatever they were in their lifetime, become better than the best of us. The least good by shedding their bodies, have shed their body's vices, foibles, and meannesses, and the spirit alone remains, which in every man is pure.

"Our memories are peopled by a multitude of heroes, stricken from the flower of youth, and far different from that procession of yore, pale and worn out, which counted almost solely the aged and sickly, who were already scarcely alive when they left this earth. To-day in all our houses, in town, in country, in palace and in cottage, a young man dead lives and rules in all the beauty of his strength. He fills the poorest, darkest dwelling with glory, such as it had never dreamed of. It is terrible that we should have this experience, the most pitiless mankind has known, but, now that the ordeal is nearly over, we can think of the perhaps unexpected fruits which we shall reap. . . . This is the first time since history revealed to us her catastrophes that man has felt above his head and in his heart such a multitude of such dead."

OUR PRIZE COMPETITION.

WHAT ARE THE CAUSES OF NASAL HÆMORRHAGE ! AND HOW IS IT TREATED?

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, Gillespie Crescent, Edinburgh.

PRIZE PAPER.

Nasal hæmorrhage, or epistaxis, may be caused by injury, ulcer on nasal septum, new growth, tuberculous or syphilitic lesions in the nasal cavities; in some cases of kidney and heart disease where congestion is present, as in mitral disease; by strenuous exercise in plethoric persons who have high blood pressure. In children it may accompany the symptoms of some specific infectious disease.

Nose bleeding may be serious in persons who are anæmic, or in a debilitated condition, and in cases of hæmophilia, where there is a peculiar deficiency in the clotting power of the blood. In plethoric persons it may be beneficial in relieving temporary congestion.

The lining membranes of the nose have a network of blood-vessels, so that bleeding is easily induced, and in slight cases controlled by simple means, as the application of cold. In severe cases the blood may come from the naso-palatine artery and its branch vessels, and require special scientific treatment, the bleeding point being usually found about half an inch from the opening of the nostril.

Treatment.—The patient must be kept quiet, with the head raised, and not hanging forward; the arms may be raised above the head to assist contraction, while cold applications (ice, if procurable) are made to the nape of the neck, over the bridge of the nose, and across the forehead. The patient should also open the mouth wide for a time, and avoid breathing through the nostrils. Ice rubbed behind the ears is also a good method. The continued application of cold produces a reflex contraction of the arteries, and is the safest emergency treatment.

Pressure may be maintained by the finger and thumb on the bridge of the nose, and the artery may be compressed on the upper lip near the nose by pushing against the jawbone. Spraying with some astringent solution may be further resorted to, such as adrenalin chloride (1 in 1,000), hydrogen peroxide, or alum. In an emergency, strong cold boiled tea may serve the purpose.

Lastly, the nostrils may be plugged with sterile gauze or old linen soaked in an astringent such as that used for spraying. Turpentine may also be used.

The gauze or linen strip should be about half an inch broad, and gently pushed into the nostril by a probe till the opening is plugged. This is usually quite effective in arresting hæmorrhage. In a few hours the plugging should be gently removed, and the patient kept quiet, with cold applications to the forehead and between the eyes till all symptoms of recurrence cease.

In some special cases it may be necessary to plug the posterior nostrils. To reach the required spot and plug efficiently it is necessary to introduce a sterile soft rubber catheter, to which is tied a piece of long silk thread. The catheter is dipped in sterile oil and passed down the naso-pharynx, then pulled through the mouth by forceps, leaving one end of silk thread hanging from the mouth. The catheter being cut away, the same is done by the other nostril, the two ends of thread being tied to the roll of gauze, which is then passed behind the soft palate by the finger and drawn up against the posterior nostrils by the ends of silk thread hanging from the nostrils. The ends are then knotted across a piece of lint under the nose, and the nostrils packed with soaked gauze.

The treatment requires skill and gentleness in its application, as it is most trying and uncomfortable for the patient. The plugs should be removed in about twenty-four hours, and, if necessary, a new plugging of gauze inserted. If left in place longer than a period of thirty hours there is danger of setting up suppuration in the middle ear.

In this latter treatment the unpleasant dryness of the mouth caused by plugging up the air space in the nostrils may be relieved by giving lemon juice or some refreshing mouth-wash.

In special constitutional cases drugs may be ordered which act upon the clotting power of the blood, increasing its action.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Lois Oakes, Miss Lucy C. Cooper, Miss D. B. Vine, Miss F. Sheppard, Miss Catherine de Fraser, Miss M. Robinson.

Miss L. Oakes writes:—"Epistaxis is especially apt to become serious in anæmic or debilitated persons, or in hæmophiliacs. In every case the cause must be treated as well as the hæmorrhage, and a purge should be given whatever the cause. The fallacy that it is right to bathe the nose over a basin of warm water is utterly erroneous."

QUESTION FOR NEXT WEEK.

What is asthma? State symptoms and how alleviated.

NURSING AND THE WAR.

On Saturday last His Majesty the King decorated the following nurses with the Royal Red Cross:—

FIRST CLASS.

Matron Sara Bills, Queen Alexandra's Imperial Military Nursing Service; Matron, Lavinia Steen, Queen Alexandra's Imperial Nursing Service; Matron Hannah Stuart, Queen Alexandra's Imperial Military Nursing Service; and Sister Evelyn Laard, Queen Alexandra's Imperial Military Nursing Service Reserve.

St. George, in recognition of the services rendered by them in the hospitals during the air raids by German airmen.

On Saturday, November 4th, a little knot of friends were on the platform at Charing Cross to bid farewell to Miss Violetta Thurstan, who left by the boat train *en route* for La Panne, where she will take up the duties of Matron of the hospital of which Dr. Depage is Medical Director. Miss Thurstan wore a dark blue coat faced with red, and a brassard bearing the Red Cross and her official number; in her felt hat was the little white enamel badge, with the Red Cross, and the



A BRITISH MILITARY CEMETERY AT THE FRONT.

SECOND CLASS.

Sister Clara Griffin, Queen Alexandra's Imperial Military Nursing Service; Sister Cecilia Harries, Queen Alexandra's Imperial Military Nursing Service; Sister Christine Hodson, Queen Alexandra's Imperial Military Nursing Service; and Sister Lily Reeves, Nursing Staff of Military and War Hospitals.

By order of the Tsar the Russian officer who is attached to the Rumanian General Headquarters has presented to the Queen and the Princesses Elizabeth and Marie the medal of

black eight-pointed Cross of the Order of St. John of Jerusalem inset.

So far as we are aware, Miss Thurstan was the only trained nurse to travel by the tram; but a crowd of V.A.D.s—some twenty-five or so—were being seen off by Lady Oliver. It made one feel sad to think of the highly skilled nurses who might have gone instead, to the real relief of our sick and wounded; for, outside official circles, the dearth of nurses for this purpose is generally regarded as lack of organization. The glorification of the V.A.D. in the present war is creating very serious problems for solution in the future; for if

it is shown that, in a national emergency, such as the present, the members of Voluntary Aid Detachments are sent on active service, while the applications of hundreds of competent nurses are ignored, girls who would formerly have entered hospitals for thorough training will not be slow to argue that this is unnecessary—and so the civilian population, both rich and poor, will ultimately suffer.

We refer in our editorial article to the care given to the graves of our soldiers in France, the Graves Registration units being under the directorate of the Commission of Graves Registration and Inquiries. Any inquiries by friends should be addressed by letter to the Director of Graves Registration and Inquiries, War Office, Winchester House, St. James's Square, London, S.W. If so desired a photograph of a grave can be taken and sent free of cost to relatives owing to the funds provided for the purpose by the Joint War Committee. By the courtesy of the Editor of *The Gentlewoman* we are able to publish our illustration of a British Military Cemetery at the Front.

The German war proclamations, which have been lent by Mr. Wilson Crowdsen, and by permission of the Lord Mayor are being shown in the Salon of the Mansion House, have aroused great interest. The proclamation dealing with the execution of Miss Cavell is of great historic value. Printed on orange paper, pasted on calico, it is some 2 ft. 6 in. by 3 ft., and runs as follows:—

PROCLAMATION.

The Tribunal of the Imperial German Council of War, sitting at Brussels, has pronounced the following judgments:

The undermentioned are condemned to death for organised treason:—

Edith Cavell, teacher, at Brussels.
Philip Bancq, architect, at Brussels.
Jean de Belleville, of Montigny.
Louise Thuilliez, professor, of Lille.
Louis Severin, chemist, of Brussels.
Albert Liebiz, advocate, of Mons.

For the same reason the following have been condemned to fifteen years' hard labour:—

Hermann Capian, engineer, at Wasmer.
Ada Bodart, Brussels.
Georges Derneau, chemist, at Paturages.
Mary de Croy, Belligny.

At the same court the Council of War has pronounced against seven other prisoners accused of treason against the Imperial Government sentence of hard labour and imprisonment varying from two to eight years.

As far as concerns Bancq and Cavell sentence has already been carried out.

The General governing Brussels brings these facts to the notice of the public in order that they may serve as a warning.

The Governor of the Town,
GENERAL VON BISSING.

Brussels, October 12th, 1915.

FRENCH FLAG NURSING CORPS.

A recent issue of *L'Illustration* (a French contemporary) contains an article "Nos Amis et nos Alliés," giving an account of the help rendered to the French *Service de Santé* by its Allies and by neutral nations. Referring to the French Flag Nursing Corps, our contemporary states that it is most carefully recruited from amongst those of good social position, and that the initiative of the organisation belongs to Miss Grace Ellison, and Sir Thomas Barclay (formerly Member of Parliament), well known for the part he took in promoting the *Entente Cordiale*, and that the President of the National Council of Trained Nurses of Great Britain and Ireland, Mrs. Bedford Fenwick, accepted the position of Hon. Treasurer of the Corps.

All the nurses before practising their noble profession have had at least three years' technical teaching, to which they are not admitted before 23 years of age. They come from such institutions as the Queen Victoria's Jubilee Institute, to which only those are admitted who furnish extremely strict guarantees of morality, character, and physical vigour.

Their services were officially recognised last year by M. Justin Godart, Under-Secretary of State, who addressed to Miss Ellison the warmest testimony of the gratitude of the *Service de Santé*.

Thus (concludes our contemporary) during this horrible war the sympathy of woman caused to arise from unsuspected sources, a heroism, a resistance, the magnificence of which appears incompatible with her fragile grace.

CARE OF THE WOUNDED.

The King and Queen visited the sick and wounded soldiers at the Royal Orthopædic Hospital, in Great Portland Street, last week, and gave much pleasure by their sympathetic interest. Later in the week Their Majesties, accompanied by the Duke of Connaught, inspected the Military Hospital at Eastbourne, and were greatly pleased with the arrangements.

A Red Cross unit organised by the Joint War Committee leaves for Rumania at the end of this week. It is a gift from the miners of Great Britain. There will be four ambulances and one touring car. The unit is in charge of Dr. O'Leary, and the nursing staff consists of Miss E. Sheriff-MacGregor, Matron, with Miss H. M. Coleman, Miss F. E. Barrow, Miss E. Hyde, and Miss F. E. Jacobs. Besides the medical and nursing staff, the unit includes cooks, orderlies, transport officer and drivers.

Dr. Clemow, who recently went out in charge of two hospital units to help the wounded of the Serbians operating in Rumania, has telegraphed home that the units are temporarily established in

a hospital at Galatz. Having visited the Dobrujda front, Dr. Clemow found the requirements of the 1st Serbian Division fully supplied, and is, therefore, taking Rumanian wounded as they are numerous and not so well provided for.

Miss Norah Desmond Hackett, head of the Women's Emergency Canteens for Soldiers in France, has been decorated by the General-in-Chief with the Croix de Guerre.

The work of the "Dames Anglaises" is known and revered throughout the whole of France.

The total amount raised in London in connection with "Our Day" was £71,000 3s. 7d., of which £39,450 3s. 7d. was collected in the street. £29,500 was sent as donations, and £3,040 was received from the sale of enemy airship relics.

We are glad to know that there has been such a splendid response to the appeal of the Joint War Committee for funds in connection with "Our Day."

The Earl of Derby recently gave some reassuring information on the condition of affairs in Mesopotamia in the House of Lords.

The floating hospitals have been considerably augmented, and it is now possible to transport sick and wounded without delay in reasonable comfort. A fleet of hospital steamers is being built, but they will not be available until next year. There have been despatched to Mesopotamia and India several general and stationary hospitals, casualty collecting stations, field and motor ambulances, with 323 officers, 500 nurses, and 2,885 other ranks. In addition assistant surgeons, dental surgeons and dental mechanics have been sent out.

The Local Government Board has asked the Metropolitan Asylums Board to place the Grove Hospital at the disposal of the Military Authorities at as early a date as possible. The admission of infectious patients to the hospital has consequently been stopped and steps are being taken to comply with the request as soon as possible.

WELL DESERVED HONOURS.

The King has been pleased to confer the following honours on officers of the R.A.M.C., in recognition of their distinguished service and devotion to duty during the typhus epidemic at Gardlegen Prisoners of War Camp, Germany, during the spring and summer of 1915. C.M.G. (additional member), Major Philip Claude Tresilian Davy, M.B., R.A.M.C.; Distinguished Service Order, Captain Augustus Scott Williams, R.A.M.C.; Captain Arthur James Brown, R.A.M.C. Special Reserve. Never were honours better bestowed. The story of the self-sacrifice of these three officers is a glorious page in our national history.

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals:

F. I. D. Hosp., Normanhurst, Battle.—Miss J. B. Williams, Miss B. Freeman, and Miss L. D. S. Parsons.

Hosp. for Facial Injuries, 25, Norfolk Street.—Mrs. S. Harry.

Dollis Hill House Hosp., Crickwood.—Miss M. U. Wells and Miss M. M. Fivash.

The Priory Hosp., Cheltenham.—Miss A. E. Coles.

F. I. D. Hosp., Mayfield, Woolston, Hants.—Miss E. E. Cook.

Aux. Mil. Hosp., Levenshulme, Lancs.—Miss M. Barker.

Red Cross Hosp., Woodhall Spa.—Miss M. J. Rattray.

Sutherland Hosp., Reading.—Miss C. A. Lawson.
Hosp. for Officers, 29, Park Lane.—Miss K. Alward.

Barton Court, Hungerford.—Miss M. E. Henderson.

Hingham Red Cross Hosp., Attleborough.—Mrs. H. K. M. Edmiston.

Whtegates, Stratford-on-Avon.—Miss N. Cowell.
Hill House, Warwick.—Miss E. L. Smith and Miss C. Webb.

Red Cross Hosp., Hawkhurst.—Miss F. E. Felton.

Hillbrook, Ockbrook, nr. Derby.—Miss L. Swift.

The Clove, Winchester.—Miss D. U. Wood.
The Weir Hosp., Balham.—Miss M. Laidlaw.

Red Cross Hosp., Chippingham.—Miss V. F. Davies and Miss H. G. Lawrence.

St. Matthew's Hall, Witleton.—Miss M. Cousins.
F. I. D. Hosp., Pinner Place, Pinner.—Miss K. W. Parker.

Foye House, Leigh Woods, Bristol.—Miss H. M. Crawshaw.

Aux. Hosp., Wych Cross, Forest Row.—Miss M. Bridges.

St. John's Hosp., Weymouth.—Miss C. A. Fiske.
St. Anselm's F. I. D. Hosp., Walmer.—Miss A. M. Lagen, Miss D. G. Dean.

Felsham, Aux. Hosp., Rugby.—Mrs. L. Willoughby.

Red Cross Hosp., Malmesbury.—Miss M. A. M. Welcombe and Miss M. Woodford.

Red Cross Hosp., Worsley, Lancs.—Miss J. B. Owen.

Red Cross Hosp., Holt.—Miss M. Yell.
Dunrobin Castle, Brigend, Glam.—Miss M. J. Holmes and Miss M. Cecil.

Dobson Relief Hosp., Blackheath.—Miss C. Alvarez.

Longwyde F. I. D. Hosp., Bighouse.—Mrs. F. Wager and Miss G. Arnold.

ABROAD.

Boulogne Head Quarters.—Miss A. A. Kyle and Miss M. Haines.

La Paille.—Miss V. Thurstan.

THE PRINCESS CHRISTIAN HOME OF REST FOR NURSES.

The Princess Christian Home of Rest for Nurses engaged on naval and military work is located at West Lodge, Hadley Wood, Middlesex. Mr. Mosely, C.M.G., has lent and financed most generously his own beautiful home for this purpose. It would be difficult to find a more ideal spot for tired nurses. A white Georgian house surrounded by 250 acres of land at once suggests repose. The approach is guarded by a magnificent avenue of ancient elms, some alas! stretching out dying arms to the sky, as though appealing against the sentence that comes to man and tree alike. Others in every stage of autumn glory are just now shedding golden showers with

dining-room, where the long table laid for lunch had a most hospitable appearance. Magnificent carved oak and paintings by eminent artists adorned this room, and through the wide windows on all sides there was a beautiful outlook. We sat here and chatted with our hostess, who told us many interesting things about the house and its purpose. It is emphatically a home with Mr. and Mrs. Rogers as host and hostess. Mr. Mosely also spends a good deal of his spare time there. There are no rules or regulations, except a request for punctuality at meals. The invitations cover every expense, even including laundry and cab fares from the station, which is about a mile away. Since the opening of the house for its present purpose, two hundred nurses have received hospitality there. Only those are received who need rest, or are convalescent,



THE PRINCESS CHRISTIAN HOME OF REST FOR NURSES, WEST LODGE, HADLEY WOOD.

every light breeze. Only ten miles from London!

No sound greeted our ears as we walked the considerable distance from the lodge to the house, but the hulling whispers of these ancient sentinels. Arrived at the house, which stands on the site of a shooting box belonging to James I, and in the neighbourhood of the once famous Enfield Chase, we were admitted into the large square hall, some of the oak of which is said to date back to the seventeenth century.

The hostess, Mrs. Rogers, lost no time in welcoming us and placing herself at our service to do the honours of her domain. We can support the testimony of one of the nurses: "We are received with a smile and sent off with a smile." A capital thing in these sorrowful times.

Mrs. Rogers conducted us to the spacious

but we heard whispers of breakfast in bed and other comforting things *si opus sit*. With the exception of two double-bedded rooms, each nurse has a room to herself. The personal belongings of the occupants bore testimony to their various positions. On one bed was lying the scarlet cape of a military Sister, while another proclaimed its owner as a member of O.A.I.M.N.S.R. In the restful drawing-room some of the guests were writing letters and chatting, while before the cheerful wood fire was seated a charming figure with a cloud of fair hair spread out to dry. If we had had a camera.!

The nurses were as friendly as their hostess, and we were soon in a circle round the fire talking busily. It was not surprising that the subjects of our conversation were the delights of the home

and the charm of the hostess who, when she was absent from the room, was enthusiastically praised by one and all. They also much appreciate the society of Mr. Mosely and Mr. Rogers, who both appear to add largely to the home atmosphere and in making things generally go.

We made a tour of the extensive flower and fruit gardens.

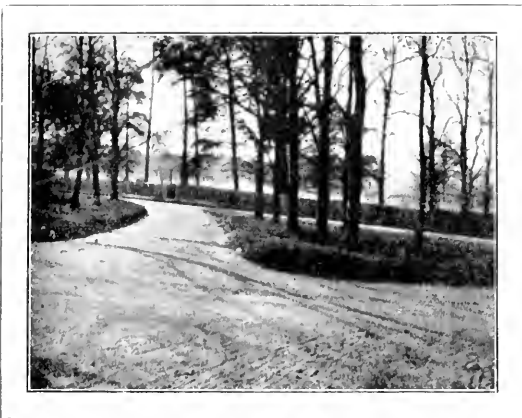
The floral decorations are in the hands of the nurses, and they are at liberty to help themselves to the flowers as they choose. In the fruit season, of which there was an enormous quantity, they were willing assistants in the varied processes of jam making. They spoke very feelingly of a certain red plum tree, the produce of which soon disappeared under their attentions.

We visited the fruit loft, where pears and apples still remain to gladden their hearts. After having admired the great conservatory filled with immense palms and flowers and ferns, we regretfully prepared to take leave. We brought away with us a souvenir of all these delights in the shape of roses, violets and scarlet arbutus berries, all grown in the open.

And all this beautiful and peaceful "miles from everywhere" is really only ten miles from London! Nurses are recommended for admission to the Home by their Matrons, the Lady Superintendent of Queen Mary's Hostel, Matrons of hospital ships, and through other authentic sources. Those nurses who have been welcomed at West Lodge are indeed in good fortune.

As we go to press we have received a letter from a nurse in which she writes about her visit to West Lodge: "Personally I should like to tell you that I can never be grateful enough for the generous hospitality and all the many delights one realises in this ideal Home in which to recuperate, and from which I have benefited much, and hope soon to be quite fit for work again."

H. H.



THE AVENUE.

The beautiful bust of Miss Cavell presented by Sir George Frampton to the Edith Cavell Hospital in Paris, is placed in the Lecture Room, so that the pupils have the pleasure of constant association with their "patron saint."

The *Matin* announces that the jury which has been examining rough sketches of the monument to be erected to the memory of Miss Edith Cavell in Paris, sent in by various artists, has selected four.

A SPLENDID RESULT.

The British Women's Hospital "Star and Garter" Committee are "At Home" at their offices, 21, Old Bond Street, next Friday, at 3.30 p.m. At 1 o'clock they will hand over to the British Red Cross Society £100,000 for the building and equipping of the "Star and Garter" Home, £40,000 for the endowment of the British Women's Ward, and £20,000 for the Compassionate Fund. This is a splendid result to the Committee's work for our disabled heroes.



MRS. ROGERS IN THE GARDEN.

NO NURSES' REGISTRATION BILL.

QUESTION IN THE HOUSE.

On Wednesday, November 1st, Major Chapple asked the Prime Minister "Whether, in view of the increasing urgency of enabling those in need of nurses to distinguish those who are fully trained from those who are not, and in recognition of the national work performed by nurses in the care of the sick and wounded, he would bring in a Bill on similar lines to the one submitted to him by the Central Committee for the State Registration of Nurses?"

To which the Prime Minister made a written reply: "This is a highly controversial proposal, as my hon. friend is aware, and I cannot at the present time undertake to introduce it."

The question, therefore, of the passage of a Nurses' Registration Bill is disposed of, we presume, for the period of the war, and the reply of the Prime Minister is just what might have been expected. No one knows better than Mr. Asquith the true significance of this controversy. It is a simple fight—and always has been—between employer and employed, and Mr. Asquith has no disposition to take a strong lead and settle this economic controversy between Hospital Governors on the one hand and the Nursing Profession on the other.

We are inclined to think that during the War any hasty legislation on this question might result in penalising the nurses. There is no doubt that the professional nurse has suffered grave depreciation owing to autocratic military and social control—and this spirit is apparently rampant at the present time.

Two Bills have now been drafted: (1) That known as the Nurses' Bill, drafted by the Central Committee and supported by the British Medical Association and the self-governing Nurses' organizations; and (2) the College of Nursing Bill—now known as the Employers' Bill—which denies direct representation in the Bill to the self-governing Nurses' organizations on the First Council, which is to have power to make the Rules which registered nurses will have to obey. This principle of direct representation is the fundamental principle of good government, and the registrationists prefer no Bill to one which will deprive them of liberty of conscience, action and self-respect.

They opposed and defeated the Nurses' Directory Bill in the House of Lords for this reason; and intend to oppose any Bill which secures the control of the nursing profession to hospital committees and other lay employers—so that if better counsels do not prevail on the Council of the Nursing College, State Registration will remain "a highly controversial proposal" until the Government of the day has the courage to grant the same protection to trained nurses as has been granted to the medical and teaching professions.

We workers are all looking forward to progressive social legislation after the War, including

the Parliamentary franchise; and as we have been kept waiting for State Registration for a quarter of a century, we have learned patience. What is vital is that legislation should be just to the workers.

In the meantime, let us organize.

WHY WOMEN NEED THE VOTE.

It is rumoured that at least three members of the Cabinet "have pledged themselves" that no Nurses' Registration Bill shall be brought in by the Government. It would be interesting to know to whom the pledge has been made. Of course, no one can possibly guess!

THE TEST OF CONVICTION.

In forwarding a most generous donation of £10 to the Society for the State Registration of Trained Nurses, Miss B. Kent writes:—"The appeal of Miss Hawkins in the journal this week for £100 in support of State Registration, is one which surely no nurse will be able to resist. Gratitude for your willing voluntary work for the nursing profession will certainly induce nurses to contribute what they can, and feel it a privilege to do so. This is a time for plain, direct, and sincere speech, and Miss Hawkins has uttered it. I endorse every word she says. The manner of response to her appeal at this time, when the nursing profession may be said to be in the crucible, will be the 'test of conviction' of all those who read it, and I feel very, very hopeful of the result."

WEDDING BELLS.

The engagement is announced of Sir William James Thomas, the Welsh coalowner and philanthropist, to Miss Maud Mary Cooper, Assistant Matron at the King Edward VII Hospital, Cardiff.

Sir William is a generous friend of the hospital, and he recently gave £100,000 to establish a Welsh National Medical School. Miss Cooper is the daughter of Mr. and Mrs. G. Cooper, Hesse House, Bechhill.

THE BRITISH JOURNAL OF NURSING offers good wishes for a happy future. Let us hope the bride will help to forward the interests of the fine profession to which she belongs.

ILLNESS OF MISS HAUGHTON.

The news of the very serious illness of Miss L. V. Haughton, Matron of Guy's Hospital, will be received with sincere regret throughout the nursing world. The last accounts are, we are glad to say, slightly better.

THE PASSING BELL.

We record with much regret the death of Miss Edith Shepherd, who passed away on October 22nd, after a long and painful illness. She was trained at the Mill Road Infirmary, Liverpool, and for the past nine years has been district nurse for Shotton and Queensferry. She was laid to rest at Hawarden on October 20th.

THE MATRONS' COUNCIL.



A meeting of the Matrons' Council will be held by the kind permission of the Board of Guardians and Miss Ballantyne the Matron at the Fulham Military Hospital, St. Dunstan's Road, Hammersmith, W., on Friday, November 17th, at 4 p.m. If any of the members attending the meeting wish to see the wards in the Military Hospital, the Matron will be very pleased to take them round between 3.0 and 3.45 p.m., before the Business Meeting, which will be held in the Board Room. Tea will be at

5.0 p.m.; and after tea a visit will be paid to the Y.M.C.A. Hut for Soldiers in the grounds of the hospital, where a concert will take place.

SCOTTISH MATRONS' ASSOCIATION.

A meeting of the Scottish Matrons' Association was held on Saturday, October 28th, in the General Hospital, Mill Lane, Leith, by kind invitation of the Directors and Matron, Miss Gill (President) in the chair. Thirty-six members were present.

After the usual preliminary business, the Chairman addressed the meeting and summarised the work that had been done up to date in connection with the College of Nursing and the establishment of the Scottish Board. She urged the usefulness of local centres for members of the College, where meetings could be held and interest stimulated.

A useful discussion followed and questions from members were numerous.

The "Edith Cavell Memorial Annuity Fund" administered by the Scottish Matrons' Association was next considered, and small annuities were granted to four retired nurses who are to be resident in the King Edward Memorial Home (Scot.). This leaves one annuity still available.

The Edith Cavell Memorial Fund was closed, and the meeting agreed to bear in mind the great need existing for an annuity fund for Scottish Nurses, and that any sums which might be gifted in the future would be used as a nucleus for such a fund.

One new member was elected to the Association. Votes of thanks to the President, to the Directors of the Hospital, and to Miss Maclean (Matron) concluded the business.

A visit was paid to the hospital, and thereafter the members were entertained to tea by Miss Maclean.

SCOTTISH NURSES' ASSOCIATION.

ANNUAL MEETING.

The annual meeting of the Scottish Nurses' Association was held at 109, West Regent Street, Glasgow, on Thursday, November 2nd, and was largely attended. Mrs. Strong, the President, occupied the chair, and in her opening remarks regretted to inform the meeting that Miss Thurstin had been called up on active service by the Joint War Committee, and was therefore unable to be present to deliver her lecture. She expressed a deep debt of gratitude to Miss Rimmer, who had come from London at the last instant to fill the vacancy, bringing with her many slides, which would be, she felt sure, greatly appreciated by the members present.

The Secretary, Miss M. Russell-Smith, submitted the annual report and financial statement. The membership had increased by the entry of 157 new members. It was hoped, however, that this number would be doubled during the ensuing year. Examination of the income proved the Association to be on a sound basis. The report having been adopted, officials were appointed.

FEDERATION WITH SIMILAR ORGANIZATIONS.

Dr. McGregor Robertson moved the following resolution—

"That the Association empower the Executive to arrange federation with other similar nurses' organizations, and to appoint representatives to such other organizations, provided always that the constitution and bye-laws of the Association were not thereby impaired."

United the nurses of England, Scotland and Ireland could get what they wanted; separate, they could not expect to attain their ideal of raising the standard of nurses' training and practice.

Dr. J. MacEwen seconded the motion.

Mrs. Strong, in supporting the resolution, quoted a saying of Florence Nightingale: "I leave no school behind me. My doctrines have taken no hold among women." She pointed out that although the hour had not arrived for legislation in Miss Nightingale's day, it had now, and it was the duty of nurses to fight for it and seek to make their profession worthy of its name.

THE NURSES' REGISTRATION BILL.

Dr. McGregor Robertson delivered an address on "The Present Position of the Nurses' Registration Bill and the Attitude of the College of Nursing, Ltd." "The Nurses' Registration Bill," he said, "had been consistently opposed by organizations which did not wish to see the profession properly recognised. The nurses wished a General Nursing Council for the direction of the training and registration of the nurses of the three kingdoms, and that Council under the Nurses' Registration Bill would be represented by the State, the medical profession, nurses' training schools, and the nurses themselves."

On the motion of Dr. McGregor Robertson, seconded by Miss Stewart, the following resolution was passed unanimously:—

That this annual meeting of the Scottish Nurses' Association, having heard the account of the proceedings of the Central Committee for the State Registration of Nurses on the matter of State Registration, entirely approves of the decision they have arrived at to proceed with their own Bill before Parliament.

A SOCIAL CLUB.

The feeling of the meeting was then asked on two points which had been under the consideration of its Executive, the establishment of a social club room, and the adoption of a badge.

The meeting was unanimously in favour of both. Miss Rimmer, before showing her slides, said she had been following most carefully the progression of the College of Nursing, Ltd., and as she was in Scotland, was more than surprised at the formation of the Local Board for Scotland, more especially in the lack of direct representation of the nurses on that Board. Many interesting slides on nursing in mediæval times up to the present time, and views of Belgium, were enjoyed.

On the motion of Lady Alsa votes of thanks were accorded to Mrs. Strong for presiding and to the speaker.

Tea and social intercourse brought the meeting to a close.

Any nurses desiring to obtain membership in the Association or wishing information should apply to the Secretary, Miss M. Russell-Smith, 18, Berkeley Terrace, Glasgow, W.

IRISH NURSES' ASSOCIATION.

At the meeting of the Executive Committee of the Irish Nurses' Association, held at the offices, 34, St. Stephen's Green, Dublin, on November 4th, a letter was received from the War Council inviting the I.N.A. to send a representative to the Supply of Nurses Committee. Miss A. M. MacDonnell, R.R.C., was appointed to act.

Miss MacDonnell was also appointed as one of the five delegates of the I.N.A. on the Central Committee for the State Registration of Nurses.

NATIONAL UNION OF TRAINED NURSES.

A delightful meeting of members and their friends was held, by kind permission of Miss Wooler, at 12, Elmdale Road, Bristol, on October 31st, when Miss Thurstan gave a vivid and most interesting account of work among the Russian refugees. £2 4s. was collected and divided between the fund for central expenses and the Moscow Refugees' Relief Fund.

The Hon. Secretary for this branch is now Miss Constance Symonds, and Miss Kennedy (Assistant Matron of the Royal Infirmary) has kindly consented to act as Assistant Secretary.

APPOINTMENTS.

MATRON.

Ancoats Hospital, Manchester.—Miss Maud Earl has been appointed Matron. She was trained at St. Bartholomew's Hospital, London, and was for six and a-half years in charge of the operating theatres at that hospital. In 1911 Miss Earl was appointed Matron of the Princess Alice Hospital, Eastbourne, which position she now resigns.

Isolation Hospital, Balmoral Road, Westcliff-on-Sea.—Miss Frances Midgley has been appointed Matron. She was trained at the Royal Infirmary, Halifax, and has been Deputy Matron at the City Hospital Annex, Fazakerley, Liverpool, and Home Sister at the Park Hospital (M.A.B.), Hither Green.

NIGHT SUPERINTENDENT.

War Hospital, Huddersfield.—Miss Shelley-Upton has been appointed Night Superintendent. She was trained at the General Hospital, Great Yarmouth, where she held the position of Night Sister. She has also been Acting Night Sister at the Royal United Hospital, Bath; Charge Nurse at the Gloucestershire Fever Hospital; Sister at the Hertford British Hospital, Paris; Out-patient and Night Sister, Jenny Lind Hospital, Norwich; and Sister at the Philadelphia General Hospital.

Institution of the Union, Ecclesall.—Miss Fanny Thornton Wallis has been appointed Night Superintendent. She was trained at the Ecclesall Bierlow Union Infirmary, where she has held the position of Sister for a year.

SISTER.

Hackney Union Infirmary, Homerton, N.E.—Miss Annie Waterhouse has been appointed Sister. She was trained at St. Luke's Hospital, Bradford, and has held the position of Sister in the same Institution. She has also had experience of private nursing, and is a certified midwife.

Miss Dora Dillon has also been appointed Sister. She was trained at the Hackney Union Infirmary, and has held the position of Staff Nurse there.

City of Westminster Union Infirmary, Colindale Avenue, The Hyde, Hendon, N.W.—Miss Jessie McKelvie has been appointed Sister. She was trained at St. Mary Islington Infirmary, and has been Staff Nurse at the Norfolk War Hospital, Thorpe, the Barnet Infirmary, and an Auxiliary Military War Hospital, Wrexham.

Miss Lily A. M. Smith, who has had the same training and experience as Miss McKelvie, has also been appointed Sister in the above Institution.

Royal Liverpool Country Hospital for Children, Heswall, Cheshire.—Miss B. W. Brice has been appointed Sister. She was trained at the Bristol General Hospital; and has been Staff Nurse at Beaufort War Hospital, Fishponds, Bristol; and she has also done private nursing.

Royal Bucks Hospital, Aylesbury.—Miss M. Waters has been appointed Ward and Theatre Sister. She was trained at the Princess Alice Hospital, Eastbourne, where she has held the position of Staff Nurse in the Theatre.

THE NIGHTINGALE SCHOOL: INSTITUTION OF A MEDAL.

All teaching to be efficient must not only be well organized, but its results require to be tested by some system of examination; and, further, it is well that these results should be recognized and rewarded. During the past three years much has been done in the Nightingale School at St. Thomas' Hospital in the first of these directions, notably by the appointment of a special Sister, who occupies towards the students much the position held by a college tutor, devoting as she does individual attention to the work of all the probationers. The examinations held at the end of the course have also been revised and strengthened; and here the test is applied not only to what has been

her successful statue of Miss Nightingale, now at Derby. On the obverse the artist has placed, as is fitting, the head of Florence Nightingale, and round it runs the legend, "I have taught thee in the way of wisdom," taken from the book of Proverbs. For the reverse, the Lady with the Lamp was the necessary inspiration; and here a happy memory of a Greek has relieved a treatment which, while old in the sense that it is classic, may be claimed as new in this application. Balancing the design is a small cartouche, on which will be engraved the year of award. On this is perched an owl, and here we have a happy link connecting the old design with its modern application. The owl was, at Athens, the sacred bird of Athena, the emblem of her wisdom; it is also traditionally connected with Florence Nightingale. The reason for



OBVERSE.



REVERSE.

THE NIGHTINGALE MEDAL.

learned from books and lectures, but also to what in nursing is as of great, if not greater, importance—practical, or ward work.

To what has been done in these directions is now added the crown of reward, by the institution of a medal. For this there could be but one name, and it is rightly called the Nightingale Medal.

Founded by an old Nightingale Nurse, it will be awarded every year in gold, silver, and bronze, to the three students whose work shall seem to mark them as pre-eminent in their year. Of this medal we are able to give an illustration, and a word may be added as to its meaning and design. In this an effort has been made to combine the two features which should mark every medal—artistic perfection and a due relation to its object. The design is from the hand of the Countess Feodora Gleichen, who seemed to be marked out for the task by

this is perhaps not generally known, but will be found in E. T. Cook's life (vol. I, p. 86). Visiting the Acropolis in early life, a baby owl fell out of its nest in the Parthenon; caught by some boys, Miss Nightingale purchased it from them, and brought it to England, where it long lived with her as a pet.

Thus into the small round afforded by a medal have been wrought by the skill of the artist many memories of the lady whose name it will help to perpetuate in this the school of her own founding.

No gold medal was awarded this year; the silver one is won by Dorothy Bannion, the bronze by Persis Stagg.

It is now thirty years ago since the Editor of this JOURNAL, when Matron and Superintendent of Nursing at St. Bartholomew's Hospital, proposed that a Gold Medal should be awarded

to the best all-round nurse at the Final Examinations, a proposal at once acceded to by the Treasurer, Sir Sydney Waterlow, and the Almoners. The Clothworkers' Company generously give these Medals, which have proved a great incentive to high attainment.

NURSING ECHOES.

An appeal is being widely made in the Press for funds to establish "the Edith Cavell Homes of Rest for Nurses," and a representative Council has been formed with this purpose, with Lieut.-Colonel Sir Richard Temple, Bart., as Chairman, and Mr. Wallace Braby as Hon. Secretary. The Society is registered under the above title under the War Charities Act, 1910, with offices at 25, Victoria Street, London, S.W. Miss Florence M. Scott Cavell is a member of the Committee.

The *raison d'être* of the appeal is that the object is one which Miss Edith Cavell had long cherished a hope of furthering. The present appeal is for £30,000, to raise a fund for the permanent endowment of a freehold house at Coombe Head, near Haslemere, which will deal with the needs of about 100 nurses annually, and which has been offered as a gift on condition that a permanent endowment is raised. It is believed that £30,000 will suffice to convert the building to its new uses and to provide £1,000 for its annual maintenance. It is hoped that in time similar homes may be established throughout the British Empire.

"L. E. A." writes to the *Daily Telegraph* to ask if massage work is saving the country a considerable sum in pensions and gratuities to the wounded, and if so, is it fair that massage workers should be paid as little as £1 2s. 6d. per week (4s. 6d. more than assistant cooks), with board and lodging, and given thirty to forty cases daily to treat. The writer says:—This is being done in many military hospitals, and the wounded are the chief sufferers. A hospital of 1,500 beds has three masseuses, and a paralysed man, in bed for eight months, has an average massage treatment of twenty minutes every alternate day; a severe knee injury is treated for seven minutes, and so on. Moreover, the system of pay is so low that experienced massage workers often refuse to accept it, and in many instances give their services free of charge, in which event the wounded are not getting the best, for a masseuse with a private practice only gives her spare time and her surplus energy to the only patients who really matter at present.

NATIONAL ASSOCIATION OF TRAINED MASSEUSES AND MASSEURS, LTD.

The following statement has been sent to us for publication by Miss Louie Hordern the Hon. Secretary of the National Association of Trained Masseuses and Masseurs, Ltd., 15, Piccadilly, Manchester:—

"We would like to draw the attention of nurses and all those interested in massage to the work done by the National Association of Trained Masseuses and Masseurs, which has its headquarters at 15, Piccadilly, Manchester, since its incorporation nearly five years ago.

"This Association was formed to provide efficient training colleges and an examining centre in the North of England.

"The founders and patrons, who are doctors, matrons and qualified masseuses of long experience, were desirous of raising the status of massage, and to this end they made a six months' training compulsory for all students; also, as up to this time, no special qualifications were necessary for teachers, a two years' probation was insisted upon. During these two years the candidates for teaching are under supervision, so that efficiency may be insured after the candidate has passed the teachers' examination.

"The colleges are frequently visited by members of the directorate, and thus a high standard of training is maintained.

"Examinations of the N.A.T.M. are held quarterly, conducted by doctors and other qualified examiners, and the success of the Association proves how much it is needed.

"It is an impossibility for the examinations all over the country to be dealt with from one centre.

"Many of the members of the Association have done splendid work for the soldiers in military and Red Cross hospitals. As so many of these workers were unable to give their services without remuneration, it was decided, at a Directors' meeting, that the War Office be asked under what conditions these members would be entitled to receive remuneration. The Association was then referred to the Almeric Paget Massage Corps; and after nine months' correspondence between the N.A.T.M. and the A.P.M.C., the members of the former were refused recognition, without reason.

"As the standard of work done by the N.A.T.M. is as high as any in the country, and as the Association more than complied with all the requirements of the A.P.M.C., the injustice is too great to be allowed to pass; and the members and Directors are convinced that if the facts of the case were known to the Advisory Committee of the A.P.M.C. and others, this injustice would at once be redressed. It is utterly impossible, during this time of heavy pressure, for the massage in Lancashire and the North to be adequately dealt with from London. The local control of all massage done in military hospitals in these districts is quite necessary, if any degree of efficiency is to be attained."

THE WAR ON GERMAN TRADE.

A very interesting collection of British-made synthetic chemicals was exhibited at the opening meeting of the Chemical Society, held recently at Burlington House, Piccadilly.

The exhibits included specimens of chloralamide, chloramine-T, acetanilide, aspirin, paraldehyde, salol, adalin (bromdiethylacetylurea), phenacetin, hexamine, antipyrine, phthalic anhydride, and digitalin, all of which in pre-war times were made only in Germany.

The specimens were from the fine chemical works of Messrs. Boots' Pure Drug Company, Ltd., Nottingham.

The processes employed in the manufacture of these products have been worked out in the Sir Jesse Boot Research Laboratories, where a staff of scientists are wholly engaged in research work; and the products are manufactured in extensive new factories specially erected for this purpose during the past two years at Nottingham.

The success already achieved bears eloquent testimony to the energy and skill with which the war on the German fine chemical monopoly has been prosecuted by Messrs. Boots, and augurs well for the future success of this new British industry.

THE HEALTH AND FITNESS OF MUNITION WORKERS.

The physical fitness of munition workers is of the utmost importance, but certain unavoidable conditions militate against this. Gastric troubles, indigestion, and general debility have caused deterioration of efficiency, a slackening of output and national and individual loss. The remedy that has proved most efficient is milk, not only because of its food value, but because it has been proved to be a curative and healing agent, and to act as an antidote in certain conditions common amongst munition workers, so that they are compelled by the managers of many works to take it in specified quantities each day.

But everyone who deals with milk at the present time knows the difficulty of getting a pure supply in sufficient quantities, and at moderate cost, and of keeping it in proper condition when obtained. Also, many people find a difficulty in assimilating and digesting ordinary milk, and it is not the fact of swallowing a certain amount, but of digesting it that is important.

For all these reasons Horlick's Malted Milk, the value of which does not need emphasising to trained nurses, is used in many instances by munition workers. Its nutritive value is considerably greater than that of ordinary milk, and it can be taken without difficulty by persons of the weakest digestion. It is also obtainable in tablets, which can be dissolved in the mouth when it is not convenient to prepare a drink.

Those interested in the subject should communicate with Horlick's Malted Milk Co., Slough, Bucks.

BOOK OF THE WEEK.

"THE GREEN ALLEYS."

Mr. Eden Phillpotts is so at home with Nature, and so much in sympathy with her, that his writings would always be a delight even if they were not allied to a very charming tale. "The Green Alleys" deals with the Kentish hop-fields, and the romance is connected with master growers, and the love-making is often carried on under the shadow of the vines.

Nathan Pomfret and Nicholas Crown were brothers. Nathan, the elder, was born before the marriage of his parents and in consequence suffered the disability of an illegitimate son. On his father's death he therefore left the farm, which should have been his, to the lawful possessor, his younger brother. The brothers nevertheless were devoted to each other, and the love of Georgina their mother for them both, is the love of one of those forgetful women and mothers whom Mr. Phillpotts knows so well how to portray. Though Nathan was debarred from his inheritance he was the master of a prosperous farm adjoining his brother's property, and the relation between the two houses was of the happiest nature. It was not until the advent of Rosa May that any difference arose. Georgina's feeling for her two sons is described as follows:—

She put her hand on Nathan's arm. "You're my first-born and properly precious to me," she said, "and nothing you might have to tell me about yourself would fail to hold me. Your crops and your cattle, your good and your bad—everything to do with you, Nat, is very close to me. But 'tis the price that such steady, solid chaps as you must pay for their level minds and unchanging outlook, that they don't play on a mother's heartstrings like the more wayward sort. 'Tis the dower that has given him most trouble to raise that the gardener makes most fuss about; and difficult children, just for their difficulty, command more care and so more interest and love even than the sort that never want a thought or breed a pang." So, when it came to her knowledge that there was rivalry between her two sons it was the suit of Nick that she would have forwarded. She tells Nat, "I'm somebody still and you're only boys to me, though men to yourselves no doubt, and I say this, Nat, that you're wrong." Nat tells her, "I can't argue on such an awful delicate subject, my old dear, and I daresay you're right. I don't know how to answer. I almost wonder if you know what you're talking about, or remember what you felt like when you loved father first."

"I should never have thought you could have put Number One to the front like that," she said. "I never did when I was young, and I never taught you to do it." It was Nathan who in the end won sweet Rosa May, and we think she made

a wise choice, though Nick was not a lover to despise.

There are other courtships in this delightful story, all of which are most attractive. We should strongly advise our readers not to miss this sturdy vigorous Kentish romance. The most interesting description of the hopping in its various processes is alone worth procuring the book for. One little passage relating to it: "Opposite their shady resting place a male hop grew. Up to the sun it towered, and its pendant blooms sparkled almost golden against the green; while lovingly, shyly, on every hand along the ropes came arms of the fruit-bearing hop vines, stretching out to their lord." There is much that is fascinating in this story and it is impossible even to touch on more than one aspect of it.

H. H.

COMING EVENTS.

November 14th.—Institute of Hygiene, 33-34, Devonshire Street, W., Preventive Medicine Series of Lectures, "Venereal Disease: Its Racial Effects," by Lady Barrett, M.D., M.S.

November 17th.—Matrons' Council of Great Britain and Ireland, Autumn meeting, Fulham Military Hospital. Inspection of wards, 3 to 3.45 p.m.; Meeting in Board Room, 4 p.m.; tea, 5 p.m.; concert in Y.M.C.A. Soldiers' Hut.

November 23rd.—National Council of Trained Nurses. Annual Meeting Grand Council, 431, Oxford Street, London, W., 4 p.m. tea.

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 TRAINED NURSES' PROTECTION COMMITTEE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—We have to thank Major Chapple for getting a direct reply from the Prime Minister in the House of Commons to his question "Would he bring in a Nurses' Registration Bill?" The answer was in the negative, as it usually is where working women's interests are concerned. Staunch registrationist as I am, I felt it my duty last week, as Chairman of the Trained Nurses' Protection Committee, to place our objections to the Nursing College Bill before the Prime Minister, each member of the Cabinet, and every member of the House of Commons, and thereby, in adding to the controversy, making it clear that the independent members of the nursing profession sought their protection, from any form of legislation which incorporated in an Act of Parliament, the dangerous powers over the nursing profession assumed by the College of Nursing Limited through its incorporation by the Board of Trade. To this appeal we have received many sympathetic replies and offers of help from

Members of Parliament, of which we intend to avail ourselves should the necessity arise.

Thanking you for making it possible to place the truth before the nursing profession and the public, I remain,

Yours sincerely,

ELLEN B. KINGSFORD.

North Finchley.

DIRECT REPRESENTATION IMPERATIVE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In connection with the question of the two Bills drafted for the State Registration of Nurses, I venture to draw the attention of trained nurses to a point which is very generally ignored. It is this: The principle of State Registration is a matter of vital importance to the nurse members of the Central Committee for State Registration and the bodies they represent.

But there is a principle which is of greater importance still, and that is the principle of direct representation—namely, that the workers have a right to appoint through their organised societies representatives on the first Governing Body of their profession, appointed under a Nurses' Act, which representatives shall be responsible to the societies that appoint them. This principle was accepted by the College of Nursing and incorporated in one draft of its Bill, but the clause has now been eliminated.

I venture to say that if we had to choose between sacrificing State Registration and sacrificing the establishment of the principle of Direct Representation (which I trust we shall not have to do) we should choose to sacrifice the former—because we feel that there can be no sound system of State Registration without the latter. The College has given no valid reason for its departure from the usual custom adhered to in the appointment of the most recently-formed Council of the kind—that for the Teaching profession.

The refusal of the College to accede to this basic principle of good government has laid a heavy burden of responsibility on its shoulders.

Thus the refusal of the Prime Minister last week to introduce a Nurses' Registration Bill as a Government Measure, because Registration of Nurses is a "highly controversial proposal," must be recognised as the result of the College of Nursing policy, in ignoring the democratic principle of "direct representation" of the workers in the first General Nursing Council—their Governing Body—a principle which the Central Registration Committee has repeatedly invited them to accept, and without the acceptance of which there cannot be an "agreed" Bill.

I am, yours faithfully,

London.

E. L. C. EDEN.

REPLIES TO CORRESPONDENTS.

Miss G. Tatham.—Your letter will appear next week.

OUR PRIZE COMPETITIONS.

November 18th.—What is Asthma? State symptoms and how alleviated.

The Midwife.

TRAINING SCHOOLS IN MIDWIFERY.

ST. BARTHOLOMEW'S HOSPITAL, E.C.

Nothing has proved more conclusively the efficacy of aseptic and antiseptic methods than the fact that the general hospitals of London, which years ago had to close their doors to maternity cases as in-patients, on account of the high mortality, are now fearlessly opening maternity wards with the best results to the patients and for the benefit of the community.



TEACHING STUDENTS TO WASH THE BABIES.

When "Elizabeth" was first opened at St. Bartholomew's Hospital as a maternity ward I gave some account of it in this Journal, and the other day I had the pleasure of seeing it in full working order.

The first thing to note was the medicine cupboard. There is no scrubbing of shelves for probationers nowadays, for all these are of plate glass, while on one shelf is a small locked glass cupboard for poisons. Exactly over the cupboard is an electric lamp, so that every precaution is taken in dealing with dangerous drugs.

The babies in their cots, each at the foot of his (or her) mother's bed, was the picture of contentment; not a sound was to be heard from any of the eight who slept most peacefully, as well brought up babies should do. The little cotton top blankets, with the name of the ward across

the top of each in red cross stitch, are very dainty. The training of the students in midwifery, and of the pupil midwives tends to approximate, for the latter attend the clinical lectures of the visiting physician, while the students under the supervision of Sister Elizabeth (Miss Hamby) learn to bath the babies, to prepare and sterilise their food (if not nursed by their mothers), how to use the breast pump, and to perform other duties usually relegated to nurses.

There are many abnormal cases—for instance, two Caesarian sections and a craniotomy within a few days; and the labour ward is fitted up as a theatre. On remarking to Sister Elizabeth that it seemed to contain everything that could possibly be needed, I was told that every instrument in one large cupboard had been out for an operation earlier in the day. The serious operation cases are nursed in a small ward containing three beds, and the babies have a bath room of their own with a central china stand with depressions forming four bath tubs. Our illustration shows students receiving a lesson in bathing the babies, and they seem to enjoy the procedure.

The department is recognised as an approved school by the Central Midwives' Board, and those nurses are fortunate who receive this valuable training while still on the staff of their Alma Mater; there must be keen competition for the opportunity.

M. B.

In reference to the Local Government Board's schemes for maternity and infant welfare, Miss Rosalind Paget, in a letter to the *Times*, writes that "the quiet work, ante-natal as well as post-natal, that has been done by the certified midwife for so many years, was ignored by the promoters of the present campaign, but they are just beginning to realize that, unless they enlist the co-operation of the midwife, their efforts are doomed to failure."

Commander Sir Edward Nicholl, R.N.R., has given £50,000 for the erection of a nurses' home and maternity hospital in connection with the King Edward VII Hospital at Cardiff.

MIDWIVES FOR CANADA.

A meeting convened by the Colonial Nursing Association, with the active support of the British Women's Emigration Society, was held on November 3rd. at Sunderland House, Mayfair, by the kind permission of the Duchess of Marlborough. Princess Henry of Battenberg, President of the Association, was present, and Lady Piggott, founder of the Association and Chairman of the Canada Committee, a sub-committee of the Association which has co-opted non-members, was in the chair.

The Chairman said that the great object before the Association was to co-operate with the Dominion—not to initiate, but to follow Canada's lead, right away into those outlying districts where the need for adequate midwifery and care of child life was so well known. The solution of the problem might not be easy, but neither was it impossible, for where mother and child could and did go, there the trained nurse, the certificated midwife, must surely follow. It would be against the spirit of our race if this difficulty, once realised, were not adequately met.

MOTHER NURSES.

In their scheme it was proposed to ask V.A.D. workers to take up the work after the war, and to encourage a certain number of women whose homes had been broken up by the war—preferably officers' widows, or dependents of sailors and soldiers in a similar position—to train at once in maternity work and qualify as midwives, so that they would be capable of undertaking maternity work under central medical supervision.

The first speaker was Miss Elsie Hall, who said that the word midwife conveyed to many people the idea of an old-fashioned gamp, but since the passing of the Midwives Act in 1902 the term had had a definite significance under the law. She then described the training necessary for a midwife and the scope and influence of a midwife.

Miss Amy Hughes said that Lady Piggott had referred to the Royal Victorian Order in Canada. She herself had visited the Dominion twice, and six years ago came across it when the harvest was going on in the prairies, and could estimate something of the need of those regions. A special type of woman was wanted. She must be strong and healthy, morally as well as physically, with initiative and common sense. Also the strain of the work and conditions on a woman's nerves must be realised.

Mrs. McDonnell spoke not as a trained woman, but as a Canadian whose husband's work took her into the West summer after summer. She had seen the women in the log cabins, and mentioned one—expecting to be a mother—brave and industrious, who was forty miles from the nearest settlement, and twenty-five from any other woman. She said that on the Canadian side the idea was that Englishwomen might need extra training in domestic science, as they should be able to turn their hands to anything; but the

need of skilled assistance for the women on the prairies was appalling.

THE CALL TO THE SPORTING WOMAN.

The Hon. E. Akers Douglas said she knew nothing of nursing, but she felt the call of the proposal to the sporting woman, and in this connection to the V.A.D. Nurse. The Colonial Nursing Association was stretching out its hands to other organizations, and proposed to plucky women to lay the foundation of new homes in Canada. Many would go with broken hearts, but they should not go alone. A very special class of women—country-bred, sporting women, who liked new conditions and braced themselves to meet them—were needed. On the prairies they could make their own homes. There were women in this "cosy garden home," to whom the appeal of large spaces was real. After the war, there would be the problem of the three-quarters of a million women at present engaged in war work. Here was a chance to make the way of the V.A.D. nurse. Once she had found her vocation, she was not going to give it up.

Could they help to serve a young nation? Women at home must organize, and they needed to hear from Canada what was wanted. There would be empty places in Canada after the war, and a woman might take the empty place. A woman's love for her horse was a very real thing. There was a free life for a horse, and a woman's spirit answering to the call—there where women were wanted. They might go out with sad hearts, but trained—sacred thought—through the gift of sympathy. The nursing spirit was one of self-abnegation. Noble service was asked of them—a service of self-expression.

Lady Drummond (head of the Selection Board of the Canadian Red Cross), wrote, in a letter read by the Chairman, of the nursing requirements of the Provinces of Canada, and said the women were as much entitled to a nurse as to a doctor. The pick of English girls were now nursing the wounded behind the lines in France and Serbia. You could get girls to do anything if you put the appeal high. Once they understood the need they would go out, and every woman in Canada would get nursed in her hour of need.

"HELP THE MISSUS."

The Chairman pointed the moral with a story of an emigrant leaving this country, who was asked if the enquirer could do anything for him, and who replied, as he wrung her hand, "Help the Missus."

RESOLUTION.

The following resolution was then carried:—
"This Meeting wishes to express its deep-felt desire to co-operate with the Dominion, in her efforts to place adequate midwifery within the means and within the reach of pioneer settlers in outlying districts."

We wonder if the Canadian National Association of Trained Nurses has been approached concerning this scheme.

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EDITORIAL.

ECONOMIC PROBLEMS.

The greatly increased cost of living, estimated at some 60 to 70 per cent., as a result of the war, is a question which affects the nursing profession in varying degrees, and is one with which the "Supply of Nurses Committee" is directly concerned. The remuneration of nurses is, as a rule, calculated on a very modest, if not inadequate scale, and it is to be hoped that the Matrons on the Committee whose duty it is "to suggest the most economical method of utilizing the services of trained nurses for civil and military purposes" will have the courage to point out that those who risk health and life in their devoted service to the sick and wounded are entitled to just—if not generous—treatment, and that the resources of the country in trained nurses cannot adequately be estimated unless they are offered the same remuneration which they ordinarily command in the labour market, besides gratuities or pensions if temporarily or permanently disabled while on military duty.

In this connection we congratulate the Irish Nurses Association on having secured the appointment on the Committee of Miss A. M. MacDonnell, R.R.C.—the only member who represents the interests of an association of workers, the others having been appointed individually by the Secretary of State for War.

There are many nurses belonging to private nursing co-operations and institutions whose services to our sick and wounded would be most valuable, and who would be available if they were employed at the rate of £2 2s. a week which they ordinarily earn, but who cannot suddenly reduce their expenditure to one half, while the purchasing power of money is so materially decreased, for many private nurses have not only their own require-

ments to consider, but have incurred liabilities which they cannot, and would not repudiate, for the support of relatives.

The nurses who at present are feeling the economic pressure most acutely are those who receive an inclusive salary and defray their own expenses of board and lodging; thus the salaries of school nurses or district nurses at £80 or £100 per annum compare most unfavourably with those of their colleagues who "live in," receive a salary of £35 or £40 a year, and have only personal expenditure to defray. We do not contend that these salaries are adequate for highly skilled workers, but only that such nurses are not affected by the abnormal cost of meat, provisions, eggs, coal, gas and other necessities of life, as are those who have to pay for all these things out of incomes which in ordinary times are meagre, and which, with the abnormal prices ruling at the present time, are entirely insufficient.

Take a salary of £80 a year. This works out at £1 10s. 9³/₄d. a week. Supposing that the nurse is able to obtain rooms and attendance for 10s. 6d. a week—in the London area a matter of considerable difficulty—that leaves her £1 and a few pence over for coal, lights, board, washing, dress, shoeleather—always a considerable item with a nurse—to say nothing of trams and buses, expense of annual holiday, incidental expenses and savings for old age or a rainy day. How to apportion the weekly £1 is a problem we should be sorry to have to solve.

It is certain that nurses who receive comfortable board and lodging, with washing and uniform, and a fixed salary are at a considerable advantage.

Those members of the nursing profession who work at present in public institutions will find, if they enquire into the cost of those things which go to their maintenance, that they receive a very substantial increase in kind, if not in cash.

OUR PRIZE COMPETITION.

WHAT IS ASTHMA? STATE SYMPTOMS AND HOW ALLEVIATED.

We have pleasure in awarding the prize this week to Miss N. Browning Stacey, R.N.S., 431, Oxford Street, London, W.

PRIZE PAPER.

Asthma is a disease characterised by sudden paroxysmal dyspnoea which subsides after a time, but tends to recur at intervals.

Heredity is a most important factor. In children there is usually a history of post-pharyngeal trouble, measles, whooping cough, or imperfect recovery after capillary bronchitis. There may be a family tendency to gout, or phthisis, or to nervous complaints. Probably most cases have a neurotic origin. Men are more frequently affected than women.

Symptoms.—The onset of an attack may be sudden, but quite as often it may be gradual. The characteristic symptom is difficulty or "tightness" of breathing, coming on chiefly at night or in the small hours of the morning, which increases in degree till the sense of suffocation becomes extreme. The patient has to sit up in bed, lean forward, or get out of bed. The face is pale or livid, the expression anxious, and the skin cold and sweating. The chest is fixed in the position of full inspiration; the head drawn back, the shoulders raised, and the upper part of the thorax lifted by the accessory muscles of inspiration, the sternomastoids and scaleni. Respiration is slow, accompanied by wheezing sounds. Inspiration is short, jerky, and ineffectual; expiration greatly prolonged and laboured. There is little or no cough until the attack is beginning to pass off, when tenacious mucus is expectorated. The sputum is peculiar in its composition. The ball-like gelatinous masses can be unfolded, and are then found to represent casts of small bronchioles.

The temperature during an asthmatic attack is generally normal, but occasionally there is a rise of one or two degrees.

Treatment.—Lesions of the upper respiratory passages, bronchi, and lungs must receive attention, polypus, adenoids, enlarged tonsils, enlargement of the bronchial glands, bronchial catarrh, emphysema, chronic pneumonia, pleuritic adhesions, and the consequences of these. There are other causes, such as odorous particles in connection with flowers, fruits, and animals; pollen, dust of many kinds, and certain drugs, such as tobacco and ipecacuanha.

Amongst the causes of asthma, unfavourable meteorological and climatological conditions as

a whole have always to be reckoned with in planning preventive and remedial treatment. The only way to determine whether a climate will benefit the patient is for him to make the experiment by trying it. Having found a suitable place, the patient should remain there as long as possible, until the disposition to attacks is overcome or greatly weakened. Should it disagree with him later, he must change his quarters.

Food, feeding, and indigestion have much to account for in causation of asthma. Indigestible articles of every description, including milk in gouty subjects, must be strictly forbidden. Heavy meals should be avoided—dinner should be taken at the usual hour for luncheon—and only a light farinaceous dish, or a small quantity of fish or chicken or game eaten for supper, at least three hours before bedtime.

An effort must be made to reduce susceptibility to catarrhs by ordering regular exercise without effort, light warm clothing, avoidance of codding, and a more bracing mode of life generally—the guide for the patient to follow being diminished readiness to sweat. An invaluable adjunct to this end is a soap bath taken regularly every morning.

The asthmatic paroxysm demands antispasmodics, as ether, ammonia, the nitrates, and nitro-glycerine, coffee, inhalations of warm medicated vapour, and counter-irritation to the chest. The addition of a small dose of anti-monial or ipecacuanha wine sometimes hastens the flux by provoking cough, and expectoration often brings relief. Fuming powders and papers, and cigarettes, the smoke of which is inhaled, are composed of nitre, tobacco, and various combinations of such powerful antispasmodic drugs as stramonium, belladonna, hyoscyamus, and opium, are frequently used by patients with instantaneous relief. Unfortunately, many serious drawbacks attend their employment; many asthmatics abuse them greatly, and suffer in consequence.

The digestion is disordered, the bowels are confined, the pulse is soft and hurried, and the nervous system greatly disturbed, the mind anxious and irresolute. The patient becomes a slave to the habit which has grown on him. The difficulty is to persuade persons of neurotic temperament to adhere patiently to the slower and less striking system of prevention, and strict dieting, and hygienic living.

The use of compressed air and oxygen is theoretically indicated in the asthmatical paroxysms, but cannot be said to be at all general.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss S. Simpson, Miss Lucy C. Cooper, Miss Gladys Tatham, Miss J. G. Gilchrist, Miss Dora Vine, Miss Bertha Whiten, Miss E. E. Hall, Miss F. Shepperd, Miss Winifred Ridge, Miss M. Robinson.

QUESTION FOR NEXT WEEK.

What do you know about Venereal Disease? How would you help to stamp it out?

Miss Dora Vine, acknowledging the cheque awarded to her as a prize in a recent issue, writes:—"I am quite overwhelmed at getting the prize again. It comes at such a welcome moment, when my small fund for my Belgian patients' extras has practically died of inanition. Now I have been able to give three poor souls the extra milk they so much need."

WOUND INFECTION IN WAR SURGERY.

By Miss Amy Phipps.

II. TREATMENT AND NURSING.

(Continued from page 366.)

The general treatment of wounds is chiefly associated with shock, exposure, and any complications which may be present.

Anti-tetanic serum is now given as a routine practice as soon as possible after the patient has been wounded; beyond that, general treatment is largely occupied with nourishing and generous food supply, warmth, and rest in the first instance.

Local treatment must of necessity vary with the individual surgeons, and the general conditions and surroundings.

It is the writer's intention to deal with methods in vogue at the hospital near Verdun where this is written, and where many appliances are made on the premises to meet the special requirements. Here, as soon as possible after admission, every patient is examined under the X-rays, and detailed notes of case made. Only emergency operations are done without this procedure.

Any suspected gas gangrenes, or wounds connected with tetanus, are treated immediately with injections of H₂O₂ round about the wound, and "gauze soaks" of the same are applied; the part is freely incised and good drainage established. Unless some improvement soon sets in, amputation, in the case of a limb, is usually necessary to save life. Strong lotions are seldom used; for cleansing purposes weak iodine or peroxide irrigations, either continuous or otherwise, are useful, though in the

majority of cases normal salt solution is used throughout.

This is often applied as a continual irrigation by means of "Murphy drips," the stands for douche cans being home made, and simply composed of a wooden upright on a wooden cross stand; or limb baths are used in connection with a continual irrigation, with great success. It is certain that these means have resulted in the saving of limbs with large and extensive wounds with diffuse suppuration.

The surrounding parts of all wounds should be shaved and kept as clean as possible; the wound itself at the first dressing may be sponged with alcohol to kill surface germs. Sinuses should be watched carefully, and allowed to heal from the bottom; when sloughing, they are sometimes cauterised with carbolic acid, pure iodine, or the thermo-cautery.

Lotions should be introduced to the bottom, and drawn up again before applying the dressing.

For sloughing wounds, chlorate of lime is very useful, but must not be used too strong, as it has been known to burn into the coats of adjacent vessels; eusol also is largely used, and is quite non-irritating.

Saline solution is non-irritating, and has the additional advantage of stimulating the flow of lymph in the part, and acts generally as a tonic to the tissues. It is often used in connection with sun treatment, the wounds being covered with an "always-wet" gauze dressing and exposed to the sun's rays.

Bur's bandage, for the production of artificial hyperæmia; Klapp's suction bells, where there is much inflammatory swelling. All treatment should be carried out gently, and with as little movement as possible, especially in the case of large wounds, and bandages should be chosen with this object in view.

The comparatively new treatment of paraffin wax has proved extremely useful for burns, and also for small wounds with practically no suppuration.

The wax is painted over a thin film of cotton-wool, at a moderate temperature. The results from its use in this hospital have been most satisfactory.

In many cases where there has been great tissue destruction, grafting has been extensively employed; muscle growth assisted by fascia grafts, bone replaced by grafts from healthy bone; nerve tissue by part of a vein, and so forth. Certainly never until the present time have such varied attempts been made to restore the broken human frame; and those attempts have been more than justified by the wonderful results.

NURSING AND THE WAR.

Queen Alexandra has become patron of the Edith Cavell Homes of Rest for Nurses, and has written the following letter to the chairman of the council now engaged in collecting funds: "I have

heard with great pleasure of the project which has been started to provide homes of rest for nurses who are temporarily unable to carry on their duties owing to the stress of work brought on by the war. I am sure our sailors and soldiers will be gratified at knowing that an opportunity has been taken of showing national recognition of the labour of the nurses who have broken down in their efforts to alleviate the sufferings of the sick and wounded in the war."

The Secretary of the War Office announces the following changes in the personnel of the Supply of Nurses Committee:—

Sir Frederick Treves, Bt., G. C. V. O., resigned membership, and the following new members are appointed:

Fleet-Surgeon R. W. G. Stewart, R.N., nominated by the Admiralty.

Miss A. MacDonnell, R.R.C., representing the Irish Nurses' Association.

Sir Frederick Treves has therefore followed the example of Lord Knutsford in retiring from the Committee.

We heartily congratulate the Irish Nurses' Association upon obtaining direct representation for Irish nurses on this Committee, set up by the War Office to ascertain the resources of the country in trained and partially trained nurses,

so as to "suggest the most economical method of utilising their services for civil and military purposes."

So far the request that English nurses should be represented on the Committee and have a voice in the disposal of their own lives and labour has received no answer from the War Office.

Scottish nurses have taken no action in the matter, which involves very serious problems for working women. We suggest that both English and Scottish nurses' organizations should communicate with the Secretary of State for War on this question, and refuse to be treated like dumb cattle. If it were a question of conscription

for all women, as for men, we should be the first to urge obedience, but thousands of idle, self-indulgent women are at large, squandering money on fine clothes, cramming the most exclusive restaurants, gambling, and otherwise disporting themselves; and arduous

workers like trained nurses, who before and since the war have expended their lives in honest toil for the good of the community, have a right to be treated with respect. Surely Mr. Lloyd George cannot ignore the precepts of a life time in this connection.

Miss Bertha Broadwood, the hon. secretary and director of the Cottage Benefit Nursing Association, writes to the press that the "War Office Committee" has asked the C.B.N.A. if it can supply women to nurse our soldiers in hospitals and convalescent homes! Of course, the Association is quite willing to undertake the responsibility.



EGYPTIAN WOMEN WATER-CARRIERS.



FLOODS ON THE NILE.

As our readers are aware, the training of cottage nurses usually consists of experience amongst the poor in their cottage homes, maternity work being the chief need. Nothing need surprise the nursing profession in these sad times, but that our heroes are to be subjected to the ministrations of "cottage nurses" when warded in hospitals is the limit. We wonder what "War Office Committee" is prepared to subject them, when sick and wounded, to the care of women who are not "trained" nurses in the ordinarily accepted sense of the word, and are recruited from a class whose general standard of education is most elementary.

Nurses who have been working in Egypt this summer have endured intense heat, but now the mornings and evenings are delightfully cool. The Nile has risen higher this year than it has for twenty years, flooding miles and miles of cultivated land, as can be seen from a snapshot reproduced on page 404. The group of native women are going to the river to fetch water, and are very picturesque. We learn "that the mosquitoes are simply dreadful; they even manage to bite through two pairs of stockings." Several nurses we know who have worked hard in Egypt throughout the summer are quite well in spite of climate and "fussy fiswigs" (a variety of winged beasts).

The Commissioner for the Joint War Committee at Salonica incidentally in his report for October gives a peep at what is being done for the sisters. He writes that the Nursing Sisters' Convalescent Home is running splendidly under the able control of Miss Stephenson, V.A.D., assisted by two V.A.D. ladies.

Sixty convalescent sisters passed through the home in September.

It is pleasant to report that there has not been one single exception to the general expressions of appreciation.

One Matron writes to the Lady Superintendent: "I am very much indebted to you for all the care you are taking of my nurses. The Home is a great boon, and the sisters are all full of your kind thought and care for them."

Another Matron writes:—"I get such glowing accounts from all my sisters of the Home, that I am longing to come there myself. It is so nice to think that the sisters have such a place to go, because all mine are very seedy."

The sisters speak of the "luxury of sleeping in a house again, undisturbed by wind or rain or flapping tents, and the joy of having breakfast at

8.30 a.m., or in bed if necessary! The good food and pleasant garden make the Home just ideal."

The unceasing labour on behalf of the Belgian Army of their heroic Queen Elisabeth during the past two years, has made her a national saint, and "Our Lady of Belgium," by Lea Laurent, translated from the French by Elizabeth M. Lockwood, is an eloquent biography of the Queen of the Belgians, who had a varied and interesting life before the great tragedy. Mlle. Laurent gives a pleasant account of Queen Elisabeth's happy childhood and girlhood, as the chosen friend and companion of her father, Duke Charles Theodore, who, as is well known, made a serious life-long study of medicine. Many nurses have met the Queen at La Panne and elsewhere, and will learn something of her life before the war, as happy Queen, wife and mother, and will hope to see her kingdom and happiness restored to her. To be the wife of so noble a man as the King of the Belgians is no mean fate, even in exile.



THE LATE MISS M. A. RUSSELL.

Our Roll of Honour in the present war is steadily increasing. This week our portrait is of the late Miss M. A. Russell, whose death from an illness contracted while on military duty we have already chronicled. Miss Russell was a school nurse on the staff of the London County Council till called up for active service.

A great congregation assembled last Sunday evening at the Brighton Parish Church to hear the Rev. H. Ross, vicar of St. Bartholomew's on the occasion of the annual service for doctors and nurses in Brighton and Hove. A very large proportion of those present were doctors and nurses. The Archdeacon of Hastings prayed for our doctors and nurses, and offered humble thanksgiving for the many noble examples of self-sacrifice which they have given during the war. Prayers were also said for the sick and suffering and the wounded, and for all who are ministering to them. Mr. Ross preached from the first Lesson: "For they shall also pray unto the Lord that He would prosper that which they give for ease and remedy to prolong life"; and in his animated, eloquent and fervent manner he extolled the great art of healing, and said we placed our doctors and nurses among the most important factors of universal usefulness and beneficence. "Never have we had more cause to bless God for them than now. Never were doctors and nurses so prayed for as now. He did not hesitate to say that the healing by them, accompanied by

prayer, had been miraculous in these days. Let us continue to pray that they may be overshadowed by His Divine touch, Who, seeing the multitude sick and dying around Him, healed them all.

CARE OF THE WOUNDED.

The French Army has awarded the Croix de Guerre to A. Louise McLroy, M.D., D.Sc., for her work as *médecin-chef* in the Scottish Women's Hospital formerly at Troyes, France; later, with the Armée d'Orient in Serbia; and now in Salonica. General Ruotte visited the hospital in Salonica and pinned it on "as a recognition of the work done for the French army."

Military Hospital magazines are now quite a feature—and this month we have received that of the 4th Northern General Hospital at Lincoln. It is a bright little production, well illustrated, and full of fun. Under "Garden Notes," six prizes are offered for the best gardens, a wonderful incentive to producing beauty in the wilderness. Hints as usual are given in plenty to V.A.D.s. To quote:—

V.A.D.s must try, as far as possible, to become of "one outward shape or appearance" (Antipon and Virol are quite harmless, and at the same time most effective for the very fat or very thin).

If possible, it is best not to drop the tops of stoves, or pieces of coke whilst making up the fires. Most patients seem to agree, also, that a boiling kettle does not assist in sending them to sleep.

New patient (to old patient): "What does T.T. mean on the nurse's cap?"

Old patient: "Why, don't you know? It means 'Tommy's Tormentor.'"

THE EXCHANGE COLUMN.

"Sister wishes to give notice that the carbolic soap in the ward is for the use of the nurses and V.A.D.s; the Vinolia is reserved for the majors, captains, and orderlies."

"Sister wishes to dispose of two orderlies—would exchange for two thermometers and a few garden plants."

"Orderly wishes to dispose of a sister and 200 nurses—would exchange for something, a sergeant preferred."

The magazine is not all "trifling"—and is calculated to interest all who are connected with the "4th Northern General."

An appeal has been issued by Sir F. Reginald Wingate, Governor-General of the Sudan, to found a permanent memorial to the late Lord Kitchener in Khartoum. It has been decided that this should take the form of a school of medicine to be affiliated to the Wellcome Tropical Research Laboratories, and thus become part of the Gordon Memorial College.

Those who have followed the fortunes of the London unit of the Scottish Women's Hospitals

will be relieved to know that the British Consul at Odessa wired last week to say that the unit had arrived safely at Galatz. Since then Dr. Elsie Inglis herself has sent the news that Drs. Corbett and Potter, besides herself and staff, are very busy at Braila, and Dr. Chesney and the transport companies are at Saltuna in the field hospital.

In a letter received on November 1st she says:—
"It is heartbreaking to realise how many places we are needed in. I have wired home asking for another hospital at the base. If people at home knew, I don't believe there would be any difficulty. They are such a fine body of men, these Serbmen—a magnificent fighting force—and only to win the war they ought to be looked after. A conversation with a Bulgar prisoner needs no comment. He said: 'But who are you? We thought we had done for you, and then you were in the South; and now here you are in the North. Are you double?'"

SHOULD NURSES ADMINISTER CHLOROFORM?

The question of whether hospital nurses should be permitted to administer chloroform was raised in the course of a fatal accident inquiry, held at Dunfermline Sheriff Court last week. The victim was John Inglis, who died under chloroform in Dunfermline and West Fife Hospital while being operated on for an injury to one of his fingers. The anæsthetic, it was stated, was administered by a junior nurse in presence of Dr. George Robertson, who performed the operation.

In the witness-box, Dr. Robertson stated that since the nurses began to administer chloroform there had been no trouble.

Dr. Robertson said that it was the practice in a large number of hospitals for nurses to administer chloroform. It was a practice of which he personally approved.

Dr. A. J. Macgregor said he considered that the Matron of the Dunfermline and West Fife Hospital was as good an administrator of chloroform as could be found anywhere. He would certainly prefer a doctor to give it for the sake of responsibility alone, but he was afraid that under the present condition of affairs that was impossible.

Asked if it was fair to the nurses, Dr. Macgregor replied that it was not fair to a junior nurse, although, he hastened to explain, that the junior nurse who administered the chloroform in this case was an exceptionally careful and skilled nurse.

The jury found that the cause of the man's death was syncope, due to the administration of chloroform.

We are glad to hear that Miss Houghton, Matron of Guy's Hospital is slightly better. We sincerely hope that the improvement may be maintained.

JOINT WAR COMMITTEE.

The following Sisters have been deputed to duty in Home Hospitals:—

St. Michael's Hosp., Brompton, Cumberland.—Miss G. M. Aldridge.

Rust Hall, Timbridge Wells.—Miss A. M. Leslie, Miss E. O'Connor.

V.A.D. Hosp., Peak House, Sidmouth. Miss I. Hamilton, Miss G. Knowles.

Aux. Hosp., Alcester, Warwickshire.—Miss E. B. Swain.

St. John's Hosp., Hastings. Miss K. M. Lodrup, *The Priory, Cheltenham.* Miss N. Woosman.

Aux. Hosp., Hinaick House, near Wellingborough. Mrs. E. M. Young.

Victoria Red Cross Hosp., Mumbles, S.O. Glam.—Mrs. L. O. Moreton.

Barton Court Hosp., Hungerford.—Mrs. A. Philpott.

Hobnest Hosp., Sherborne.—Miss M. Mackay, *Coombe Lodge, Great Warley.*—Miss G. Hart.

Con. Home, Godinton, Ashford.—Mrs. K. Brown, *V.A.D. Hosp., Knightsaves, Iwerton.* Miss A. M. Brown.

Mt. Dam, S. Shields.—Mrs. H. Stalker, *Red Cross Hosp., Reppham, Norfolk.*—Miss E. Keeley.

Broadwater Hosp., Ipswich.—Miss J. B. Williams, *War Hosp., Clepton, Stratford-on-Avon.*—Miss E. M. Power.

Fairlawn Aux. Hosp., Forest Hill.—Miss M. E. Goode.

Wormleybury V.A.D., Broxbourne.—Miss K. Hasell.

Kingsclere House Hosp., Newbury.—Miss H. E. Pullen.

Red Cross Hosp., Earl's Court.—Miss D. G. Dean, *Hosp. for Facial Injuries, Norfolk Street, W.*—Miss G. R. Macpherson.

Overmead Hosp., Ottershaw.—Mrs. A. G. Clenshaw.

V.A.D. Hosp., Seaton.—Miss K. C. Galton, *St. Anselm's, Wabner.*—Miss L. Wright.

Kings Weston, Bristol.—Mrs. W. Robson, *V.A.D. Hosp., Bush Hill Park.*—Miss F. Hope.

St. John Aux. Hosp., Barry Island.—Miss D. Serpell.

Shenfold Park Hosp., Frant.—Mrs. G. Jenkins, *St. John's Hosp., Weymouth.*—Miss K. Pease.

Wyck Cross, Forest Row.—Miss E. D'Aray, *St. John Hosp., Portsmouth.*—Miss R. E. Hooper.

V.A.D. Hosp., Barnstaple.—Miss H. M. Stimson, *Dunraven Castle Hosp., Brngend.*—Miss G. Gillman.

North Staffs Inf., Stoke-on-Trent.—Miss E. Lincoln, *Maxillo Hosp., Kennington.*—Miss G. Green.

Mrs. L. Harris, Mrs. Wheeler, *Red Cross Hosp., Blundell Sands.*—Miss A. Jackson.

ABROAD.

Miss E. Sheriff MacGregor, Matron of the unit which left for Rumania on Saturday last, was trained at Westminster Hospital, and is Matron of the Paddington Green Children's Hospital.

THE NATIONAL COUNCIL OF TRAINED NURSES.

The Annual Meeting of the Grand Council of the N.C.T.N. will be held at 131, Oxford Street, London, W., on Thursday, November 23rd. Tea will be at 4 p.m.

The agenda notifies an Address by the President on "The Organisation of the Nursing Profession by Act of Parliament"; reports from the Hon. Officers; some minor amendments to the Constitution; applications for affiliation from the National Union of Trained Nurses, and the League of St. Bartholomew's Hospital Nurses, Rochester; the election of the Hon. Officers, and the following resolutions:—

RESOLUTION I.

That this Meeting of the National Council of Trained Nurses of Great Britain and Ireland desires to place on record its approval of the action of the Central Committee for the State Registration of Nurses in amending its Bill so that it can be introduced into Parliament when occasion permits, and to express its satisfaction that the Bill provides (1) for an independent Statutory Council for the organisation of the Nursing Profession, on which trained nurses have direct representation, and (2) for the One Portal System of registration, after a three years' term of training in a hospital or hospitals, and a central examination.

RESOLUTION II.

That the N.C.T.N. congratulates the Irish Nurses' Association on having been granted direct representation on the Supply of Nurses Committee by the War Council, and begs to urge the Secretary of State for War to accord the same measure of justice to nurses in Great Britain through the National Council of Trained Nurses.

NATIONAL UNION OF TRAINED NURSES.

SPECIAL COUNCIL MEETING.

A special council meeting of the National Union of Trained Nurses was held at 49, Marsham Street, on November 8th and 9th, to consider:

(1) Questions arising from the present political situation in the nursing profession; and in order that the branch delegates might freely express the opinion of their members.

(2) The passing of the revised constitution.

Delegates were present from various parts of England, including Manchester, Liverpool, Birmingham, Worcester, Dorset, and Bristol, and were representative of the various branches of nursing.

Miss Bushby (the president) was unfortunately unable to be present, and in her absence the chair was taken by Miss Cancellor (chairman of the executive committee).

REPORT OF THE EXECUTIVE COMMITTEE.

Miss Eden (the hon secretary) read the report of the Executive Committee, in which she said:

"The Executive Committee is convinced that the Union will be more wanted in the future than it ever has been in the past."

"The Union has fought against the indifference to professional development and organisation from the first, and it has met with a large measure of success. Our real reason for existence is to draw out and develop the sense of responsibility of the nurse for her profession, because we know that only in that way will the highest be attained to. That is the deeper meaning of the expressions 'direct representation' and 'self-governance,' and the real reason for our earnest request that the nurses' societies should be accorded representation on the Council of the College of Nursing. This request has not been granted.

"Your delegates on the Central Committee for State Registration have consistently voted in support of the principles adopted at the last council meeting,—

- (1) Registration by the State.
- (2) One central examination.
- (3) A registered and protected title for the registered nurse.

(4) A first Council elected, and not nominated." She also reported increased membership and a keener interest in the Union.

The Secretary reported that an enquiry into the economic condition prevailing in the nursing profession has been completed and would shortly be published in pamphlet form.

FEDERATION WITH SCOTTISH NURSES'
ASSOCIATION.

The subject of federation with the Scottish Nurses' Association was discussed and a resolution passed at the annual meeting in Glasgow read; it was then decided that power should be given to the Executive Committee of the National Union of Trained Nurses to arrange this federation.

AFFILIATION WITH THE NATIONAL COUNCIL OF
TRAINED NURSES OF GREAT BRITAIN AND
IRELAND.

The Council also empowered the hon. secretary to apply for affiliation with the National Council of Trained Nurses of Great Britain and Ireland.

THE COLLEGE OF NURSING LIMITED.

A history of events in connection with the College of Nursing Limited was given, and particularly of the reason which led to the appointment of delegates to the Central Committee for the State Registration of Nurses, and why these delegates had voted for proceeding with the original Bill for the State Registration of Nurses drafted by the Central Committee.

A short discussion followed, and the meeting then passed a resolution warmly approving of the action taken by the Executive Committee in supporting the Central Committee for State Registration.

CONSTITUTION RECONSTRUCTED.

The Constitution was passed on the second day, and is constructed on practically the same lines as that of the British Medical Association, and should do for nurses what their Association has already done for medical men.

The entire responsibility for the management of the Union now rests on the fully trained nurse.

We heartily congratulate the National Union of Trained Nurses on its progressive and constructive policy and recommend every certificated nurse to apply for full information concerning its constitution, and if satisfied that it is calculated to benefit the nursing profession by inculcating a spirit of personal responsibility, sympathy, and high ideals throughout its ranks, to help to build up a strong and effective professional union by becoming a member.

Never in the history of our profession has the absolute necessity for such a nurses' union been more apparent, and we predict that the National Union of Trained Nurses has a great future before it, if it keeps faith with the rank and file.

The day has gone past for the government of any body of skilled workers by the right divine of might, and as the College of Nursing Limited has made a huge blunder in attempting to govern the nursing profession without consent, the National Union has a splendid opportunity to provide power of expression for the women who intend to resist economic pressure and suppression, however powerful it may appear. It is the hope of the Union to organise trained nurses throughout the country on a system analogous to that of the British Medical Association, and we feel sure success will attend its public spirited efforts.

THE COLLEGE OF NURSING, LTD.

We have been informed by Miss Rundle, the Secretary of the College of Nursing, Ltd., that "We are sending the Nursing Press copies of correspondence between the Central Committee for the State Registration of Nurses and the Hon. Arthur Stanley, Chairman of the College of Nursing, Ltd., copies of which are enclosed." Although it is not usual to publish privileged correspondence without permission, we hope the so-called Nursing Press will insert the correspondence in full.

The "Statement" drawn up by the Executive Committee of the Central Committee for the State Registration of Nurses, on the negotiations between it and the College of Nursing from its inception, will be issued at an early date, and will give an accurate report of the matter. No privileged letters will be published.

The "Statement" and the Nurses' Registration Bill as amended by the Central Committee should be studied by all nurses who desire that professional legislation should be effected on a thoroughly sound basis.

THE ASSOCIATION OF POOR LAW UNIONS AND THE COLLEGE OF NURSING.

A deputation from the Association of Poor Law Unions of England and Wales, as reported in the *Poor Law Order Journal*, waited on the College of Nursing, Ltd., on November 2nd, with respect to the Bill to provide for the Registration of Nurses.

The deputation was introduced by Sir John Spear, M.P., President of the Association and was received by the Hon. Arthur Stanley, chairman of the College of Nursing, Ltd., accompanied by Sir Cooper Perry, hon. secretary, and Miss Kundle, secretary.

The first point which must strike trained nurses is that this deputation of employers of poor law nurses was received by the two hon. members of the College, and that there was not present one representative of the nurses on the Council. Where were the matrons who, in an adjoining room, have accepted the responsibility of representing the nursing profession?

Sir John Spear called on Mr. H. List to explain their views. These views were in opposition to the statement made by Mr. Stanley at the meeting held on June 15th last at St. Thomas's Hospital that the nurses would practically manage their own affairs. What, he asked, would happen if the nurses in managing their own affairs sought to interfere in any serious degree with the constituted authorities, such as Boards of Guardians? He thought there was a great omission on the part of the promoters of the College in omitting from the Bill provision for recognition for representation of the training schools.

In his view, at least one-third of the Council should consist of such representatives.

In connection with the qualification for a Poor Law Nurse Training School Sir Cooper Perry said the College was between two stools as a voluntary Association: if they made registration so easy that nurses might come in from insignificant training schools those from the best training schools would not come on their Register, if they could not attract them they might as well shut up.

Mr. Beaumont enquired whether they were ignoring the fact that they must be supported by the Local Government Board if they would ever get the Bill through. Mr. Stanley replied that they were very much alive to that. He thought the Local Government Board would probably introduce the Bill.

Commenting on the foundation of the Royal Colleges of Physicians and Surgeons Mr. Beaumont said the Nursing College was being founded on the same basis. These colleges were formed at the beginning of the last century. There was a different position, however, and it is hardly to be regretted that the owners who provided the capital and annual upkeep for the big general infirmaries

and the poor law infirmaries were the owners of the profession.

Mr. Beaumont said that the Bill would give a position to the nurses similar to that of the doctors. They might sound everybody who they liked the voting power they were to have.

Mr. Beaumont said it was not at present appreciated by the poor law and general hospital authorities that as proposed the nurses were going to take charge of these hospitals and infirmaries. As soon as the owners running these hospitals, the hospitals and infirmaries realize the position to be given to the nurses there will be a great furor.

Mr. Beaumont suggested a policy of compromise. He said that to have a preponderating majority of two-thirds of the votes against one-third of all other possible combinations was altogether out of proportion.

Mr. Stanley invited the Association to give their opinion as to the objects and conditions in which the College should register as a College of Nursing, and also their opinions on the Bill, including the representation on the Council, the size of the poor law training schools and the constitution of the Council.

Mr. Stanley further said that they were having some negotiations with another society, presumably the Royal British Nurses' Association, and he thought they were coming to some friendly agreement with them. It was not the question to get the Bill in this Session, but they would like to try to get it agreed before the end of the year and have it ready to bring in next Session. It had got to be an agreed Bill introduced by the Government.

Sir Cooper Perry added that if these negotiations came off ultimately it would be the other body promoting the Bill, not the College.

We ask again, Why were not the Matrons on the Council of the College present at this important meeting? This is the only discussion on our affairs which has taken place with the hon. members of the College at which only men and not nurses were present.

Secondly, we may point out that the last general message Mr. Beaumont said that the position under consideration was Nurse Registration and that the nurses will probably be in no way managing their governing body and its work. It would be just as reasonable for the owners running the hospitals and infirmaries to say that the medical profession take charge of these institutions because committees of Management and Boards of Guardians do not represent them. The General Medical Council is that the nurses will be seen they are in a majority on the General Nursing Council. The plain fact is that the employers of the nurses of course that whoever has the vote on the General Nursing Council will as Mr. Stanley says ferociously put it before the public and they will pay to run the machine, while the nurses may be permitted to pay for keeping the machine going and

THE NURSING QUESTION IN HYDE PARK.

At a meeting in Hyde Park on Sunday afternoon, when the presence of trained nurses was very noticeable, Miss Nina Boyle, of the Women's Freedom League, presided, and Miss Beatrice Kent was the speaker.

In the course of her opening remarks the chairman commented on the fees paid to trained nurses. Recently, when she thought she had got together a most capable little company of trained nurses for active service she enquired on what terms the nurses who required payment were to be engaged. Trained nurses, she remarked, were not ordinarily paid so extravagantly that they could afford to work for nothing. She was told that the salaries of these highly trained workers would be £1 is. per week. She then enquired as to the salaries of the male orderlies to be included in the unit. They were not trained in nursing, but had some knowledge of first aid. She found their salaries were to be 30s. a week and everything found. What fuddle it was that men should write as they did about nurses in silly novels and treat them so shabbily when they came down to actuality.

Nursing was not a man's job, it was marked down as a woman's profession, and it was the most important one in the world, because even the most brilliant doctor was helpless without the vigilance and skill of the trained nurse in caring for his cases. Yet, while a surgeon often received 100 guineas for performing an operation, the nurse who had charge of the patient was too often paid at the rate of an unskilled domestic.

She had heard it asserted that women did not deserve better treatment than they had because they did not know how to go on strike. Women *could* not strike. Their tools were too deadly. Suppose the hospital nurses went on strike for twenty-four hours, how many deaths would be the result? But, because they could not go on strike they were held cheap and treated badly, and she was there to support Miss Kent and others in their demand that the status and emoluments of nurses should be improved. They were going to hold a series of meetings to ensure that the public should at last be acquainted with the true position. It was said that there was a shortage of nurses for war work but there would be no lack under suitable conditions.

Miss Beatrice Kent spoke earnestly on the need of professional status and better conditions for nurses, and pointed out how intimately these questions concerned the public as well as the trained nurse. Nursing evolution had in the last sixty years proceeded rapidly, and there were opportunities for the work of the nurse on all sides, in hospitals and infirmaries, in the Government Services, in social service work, in preventive nursing. She then described the movement for State Registration, the progress it had made,

not only in this country, but throughout the world, and finally the action of seven laymen in forming a company through which they proposed to govern the nursing profession by the establishment of a College of Nursing. She contrasted the Bills for the Registration of Nurses promoted by the Central Committee for State Registration and the College of Nursing, describing the former as democratic and the latter as autocratic, and declared that nurses would no longer tolerate lay interference with their affairs, or feudal and tyrannical opposition to their demands.

In her concluding remarks the chairman said that the women were going to stand by the trained nurses and help them in their fight. They were not going to have a piece of specious legislation passed, if they could help it, to the eternal disgrace of the House of Commons.

In regard to the nursing in the present war, she expressed the opinion that trained nurses were not allowed near enough to the fighting lines. None were allowed nearer than fifteen miles. If the nurses wished to take the risk they had the right to decide, and if they had the choice, many a man would come home whole who came home maimed, and many a home would be happy which was now in bitter bereavement.

Many questions were put to the chairman at the conclusion of the meeting, and much sympathy expressed for the nurses.

THE BRITISH MEDICAL ASSOCIATION AND THE STATE REGISTRATION OF NURSES.

At a meeting of the Council of the British Medical Association held on October 25th, the proceedings of which are reported in last week's issue of the *British Medical Journal*, the following statement appears:—

MEDICO-POLITICAL COMMITTEE.

CENTRAL COMMITTEE FOR THE STATE REGISTRATION OF TRAINED NURSES.

It was agreed that although for the present the negotiations with the College of Nursing are interrupted, the representatives of the Association on the Central Committee for the State Registration of Nurses be instructed to join with the other bodies represented on that Committee in any further attempts which may be made to construct an agreed bill, and meanwhile to aid in the present policy of the Central Committee in introducing a Bill into Parliament on its own account.

Care will be taken that the representatives of the medical profession to be appointed upon the Provisional and Permanent Councils set up under any Bill shall be nominated by the British Medical Association.

In the Bill drafted by the Central Committee (and now amended and brought up to date) the

authorities empowered to nominate those persons who are to constitute the Provisional and Permanent Councils have always been clearly defined, and the direct representation of the medical and nursing professions provided for; whilst in the Bill drafted by the College of Nursing Limited a space is left blank in which to inscribe the names of individuals who are to form the council or governing body of the nursing profession. The omission of nominating authorities thus deprives both the medical and nursing professions of direct representation, for the nurses it is government without consent, a vital principle at issue between the Central Committee and the College.

APPOINTMENTS.

MATRON.

Children's Home, Marsde Road, Southport.—Miss Charlotte Wakefield has been appointed Matron. She was trained at Wolverhampton and Staffordshire General Hospital; and has been Sister at the Royal Salop Infirmary, Shrewsbury; Sister-in-Charge of the Out-patient Department, Night Superintendent and Assistant Matron at the Liverpool Infirmary for Children; and Matron of the Woodlands Convalescent Home and Auxiliary Military Hospital, Rawdon, Leeds.

ASSISTANT MATRON.

Miss M. A. Birkill, whose appointment as Assistant Matron at Edmondton Military Hospital was reported in our issue of October 28th, holds the diploma of the Sanitary Training College for health visiting, not a sanitary inspector's certificate.

SISTER.

Holborn Military Hospital, Mitcham.—Miss Florence I. Hardy has been appointed Sister. She was trained at the St. George's-in-the-East Infirmary; and had special experience at the Royal National Orthopaedic Hospital, Great Portland Street, W., as Massage Pupil and Staff Nurse. She has also been Superintendent Sister at Queen Mary's Hospital, Carshalton; and has had experience in private nursing.

The Infirmary, Rochdale.—Miss Elsie Ball has been appointed Sister. She was trained at the Salford Union Infirmary, Puddleton, where she has held the positions of Ward Sister and Theatre Sister.

Royal Surrey County Hospital, Guildford.—Miss M. Carlin has been appointed Sister of a Military Ward. She was trained at the Sheffield Royal Hospital. She has been Sister of the out-patient department at that institution, and also Sister of women's wards and theatre at Strand General Hospital, a military ward, East Suffolk Hospital, Ipswich, and of a military block at the Auxiliary Military Hospital, Grimthorpe, near Newport.

Sandon Hall Auxiliary Hospital, Weston, Stafford.—Miss E. Smythe has been appointed Sister. She was trained at the Poplar Hospital, London, E., and has been Charge Nurse at Mount

Vernon Hospital, Hampstead, and Sister-in-Charge of an Auxiliary Hospital at Oswestry. She has also had experience of private nursing.

HEALTH VISITOR.

Littleborough, Milnrow and Wardle.—Miss Jessie MacKitchie has been appointed Health Visitor. She has been a Queen's Nurse and done District Nursing at Wargrave and Haliifax as well as in Canada, and has also had maternity nursing experience at the Edinburgh Maternity Hospital.

ASSISTANT SECRETARY.

College of Nursing, Ltd., 6, Vere Street, London, W.—Miss G. Cowlin has been appointed Assistant Secretary of the College of Nursing. Miss Cowlin holds the certificate of St. Cross Hospital, Rugby, of St. Bartholomew's Hospital, London, and of Teachers' College, Columbia University, New York, where she studied Hospital Economics and Training School Curricula. Miss Cowlin has held the post of Home Sister at the Queen's Hospital for Children, and of Staff Nurse, Office Sister, and Assistant Matron at No. 1, General Hospital, Camberwell.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

TRANSFERS AND APPOINTMENTS.

Miss Jessie L. Paris is appointed to Tipton as Assistant Superintendent. Miss Jessie L. Paris received general training at the Birmingham Infirmary, district and midwifery training at Northampton, and holds the C.M.B. certificate. Miss Maria Chutson is appointed to Canterbury; Miss Kosina K. Pursey to Canterbury; Miss Mary J. Crowe to St. George's, Donnington Wood; Miss Phoebe M. Incheley, to Coventry; Mrs. May Murray to Carcroft; Miss Mary Poxon to Dewsbury.

WELFARE SUPERVISOR.

Miss Edith F. Plumley has been appointed Welfare Supervisor at the new Woman's Branch of the Amalgamated Carriage, Wagon and Finance Company, Ltd., Birmingham, having charge of the staff of 300 women workers.

PRESENTATION.

Miss Hattie Brocklehurst, who was recently decorated by the King with the Royal Red Cross, has been the recipient of an illuminated address publicly presented to her by Sir William Lever on behalf of the citizens of Horwich.

ROYAL SANITARY INSTITUTE.

The Royal Sanitary Institute have arranged to hold Examinations in London on December 8th and 9th and December 15th and 16th, on Sanitary Science, for Inspectors of Nuisances, Smoke Inspectors, School Hygiene, for Women Health Visitors and School Nurses, and Maternity and Child Welfare Workers. The last day for receiving applications for these Examinations is November 25th. For particulars apply to Mr. E. White Wallis, Secretary of the Royal Sanitary Institute, Buckingham Palace Road, London, S.W.

NURSING ECHOES.

On Tuesday of last week H.R.H. Princess Henry of Battenberg paid her second visit to the Kensington Infirmary. Her Royal Highness was received by the Chairman of the Board (Sir Francis Fleming), Dr. Potter (the Medical Superintendent), Miss Alsop (the Matron), the Rev. A. Lombardini (the Chaplain), and Mr. W. R. Stephens (the Clerk of the Guardians).

A visit was first paid to the maternity wards and the children's nursery. Princess Henry, as she passed through the various wards, made many kindly inquiries, and her personal sympathy won the hearts of all the patients. In a ward especially set aside for boys varying in age from six to fourteen years, a guard of honour was formed by the patients, who rendered songs with much clearness and harmonious precision. Two bouquets of carnations and roses were presented in the wards to the Princess by the children. Her Royal Highness expressed her deep interest, and appreciation of all she saw.

Before leaving the institution, a visit was paid to the Church of St. Elizabeth, in which Mr. Frank Brangwyn's great masterpiece, "Mater Dolorosa Belgica," is now hanging. On Sunday next another memorial panel is to be unveiled by the Rev. Lord Victor Seymour.

The *Nurses' League Journal*, to be published shortly, will contain illustrations of the visit, and many articles and photographs of interest, including a striking article, "Why were you

trained in an infirmary?" Copies can be obtained from the Editor.

Many warm good wishes for the happiness of Sir William James Thomas and his fiancée, Miss Maud Mary Cooper, Assistant Matron at King Edward VII's Hospital, Cardiff, were offered at the meeting of the Board of Management last week. Major-General Lee, the Chairman, voiced the congratulations of the Board, and proposed that they should be

conveyed to Sir William (whom he described as a man with a great heart) and Miss Cooper. He had made an excellent choice. Colonel E. M. Bruce Vaughan seconded, and Colonel Rhys Griffiths, on behalf of the medical staff, said that Miss Cooper was a very able and charming woman, who would make Sir William a most delightful wife, and our portrait certainly bears out this opinion. In reply to Mr. Walter Price, a miners' representative, who proposed that a presentation should be made to Sir William, the Chairman said that he was sure he voiced the wishes of the whole Board.



MISS MAUD MARY COOPER.

The Lady Mayoress of Cardiff (Miss M. A. Smith) held a two days' fête in Roath Park, Cardiff, in September, for the benefit of the funds of the Queen's Nurses, and on November 7th she had the great pleasure of handing to the treasurer of the Cardiff and District Branch of the Institute a cheque for £1,500 to form an Endowment Fund. A beautiful loving cup was presented to the Lady

Mayoress on behalf of the Committee as a mark of their respect. We congratulate Miss M. A. Smith and her enthusiastic helpers on the splendid result of their work. Nothing, in our opinion, is too good for Queen's Nurses, whose social service is beyond praise.

A nurse writes:—"I am tired of being told I am too old for anything at fifty-four, as I am in perfect health, but I look old, as my hair is white, and I must work if anyone will let me. . . . If all fails, I am going to care for cats and dogs whilst their owners are away. Recently I have been doing temporary district work, and have come across some 'ancient' nurses doing maternity work. What do you think of the following 'contrast'?"

(1) Trained nurse (poor me), age 54; three years' certificate general hospital, two years Queen's Nurse, twelve years Matron, applies for post. Receives following letter:—"Regret your application as night sister is not accepted; for Red Cross work a 'nurse' with short recent training is most required." (Takes no salary, no doubt.)

Next day I attend a patient in district. Occupation, maternity nurse, age 59; was expecting to be called to case, when she had a stroke. I wash and attend to patient, cut her *claws*, dig out "landed property," scrub unspeakable feet. Daughter of patient, rather huffy, says, "Anyway, mother used disinfectant for her hands." Trained nurse wonders where are doctor's eyes? and, incidentally, where does "training" come in between the hammer of the young Red Cross nurse and the anvil of the village Gamp? I console myself that the workhouse is warm and comfy, as I trudge back to a fireless grate."

Seated in a room where young Society women were selecting trained nurses for "war work," we recently overheard one whisper to the other, upon an applicant stating her age was forty:—"What *shall* we do with this old thing?"

We felt inclined to say, "Embalm her, of course," but resisted the temptation.

The Rev. Lewis Pryce, vicar of Colwyn Bay, presided at the annual meeting of the Colwyn Bay District Nursing Association, and urged that the needs of such institutions should not be overlooked by the residents. People were rather apt just now to transfer their attention to war charities, and to forget the necessary requirements of the civil population. But things must be kept going in war-time if the well-being of the community was not to suffer.

PREVENTIVE MEDICINE LECTURES.

VENEREAL DISEASE AND THE PUBLIC HEALTH.

The first of a series of four lectures on Venereal Disease was delivered at the Institute of Hygiene, 33 & 34 Devonshire St., W., on Tuesday, October 31st, by Sir Malcolm Morris, K.C.V.O., F.R.C.S. Ed.

The chair was taken by Dr. Soltan Fenwick, who introduced the speaker.

Sir Malcolm Morris began by saying that the subject was a painful and delicate one, more especially when it was discussed before an audience of both sexes.

It had been brought prominently before the public because of the war. It was well known that after all the great wars venereal disease had largely increased, and spread throughout the country with great rapidity. This was the case noticeably after the Crimean and Napoleonic wars. But the history of this disease went further back than this. It was first known in this country after Columbus returned from his discovery of America, and at that period it devastated Europe.

Though the Public Health Service was a triumph of organisation from the birth of the citizen to his death, venereal diseases had in the past no place in its system. He himself had invented the phrase "Conspiracy of silence" in regard to attempted dealings with this subject. No one had been allowed to mention it, especially before women. Now this, he was glad to say, was altered and the Press was on the side of publicity. On all sides hospitals and infirmaries were being urged to set apart beds for the *free* treatment of venereal diseases. *Free treatment* was to be the essence of the success of this movement. At present there were few places where this could be obtained and the treatment was expensive and out of the reach of many sufferers.

He was glad to state that he believed that by next January free clinics in all parts of the country would be established. The patient would attend, no names would be asked, he would be instructed to return a second and third time, and in a few weeks the infective stage would be brought to an end. Instead of the infective period lasting two or three years, it would be reduced to 2 to 4 months. This reduction was of the highest possible importance, and was the greatest sanitary reform of our time.

Syphilis, if ineffectively treated, resulted in permanent incapacity; blindness, deafness, many forms of paralysis, locomotor ataxia, and general paralysis of the insane, were some of its most formidable effects. It predisposed to cancer and tubercle, it was transmissible, was a frequent cause of ante-natal death and of suffering and incapacity in the surviving child.

Gonorrhoea brought inflammatory joint troubles, produced a fourth of all cases of blindness, and deprived thousands of women of the proud privilege of motherhood. Think, said the lecturer, of the loss that all this means to the country, of the expense that institutions for those thus incapaci-

tated entails, and the enormous saving that treatment in the early stages would ensure. These arguments if elaborated would cover a very large question. These evils could be curtailed to a large extent in proportion to the amount of money the State was prepared to put down.

Who could doubt that the nation would have a very handsome return for its money?

The educational part of the scheme was of the first importance. Sufferers should be made to realise the necessity for early treatment. The healthy should possess the knowledge that would prevent them from contracting it ignorantly.

Every nurse, in dealing with the cases, had her moments of fear. She should have no panic of this kind. It was not caught except through carelessness. Doctors, nurses and innocent persons, if they took reasonable precautions, ran no risk or very little risk. It was said that it was possible to be infected by shaving, at restaurants, &c., but such risk was infinitesimal—1 in 100,000.

He strongly deprecated the action of certain ladies who demanded compulsory notification. He was totally opposed to it, as was all expert opinion. It would result in patients refusing to present themselves for treatment, and thus it would defeat its own ends.

VENEREAL VIRUS AND ITS DETECTION.

The second of the course of four lectures, delivered under the auspices of the Institute of Hygiene, on Venereal Diseases, was delivered at the Institute, on Tuesday, November 7th. The lecturer was Dr. J. W. H. Eyre, F.R.S. Ed.; and the subject was "Venereal Virus and its Detection."

The lecturer said that it was not an easy subject to deal with before an audience who, for the most part, were probably not familiar with microscopic and bacteriological research.

In dealing with the three varieties—gonorrhœa, soft sore and syphilis—he said that each type differed in character. Gonorrhœa was characterised by pus in the genital and urinary tract, and was associated with a form of rheumatism. Soft sore took the form of skin ulcers, which affected the neighbouring lymphatic glands, and caused swellings known as buboes.

Syphilis was characterised by a hard single sore, and in its primary stage by sore throat and a rash; later, it affected the internal organs. The disease was acute, infective and highly contagious.

Efficient treatment depended on exact diagnosis. Of recent years the cause of these diseases had been clearly shown in the laboratory.

Dr. Eyre explained the various processes of isolating, cultivating and staining the bacilli, and also the method of inoculation.

He described the Wassermann test, and explained the significance of anti-bodies in the blood, which were never manufactured unless the virus was already present. The presence of anti-bodies therefore confirmed the presence of the disease.

PRISONS AND PENAL REFORM.

PART III.

(Concluded from page 379)

PIONEER REFORMERS.

By MISS BEATRICE KENT.

Who does not revere the memory of pioneer reformers and pathfinders! We owe them heavy debts which we never shall desire to cancel. Nevertheless, in the busy rush of modern life and its manifold demands, we are in grave danger of forgetting them. John Howard, the ideal philanthropist, was the first apostle of prison reform. He had a heart of pure gold. The treatment of prisoners and the state of prisons in his day—the middle and end of eighteenth century—were so awful that he spent his large fortune and many years of his life in working for reform. He travelled over England and Wales and visited many prisons. Notorious gaols in France, Belgium and Germany, he also visited. The gates of the cruel Bastille were barred to him, however. The fruitful result of his self-devotion was that the report he presented to the House of Commons was acted upon, and two Acts were soon placed upon the Statute Book—namely, one which provided for the liberation of all prisoners against whom the grand juries had failed to find a true bill, and made the wages of gaolers chargeable upon the county rates. Before that glad day, they were unsalaried and lived upon the most rigorous extortions from the prisoners. The other Act, which very quickly succeeded it, prescribed regulations with regard to cleanliness and sanitation, also medical advice, clothing for half-clothed prisoners, and the abolition, in a great measure, of underground dungeons. In 1775 his book appeared, entitled "The State Prisons in England and Wales with an Account of some Foreign Prisons." The effect of this—of a practical nature—upon the public conscience was that another Bill was quickly drafted and passed, embodying the principle (with the letter of which we are more familiar than the spirit), "that the reform of a criminal's character and habits should be the guiding motive in determining the method of his treatment." This golden-hearted man fell a victim to his own self-imposed duties. He died of camp fever and was buried in a little village in the south of Russia.

Sacred to the memory of Elizabeth Fry is the monument of her own immortal work on behalf of prisons and penal reform. It was very similar to that of her predecessor, John Howard, who paved the path for her to tread. Her work was more intimate and individual, but not more noble than his. At that period of the world's history those who most deserved punishment were not those who received it, but those who made the cruel laws by which they suffered. As late as 1797 a man might be hanged for picking a pocket of more than a shilling! "There were 222

offences besides murder for which hanging was a possible punishment. In 1818 a *vain* attempt was made in Parliament to abolish hanging for stealing a sum over 4 shillings from a shop. As late as 1831 40 people were hanged for offences other than murder, and in 1833 a child of 9 years old was condemned to be hanged for poking a hole with a stick through a papered-up window pane, and stealing twopenny-halfpennyworth of paint. The child was not actually hanged, because hanging—except for murder—ceased in practice in 1832, though it was not abolished until 1861."

Our country was in this state of barbarism to our shame be it said—when Elizabeth Fry began her mission. Through her instrumentality many barbarities of the criminal law were swept away. Not only in this country did she cause reforms to be established, but, after carrying her campaign into English prisons, she, like John Howard, visited Continental prisons, drew up and presented reports and suggestions to the various Governments, and had the satisfaction of seeing her suggestions adopted. Although Elizabeth Fry is better known to most people as a prison reformer, we should slight her memory if we ever forgot her beneficent work in founding District Nursing, and she, like Florence Nightingale, drew her inspiration from the Deaconess Institution at Kaiserswerth. A few years ago the editor of this JOURNAL proposed the formation of an "Elizabeth Fry League of Prison Nurses." We shall have made a great advance in Prison Reform when that idea materialises, and I see no reason why the time should be remote.

Sarah Martin was poor and obscure, but sacred to her memory is a toll of 25 years of laborious and unceasing work on behalf of prisoners.

It is very interesting and encouraging to learn that delinquency and Prison Reform is the subject of a course of instruction given to the second year students of the New York School of Philanthropy.

"Am I my brother's keeper?" John Howard, Elizabeth Fry and Sarah Martin have answered that question in the spirit of One who said, "Love one another as I have loved you." Who also said, "I was in prison and ye came unto Me."

BEATRICE KENT.

THE END.

PRACTICAL POINTS.

NYLANDER SALINE SOLUTION HEATER.

The Americans are a wonderfully inventive people, and *The Modern Hospital* has always some new device to bring before the hospital world. Of the Nylander Saline Solution Heater it says:—

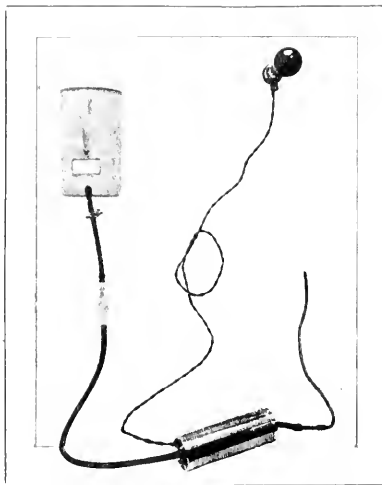
"The value of saline injection is so well understood that the merits of this procedure need not here be discussed. There has always, however, been more or less inconvenience in maintaining a practically uniform temperature of the solution. Various devices have been designed, such as electric light bulbs, hot-water jackets, and even the alcohol flame has been called into service.

"The device illustrated here is extremely simple in design, and, once connected, needs no further attention. The apparatus for maintaining the temperature of the solution consists of an electrical heating unit, which may be connected to any convenient socket. The rubber tubing, such as used with the usual saline injection apparatus, is passed through the centre of this heating unit. An asbestos apron or covering is furnished, this covering being placed over the heating device and the apparatus attached to the bed-clothes with safety-pins. As soon as the current is turned on the temperature of the heater will rise to about 130 deg. in twenty minutes, then slowly continue to increase to 175 deg., where

it will remain as long as the current is on.

"Regulation of the temperature can be quite closely maintained, depending on the distance of the heater from the rectum of the patient. For instance, by placing the heater 24 in. from the patient the temperature of the solution at the point of injection will range from a 98 to 100 deg.; if 105 deg. are desired, the heater is placed approximately 18 in. from the point of injection. The pilot lamp, which is placed in series with the heater, indicates whether the heater is taking the current.

"The device is of such construction that it will stand considerable handling, and, judging from the number of hospitals which have recently installed it, many of them making use of a number of the heaters, it would seem that the apparatus is one which may be depended on."



NYLANDER SALINE SOLUTION HEATER.

THE INSTITUTE OF MASSAGE AND REMEDIAL EXERCISES.

The first general meeting of the above Institute was held in the Council Chamber of the Manchester University, on Friday, 10th inst., as it had to be held within three months of the incorporation of the Institute by the Board of Trade, as it is privileged to omit the word " Limited."

The election of the Council was postponed to an adjourned meeting to receive replies from all the institutions which have been invited to support the movement.

Sir William Cobbett, Chairman of the Board of Management of the Manchester Royal Infirmary, was elected President, Sir William Milligan, Chairman of the Institute, Vice-president, Mr. James J. Fox, solicitor, Hon. Treasurer, and Dr. A. E. Barclay Hon. Secretary.

Dr. Barclay forwards from the Secretary's office, 71, King William Street, Manchester, a leaflet of the aims and objects of the Institute, to which we shall allude on a future occasion.

The signatories to the Memorandum of the Institute are: William Cobbett, solicitor; Richard Philip Goldschmidt, merchant; William Milligan, surgeon; Edward Mansfield Brockbank, physician; Mildred Alice Nodal, Matron, Royal Hospital, Salford; Frank Gidley Hazell, General Superintendent and Secretary, Royal Infirmary, Manchester; Lawrence Pilkington, colliery proprietor; and Kathleen Scott Marriott Fox, Teacher of Massage. Miss M. E. Sparshott, Lady Superintendent, Manchester Royal Infirmary, is one of the founders.

INGRAM'S SPECIALITIES.

We desire to draw attention to the "Satinette" acid-proof asbestos bed sheetings manufactured by J. G. Ingram & Son, Hackney Wick, London, N.E., samples of which can be had on application from all chemists. These sheetings, which may be had with the fabric single or double faced with red or grey rubber, have the great advantage that they are sterilizable by boiling without deterioration. They are also guaranteed not to peel, crack, harden, or discolour. It should be noted that the word "Satinette" is branded on the selvedge.

A sheeting specially to be commended for its quality, finish, and wearing properties, is L25A extra stout, red, and double-faced, which in a width of 36 inches costs 6s. 8d. a yard.

Another of the specialties of this firm is Ingram's high-grade whirling syringe, fitted with Kaine's patent vulcanite mount, which, by single pressure of the bulb, produces two sprays which operate in opposite directions. This syringe is made of high-grade quality rubber, guaranteed not to split, and prices are obtainable from all chemists.

WORD FOR THE WEEK.

Through all his illiteracy, the Russian peasant is nearer to reality. He does not read about life—he lives; he does not read about death—he dies; he does not read about God—he prays.—*Stephen Graham.*

BOOK OF THE WEEK.

"HOPE IN SUFFERING."

A short time ago in these pages we noticed "The Diary of a French Army Chaplain." Those who have had the privilege of reading the book itself will not wonder that its saintly author was soon called upon to write something more about the war. "Something on war and the love of God" a friend suggested might be very usefully written. In the author's note we find: "This little book will be all that I want if it strengthens the shaken faith of one single soul, if it brings comfort to one wife who has lost her husband, one mother who has lost her son."

Like its predecessor, the power of this book lies in the way that what are (alas!) the now daily experiences of those who have in any way the privilege of ministering to the sick and wounded are recorded. No tragic effect is aimed at, no colouring added, or is needed, to the narration of human suffering as observed by a singularly devout and sympathetic nature.

The soldier-priest, blinded by his terrible injuries, and as yet ignorant that his condition will be permanent, receives his terrible decree from the Abbé.

"His pious sister, a nurse in a provincial hospital, who had been allowed to come and spend every day with him, sometimes seemed distressed. Good child, how she loved her brother! They were twins. Though the doctor asked her, she could not bring herself to tell him of the operation he was to undergo.

"I am trying to prepare him, sometimes seriously, sometimes by joking paradoxes, for he likes this kind of humour.

"Our Lord would not play such a trick on me. I am sure He would not."

"And I, laughing, in answer: 'He certainly would not dare! The cross, it's all very well for Him, for His Mother, and His chosen saints; but with people like us, I expect He would be very careful.'"

Finally he lets the truth filter through.

"Have you seen the doctor?"

"Yes.' Then a silence, during which I put my crucifix in his hands. Then sharply and quickly like a surgeon's knife, the truth pierced into his soul; his great trouble was told him. Never again would he see the light of the sun; never again see his friends. He would always be enveloped in darkness. Beneath his breath, some exclamations of anguish. And soon the valiant disciple of Christ said, like his Master, 'My God, Thy will be done.'

"Oh, the depths of heroism hidden by God in the human soul!"

The death of a French peasant is related in like simple language. "I am ignorant of his name,

* By the Abbé Klein. Andrew Melrose, Ltd., 3, York Street, Covent Garden, London.

and he will always be ignorant of mine. He is a wounded soldier, I am his chaplain. Not many words have passed between us, for besides other wounds his face and mouth are seriously hurt. After administering to him the last sacraments and praying with him, the Abbé made an act of resignation on his behalf. My joy was great when I heard him say to me, 'Monsieur le Curé, that is well.' They were his last words—and he is one of those who are thought to have lost the faith! Yesterday when I went back to the little room the bed was empty. In the little village cemetery prayers will be offered over him in the presence of a few peasants. What could be more simple; yet what more great?"

In a chapter headed "Atonement" he describes the last hours of a young soldier whose terrible injuries to his head had caused half of his brain to be exposed, and little by little paralysis spread over his whole body.

"In the last week he saw no one but myself. What precious times we had together! I would not have exchanged them for all the lessons of the greatest teachers in the world. Atonement, it was indeed there, in all its sadness and all its beauty, in the person of this gentle wounded boy of twenty, who had endured his terrible wound without complaint, and was now passing to his death so slowly, through the long days and longer nights, without breaking the silence except to say 'My God I love Thee!' once adding this one little word which shed a ray of pure light on the depths of his silence, 'My God I love Thee—dearly!'"

We can but think that this beautiful and simple record will fulfil the purpose for which it was written—that of bringing hope and comfort to many an aching and torn heart.

Truly he says: "The greatest life is not the longest, nor the most enjoyable, but the most intense, the richest, and the deepest. Such a life does not dwell in the house of laughter." He quotes as an example a nurse: "Happy is she (she belonged to our hospital) who inoculated herself secretly with the virus of gangrene caused by poisoned gas, in order that the doctors might study its evolution in a healthy organism, and so more successfully treat the condition, saying to them 'Now study it.'"

We should do well to lay to heart the final words of the book: "Let us not lose heart though the tempest rage." H. H.

COMING EVENTS.

November 17th.—Matrons' Council of Great Britain and Ireland, Autumn meeting, Fulham Military Hospital. Inspection of wards, 3 to 3.45 p.m.; Meeting in Board Room, 4 p.m.; tea, 5 p.m.; concert in Y.M.C.A. Soldiers' Hut.

November 22nd.—League of St. John's House Nurses. General Meeting, St. John's House, 12, Queen Square, Bloomsbury, 3 p.m.

November 23rd.—National Council of Trained Nurses. Annual Meeting Grand Council, 431, Oxford Street, London, W. 4 p.m. tea.

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 GREAT MULTITUDE OF IGNORANT PERSONS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—There is nothing new under the sun, and history has a trick of repeating itself. In the present day laymen would help to govern nurses. In the reign of Henry VIII laymen helped to govern "Physyke and surgerie." The King, in his Statute 3 Cap. II., said: "The science and connyng of physyke and surgerie, to the perfect knowledge wherof bee requisite bothe grete lernyng and ripe experience, ys daily within this Royalme exercised by a grete multitude of ignorant persones, of whom the grete partie have no maner of insight in the same nor in any other kynde of lernyng; some also can no lettres on the boke, soofarthurth that common artificers, as smythes, wevers, and women boldly and custumably take upon their grete curis and thynghys of grete difficultie, in the which they partely use sorcery and whichcraft, partely applye such medecine unto the disease as be very noyous and nothyng metely thereto, to the high displeasure of God." Consequently, everyone who may wish to practise in London or seven miles round, must submit to an examination before the bishop of the capital, or before the Dean of St. Paul's assisted by four doctors of "physyk." In the country the examination will take place before the bishop of the diocese or his vicar-general. But it was found that "in spite of the examination by the Bishop of London, the most parte of the persones of the saide craftes of surgeons have small connyng."

Perhaps it was because of the examination by the Bishop of London."

Yours truly,

SELF-GOVERNMENT.

MIDWIVES ON THE PRAIRIES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I was much interested in the account of the meeting of the Colonial Nursing Association. The Hon. E. Akers Douglas said, "A very special class of women was needed" to be midwives in Canada, and if they are going to nurse women on the farms I think she is right.

A friend of mine married a farmer in Canada, and when her first child was born she had great difficulty in getting a nurse, although as she said, "I could afford, and was willing to pay any fee. The doctor in this district seldom comes more than twice—once for the birth, if he is lucky enough to get there in time, and once later on to see if you are all right. So you will understand that I wanted a midwife; a nurse who could not manage without

a doctor would be of no use to me. I was lucky enough to get a really first-class four years' trained nurse who had qualified as a midwife after that. As far as nursing went she was A 1, but, alas! she was town bred, having lived all her life in Montreal, and she did not enjoy the wood-chopping and the milking, fetching the water, and all the other things that I have to do when Fred is away; and as luck would have it he had to be away most of the time, as they were harvesting. Mrs. S., who is my nearest neighbour, would have come over, though she lives five miles away, but she had sprained her ankle."

From that extract I gather that the nurse-midwife will have to be an all-round capable kind of woman. There are plenty of capable women in England, it is quite possible that they would like the life, and if Canada wants them I hope they will be told all these details, so that women who know something of country life will be sent; for it is possible that some of our town-bred women could not milk cows, and quite possible that some of them would not want to.

Yours faithfully,

A TOWN-BRED MIDWIFE.

PREPAREDNESS FOR WAR.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—Reading the letter written by Miss Dock in which she emphasises why she and others resist and oppose preparation for war, one wonders whether the writer realises the present condition of Belgium, Poland, or any of the other small countries which, *because* they were weak and unprepared to repel attack, have been ruthlessly overrun by the armies of Germany. Almost one would counsel Miss Dock to cross the Atlantic in order to see with her own eyes the downtrodden misery of those countries invested by enemy troops. Miss Dock writes: "We regard preparedness for war as a hot-house and cultivator for jealousy, suspicion, and hatred. Energies devoted to the preparation for war are energies taken away from the saving, wholesome, living forces of international friendship and co-operation."

No man, or woman, in their right mind can possibly welcome war. But to be prepared, to be strong enough to resist it when it threatens is surely another matter. Had England presented a bold front and immediately declared her intention of joining the Allies in July, 1914, it is even probable that Germany would have hesitated to precipitate the present bloody struggle. At any rate, had we had a large standing Army ready to pour across the Channel, the odds would have been in favour of a speedier peace than we can hope for now.

As Secretary of the I.C.N. Miss Dock is known and beloved, but her political views should be subordinated when she writes in her professional capacity for the I.C.N. Only by the utter absence of political friction can the unity of the I.C.N. be preserved. As nurses working for sick humanity we have a common aim and unity of purpose. As citizens of different countries we are bound to hold

diverse opinions in matters political. Trusting you will find space to publish this letter, I remain, madam,

Yours faithfully,

GLADYS TATHAM.

Ladbroke Grove, W.

"We agree with Miss Dock that "war is an integral part of the competitive system; it is the flower and fruit of competition, and that co-operation is the law of life and growth. That war arises from man's actions towards his brother man, his words to him, his feelings towards him. In proportion as he practises justice and regard for others, war is preventible." But so long as the semi-civilised Central Empires of Europe attempt to govern the world by a brutalised military autocracy, so long must they be resisted with military tactics until they are subdued and the world released from a monstrous tyranny. To resist one must be prepared; otherwise racial suicide must be our fate. Let us hope that the result of this appalling war may determine the nations to crush the hydra-headed devilry of militarism, and that in future reason and not brute force shall prevail; and just here the United States may help effectively. A future generation may then "love peace and ensue it."—Ed.]

OUR PRIZE COMPETITIONS.

November 25th.—What do you know about Venereal Disease? How would you help to stamp it out?

December 2nd.—For what conditions is blood transfusion used? Describe modern apparatus and methods.

December 9th.—Give two "practical points" making for comfort when nursing the sick, one for use in hospital wards, one in the home.

REPLIES TO CORRESPONDENTS.

Country Matron.—Why not join the Matrons' Council? You would then feel less isolated. It is largely composed of those matrons who have not feared to "prospect" progressively, and for years have urged the duty of hospital matrons to work for higher ideals and better conditions for trained nurses. As you are near London we feel sure you would appreciate the meetings, always of a most friendly nature.

PAPER SUPPLY RESTRICTION.

To ensure obtaining THE BRITISH JOURNAL OF NURSING every week you must absolutely give a definite order to a newsagent or order it from 45, Oxford Street, London, 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, and getting their friends to do likewise. Only the most reliable firms are accepted by the management as advertisers.

The Midwife.

THE CARE OF PREGNANT WOMEN.

At a meeting of the Section of Obstetrics and Gynaecology of the Royal Society of Medicine on November 2nd (as reported in the *British Medical Journal*), the President, Dr. G. F. Blacker, being in the chair, Dr. S. G. Moore, M.O.H., Huddersfield, opened a special discussion on the need for improvement in the care of pregnant women. The subject, he said, was of national importance, and should be dealt with on national and not local lines. In child-bearing, discomfort, disease, and death were, strictly speaking, abnormal. There were substantial reasons for the belief that part of the reduction of the birth-rate resulted from a fear of them. An average of 3,500 deaths occurred from childbirth each year in England and Wales. A far greater number endured preventable suffering and disablement. A compilation of the entries in the returns of deaths connected with pregnancy for Huddersfield from January, 1906, to October, 1916, showed that eclampsia caused 30 deaths; albuminuria and eclampsia, 3; albuminuria, 36; septic absorption, puerperal fever, and pneumonia, 32; *post-partum* and *ante-partum* hæmorrhage and retained placenta, 24; conditions connected with parturition, Casarean section, &c., 11; embolism, pulmonary and cerebral, 10; and intractable vomiting, 2; other causes connected with pregnancy accounted for only inconsiderable numbers. Some of the women with albuminuric conditions would not have died if they had been under proper care for two months; deaths from septic causes were entirely eliminable; how far deaths could be diminished in the remainder was uncertain. As a means of securing improvement of the conditions of pregnant women he advocated notification of pregnancy, since the majority did not come under a doctor's care until abnormal conditions had had time to become serious. He could see no objection to notification, since it was an honourable state which could not be concealed. On the receipt of the notification the woman could be examined and her surroundings considered by a duly qualified medical practitioner. The sanitary authority should take no action, but each case should be referred to the family doctor. Such a scheme had been in operation at Huddersfield during the present year, a fee of 2s. 6d. being paid to doctor or midwife for notification, which was only permissible with the woman's consent. All cases were referred to the family doctor. Help was obtainable from voluntary organisations, not from the sanitary authority. From January 1st to October 31st 1,539 births had been notified, and 159 pregnancies—that is, about 10.1 per cent. The birth-rate was declining alarmingly; the death-rate had also fallen considerably, but could not be reduced much more. Not only had the deaths of

the mothers and children to be considered, but the soundness of the surviving children. Steps must be taken to prevent the great wastage of maternal and infant lives if we were to avoid becoming a subject race.

Dr. Amand Routh said supervision of all pregnant women was not an unnecessary trouble, for experience had shown that women needing treatment did not present themselves voluntarily. The results attending such supervision were not likely to be small, since emergencies for Casarean section and others with eclampsia continued to be admitted to hospitals. At Queen Charlotte Hospital the number of cases of albuminuria admitted during 1914 was 557. With regard to the statement that there were much more important causes of fetal death, such as abortion and stillbirths during delivery than the diseases of pregnancy, he would ask why were there 3 per cent. of stillbirths, and why there were so many macerated fetuses if stillbirths were so dependent upon delivery? During 1914 at Queen Charlotte's Hospital there were 100 stillbirths, of which 26 were of macerated fetuses. The large majority of macerated fetuses were due to syphilis. There had been no systematic antenatal work before 1911. Midwives should be encouraged by the Midwives Board to extend their care to the unborn child. The death-rate of unborn infants was probably greater than after birth, when it was considered that there were 3 stillbirths to 100 ordinary births. More interest was now being taken in the unborn child, and there were now about 750 centres established in Great Britain and Ireland. The general practitioner must be able to supervise efficiently his patient, for with due supervision many conditions might be discovered and proper treatment applied. Prematernity beds were necessary in every hospital. He did not think that compulsory notification could be carried out at present because of ignorance and resistance on the part of the mother, who would postpone notification until the last minute. Research work was necessary, and pathological facilities should be provided. Post-mortem examinations should be made on stillborn children, and the *Spirochæta pallida* should be looked for. Every pregnant woman should be seen by a doctor, and should then have such supervision as the condition required.

Miss Rosalind Paget, speaking from the point of view of the midwives, said that four things were needed—early booking, up-to-date instruction of the midwives, facilities for medical treatment, and the securing of the right kind of midwife. Early booking would be prevented by notification as it had been by the maternity benefit. The midwives would co-operate and needed only to be told how this might best be done. She urged that they should not be excluded from any scheme for antenatal care.

THE CENTRAL MIDWIVES BOARD.

MONTHLY MEETING.

The monthly meeting of the Central Midwives Board was held at the Board's Offices, Caxton House, S.W., on Thursday, November 9th, Sir Francis Champneys presiding.

A letter was received from the Local Government Board transmitting a letter addressed to it by the Board of Education on the subject of certain proposed grants in aid of the training of midwives.

A letter was also received from the Board of Education transmitting a draft form of regulations for grants for the training of midwives. The chairman's action in regard to this matter was approved.

In regard to a letter from the Local Government Board for Scotland, suggesting that the Board might consider the reduction of the term of training from six to four months in favour of nurses who had obtained the certificate in fever training of that body, it was decided: "That the Local Government Board for Scotland be informed that the rules of the Central Midwives Board have only just been revised by the Board and approved by the Privy Council, and that the next revision will take place in 1921."

Dr. Hugh Powell, of Cheltenham, was approved as a lecturer until the return of Dr. Longridge from his military duties.

The action of the Chairman in regard to a letter from Sir Donald MacAlister, enquiring as to the co-ordination of midwifery training between England and Scotland, was approved.

The appointment of Dr. Lily Anita Baker, F.R.C.S.I., as an additional examiner at the Bristol centre was approved.

Eight midwives were removed from the roll at their own request.

The following applications of certified midwives for approval to undertake the practical training of pupil midwives were granted: Midwife Sarah Ann Perkins (No. 1,752) *pro tem.*, and Midwife Emily Stephens (No. 26,939) *pro hac vice.*

PENAL CASES.

A special meeting of the Central Midwives Board was held at Caxton Hall, Caxton Street, Westminster, on Wednesday, November 8th, to consider charges against seven midwives, with the following results:—

Struck off the Roll and Certificate Cancelled.—Kate Belben (No. 13269), Annie Burton (No. 27904, C.M.B. exam.), Mary Ann Ellen House (No. 3568), Harriet Lane (No. 4872), and Sarah Ann Wilson (No. 20704).

Adjourned.—Harriet Mary Gaines (No. 17127). In the seventh case the charges were not proved and no action was taken.

Final Reports.—The reports asked for from the Local Supervising Authorities in the following cases were considered: Teresa Agnes Duckett

(No. 20708), Mary Ann Goodhind (No. 14843), Elizabeth Plummer (No. 590), Frances Louisa Bracey (No. 31514); no action was taken in these four cases. Bertha Flemming (No. 30137), adjourned for next meeting of the Central Midwives Board.

The charge against Midwife Burton was that she had been sentenced to two months' imprisonment with hard labour for stealing furniture.

In the seventh case above referred to, the midwife was charged with neglecting to send at once for medical assistance for an infant with discharging eyes. The midwife was present, as were also the mother of the infant and a neighbour, both supporting the charge.

One of many charges against Midwife House was that she allowed two patients to occupy one bed during the lying-in period. The defence as to this charge was that a second woman had been taken ill whilst visiting the first patient. Other serious charges were proved.

MATERNITY AND INFANT WELFARE.

Miss Rosalind Paget, commenting in the *Times* on the Local Government Board's scheme for maternity and infant welfare, writes:—

"The quiet work, ante-natal as well as post-natal, that has been done by the certified midwife for so many years was ignored by the promoters of the present campaign, but they are just beginning to realise, especially in regard to ante-natal matters, that unless they enlist the co-operation of the midwife their efforts are doomed to failure: the reason being that 75 per cent. of working mothers are attended by midwives, who are, and always will be, the confidants and advisers of their patients, and are in possession of the field, as they have the entry into the patients' homes by invitation. We midwives are well aware of the waste of ante-natal lives; we are also aware of a good many of the causes, amongst which are drug-taking, certain constitutional diseases, and certain unhygienic conditions, including the abuse of alcohol. As it is essential for the future combating of these conditions that patients should engage their attendant as early as possible, we strongly deprecate any form of notification of pregnancy. The mothers of England object to it, and the way they will avoid it will be by only sending for their midwifery attendant at the very last minute, when it is too late to take any useful measures. We, by the nature of our work, have more opportunity than others of combating these evils early, and we, the certified midwives of England, ask you through your valuable and widely-read paper to offer our trained services to the nation in this crusade to improve the health of the mothers and infants."

As we go to press we have received the list of successful candidates at the October examination of the Central Midwives Board. The number of candidates examined was 325, and 263 passed the examiners. The percentage of failures was 19.

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EDITORIAL.

SMALL ECONOMIES.

We are told insistently that it is imperative the nation should husband all its available resources, and it therefore behoves every patriotic man and woman to consider in what directions he or she can economize. This does not necessarily mean the saving of large sums of money. Only comparatively few are able to do this, but we cannot shirk our obligations because this is impossible.

To be practical we must consider what economies are possible in our own special sphere.

Take for instance a hospital, where every economy consistent with efficiency should always be the rule, are there no small economies which we can practise which will help to lessen the heavy additional expenditure which all hospitals have to bear just now?

There is always the question of dressings and bandages. The particular dressing used is of course decided by the surgeon but even so we have known an experienced sister draw the attention of the visiting surgeon to the cost of a dressing he was using, with the result that he substituted one which he considered equally efficient at about half the cost. Then it is not only in the material used that economy can be effected. In the cutting of dressings and the method of their use, there may be either economy or waste, and the cases do just as well under a frugal as under a wasteful régime.

In the use of bandages nurses are often wasteful. We remember an eminent surgeon once asking a nurse, who was slitting up an unsoiled absorbent bandage with a pair of scissors, what she was doing. She replied that she was removing the bandage that he might inspect the limb, and was

electrified by his response, "Well, you don't remove your clothes at night that way, do you? But I suppose you would if they were hospital property."

Then take the question of linen. Frequent changes of fresh and clean linen are we know essential to the welfare of the sick, but sheets and other linen are often sent to the wash in hospital which could perfectly well be used again, while, in private houses, there is perhaps no more fruitful source of annoyance than the lavish use of linen by trained nurses, and not only so, but they will demand for an infectious case the finest and best linen, and they do not realize, as a frugal housekeeper does, that this expensive and cherished linen considerably deteriorates by being steeped in strong disinfectants, or that linen is often stained by the drugs used in treating a patient.

Another fruitful source of waste is soap—soap left in water to melt—small pieces of soap thrown away which might be boiled down together, or used through a flannel bag.

Then there are gas and electric light. What Matron does not know how bills mount up not from their legitimate but from illegitimate use. Electric lights left burning in empty rooms, gas rings burning at the full height when a kettle is boiling nearly to bursting point, large rings lighted when small ones would be equally efficacious. All this represents a needless and therefore wasteful expenditure of many pounds in the course of the year which most vigilant oversight cannot wholly reduce. Until thrift and carefulness are a matter of conscience with every member of a hospital staff from the highest to the lowest waste is bound to occur.

Are other instances needed, we have only to mention the monthly breakages in crockery and in thermometers to show directions in which increased care can be exercised, "if there be first the willing mind."

WOUND INFECTION IN WAR SURGERY.

By Miss AMY PHIPPS.

III.—COMPOUND FRACTURES.

(Concluded from page 403.)

The treatment of compound fractures, which in many cases have been terrible smashes of tissue and bone, have taxed surgical skill to the uttermost, in the effort to save an apparently hopeless limb.

Here one has to aim at immobilisation, and at the same time make possible the efficient dressing of extensive wounds, with the minimum of pain. And, needless to say, each case must be treated on its own merits. For many fractures, there is in use at this hospital an exaggeration of the "Balkan" arrangement for swinging a limb by means of a wooden "four-poster" bandaged to the bedstead, across which are fitted horizontal bars; attached to the latter are reels, and from these the leg or arm is slung by cords, the extension being applied in the usual way from the foot or elbow; in wounds of the body, the same apparatus enables the patient to get ease from the bed. In this way, wounds can be dressed practically without movement of the limb; for the same reason, fracture boards are often made on firm supports, a foot or more deep, to bring the patient more in a line with the surgeon or other dresser.

The "Wallace-Maybury" extension splint is also largely used, either suspended or otherwise. In the same way plaster splints, with windows facing the wounds, are much employed; these, however, need careful watching, as pressure sores are very liable to form and extend with alarming rapidity. The plaster edges round the wound should be bound with rubber adhesive, to prevent soiling from discharges.

Where adhesive plaster cannot be borne for applying extension, an apparatus may be made quite simply with a double layer of strong calico, with a hole in the centre; between these layers, and round the wound, is a piece of coarse rubber tubing to prevent pressure. Through this hole the foot passes, and extension is applied in the usual way by buckle and strap from the sides. This is not suitable for fractured femurs, where much extension is necessary.

The methods of applying plaster of Paris are numerous. Splints are largely applied with malleable, but strong, iron supports, again reinforced with strong plaster bands; also shapes made of several layers of book muslin, soaked in plaster cream, to fit the parts, and twisted rope supports of the same. Various

devices for the prevention or remedy of drop foot are used, one of the simplest being a support of strong malleable iron wire, encased in rubber tubing, a "T" shape piece of which passes between the toes, and the main portion attached to the leg, to which it is bandaged.

All appliances are made by a volunteer non-professional carpenter from England, who also acts as orderly in the hospital. As far as pressing work will permit, all that can be done to effect a permanent and entire cure, such as nerve suture, massage, and electrical treatment is carried out, though in many cases such patients have to be sent into the interior to make room for the exigencies which an emergency hospital close to the line of action is called upon to meet.

AN INTERESTING CASE.

On May 1st, 1916, the following interesting case was admitted into wards:—

K. B., a male, aged 40 years, was admitted with a history of having swallowed a foreign body—a stick about $\frac{1}{2}$ in. thick and about 10 in. long, a month before, and had had pain in the abdomen ever since. Pain felt all over the abdomen, but more severe in the upper half, with a burning sensation. The patient was cleaning his teeth with the stick usually used by the natives of India for this purpose. The stick slipped from his hand down the gullet, and he has felt pain ever since. A distinct swelling, about the size of a moderate fist, rather elongated, is felt in the right hypochondriac region. All this time no vomiting, and he could digest his food. Skiagram taken with no result.

16.5.16.—Operated on—laparotomy.
After he was well under chloroform, the stomach was washed out with the stomach pump. An incision was made about three inches parallel to the middle line, and about two inches away from it. The skin and various layers of fascia were incised, and the muscle below was seen oedematous. This too was incised. The abdominal wall in this locality was densely adherent to the viscera. These adhesions were at first left intact. With the finger the stick could be felt in the stomach; while drawing that viscous out, the stick broke. A small incision was made on the surface of the stomach near its pyloric end. The two pieces of stick were taken out, and so also was the bark. This opening was closed with fine catgut sutures. Some pus was seen in the adhesions. These were broken down and the pus carefully swabbed out. The pus had a foul smell. When these adhesions were sufficiently broken down,

communication between the colon and stomach was seen. This communication was cut, and the opening in the stomach and colon was stitched. The coating of colon and its appendices (epiploicæ) were all inflamed. Then a part of the omentum was stitched to the serous coat anteriorly to the colon. The bleeding points were ligatured, and the viscera and the wound were bathed with normal saline solution. The abdominal wall was closed, and a cigarette drainage tube was inserted. The wound was sutured, antiseptic dressing applied, and bandaged. The stick was as thick as a lead pencil, gradually becoming thinner at one end. It had a few thorns on it. The patient was kept in Fowler's position for ten days. Nutrient enema four-hourly for three days, sips of barley water. On the fourth day small feeds. Slight suppuration of the wound, which was to be expected. Improved gradually, and was discharged on the twenty-ninth day as cured. This is a rare case. A similar case occurred years ago, some time, I believe, in 1887.

A. M. BURKE.

J. J. Hospital, Bombay.

AN AMBULANCE UNIT IN ITALY.

Miss Swift has recently returned from Italy, where she has been visiting No. 1 Red Cross Hospital, Villa Trento, San Giovanni de Manzano, an old 17th century residence kindly lent by the Conte di Trento. It is No. 1 Ambulance Unit to Italy, sent out by the Joint War Committee. It is equipped as a field hospital, and has accommodation for 150 beds.

At the outbreak of war the hospital was only twelve miles from the firing-line, and up to September last 2,500 patients had been treated. There is also an out-patients' department. The patients are, of course, Italians, and they much appreciate all the care and good nursing which they receive from the British Sisters. To receive such skilled attention has possibly never been their experience on any previous occasion.

The hospital is well equipped with an operating theatre, X-ray room, isolation block, and every convenience. The staff consists of one physician, two surgeons, one Matron, and three Sisters. A number of V.A.D.'s act as assistant nurses and probationers.

While in Rome, Miss Swift was received by the Queen of Italy, and visited her hospital at the Quirinal. She was also received by the Duchess d'Aosta in the war zone. Her Royal Highness is at the head of the V.A.D. in Italy.

Rest stations and trains for conveying the wounded were also visited.

NURSING AND THE WAR.

The King has decorated the following ladies with the Royal Red Cross (second class):—Sister Myra Goodlove, Canadian Army Nursing Service, and Nurs. Charlotte Macdonald, Nursing Staff of Civil Hospitals.

Warm congratulations to the President of the International Council of Trained Nurses, Mrs. Henny Tscherning, who is also President of the Danish Council of Nurses, upon whom the Cross of the Legion of Honour has been conferred by the French Government. Mrs. Tscherning is a Danish lady, the wife of the Professor of Ophthalmology in the University of Copenhagen, and this very great honour has been conferred upon her for her work in aid of the French wounded. On August 10th, 1914, she formed, with her husband, a Danish committee, which sent nurses to La Panne in Belgium. In April, 1915, she joined her husband at Tréport, where he had founded a Danish hospital. At the end of the summer of 1915 this hospital was removed to Paris, where the French Government placed at its disposal a fine building in the middle of the Bois de Boulogne with accommodation for a hundred wounded.

We have reported the fine equipment of this hospital, and the splendid work of the Danish nurses under the direction of Mrs. Tscherning. We feel sure the International Council will rejoice at the just recognition of devoted care of the sick and wounded, wherever such recognition is deserved and bestowed.

A correspondent writes:—

I am matron of a small sanatorium (open air) situated on a hill about a mile from the town of —, which we overlook. This is a small tin temporary building, built on the ground floor. On a certain night our lights were lowered; having warned the patients (men) I was soon, golly in my ignorance, in bed and asleep. I remembered hearing a lot of motors and commotion in the road, but took no notice of it. At 11.30 p.m. a blinding flash of light awoke me, and then guns beginning to fire. I could only think the Germans were over us and firing at us. The "pro" rushed to my room and informed me "they were here." I slipped into thick shoes and dressing-gown and groped my way on the corridor to the maids' bedroom, whom I found both terrified. I put them in the kitchen and then made my way to one of the wards. The patients all said they were "all right," and I learnt from a soldier patient the guns were in the road by our side (no wonder it felt as if we were the target!). I then made my way to the other ward, and then the first bomb dropped (never shall I forget the noise and the vibration). The housemaid rushed to me and said the kitchen was quite blown in and then half-ruined. The cook, being rather fat, was not quite so nimble, but she arrived without shoes or stockings. We heard the men at the guns say "straight overhead," and then followed such

a terrible series of explosions from bombs that we all just waited for what we felt must be certain death. Our building was rocking, and no one ever could imagine the noise unless they have heard it, but we were all here kept safe by God that night, although five bombs dropped within 200 yards of us.

The humorous side amidst the confusion of that night still stands out: the kitchen was blown in, but it was the biggest meat-cover falling off the wall that caused the ventilator to open with a bang from the concussion!

Then an officer from the aircraft guns came in, very surprised to know there were patients here.

When I remarked on the terrible noise it had been he informed me that they had been firing, too! As if we had been unaware of it! Seeing him in his thick coat made me realise our dressing-gowns and pigtails, so we withdrew into the dark to grope for our winter coats.

Since then we have had many nights of "scares," and often heard Zepps quite close, but it always makes us realise how much we were saved from on the most eventful night of the raid.

Mrs. Darley has been appointed Matron to the Saint Rambert Hospital at Lyons, one of the two Anglo-French Hospitals in France maintained by the Wounded Allies Relief Fund. Mrs. Darley was trained at the Poplar and Stepney General P.L. Infirmary, and has been Charge Sister at the South Western Fever Hospital. Since war broke out Mrs. Darley has organised several V.A.D. hospitals, of which she has been the Matron. She holds first-class testimonials from the various hospitals which have had the benefit of her services.

Lieut.-General Sir Percy Lake, on relinquishing the command of the Mesopotamian Forces at the end of August last, presented a despatch which was forwarded by the Commander-in-Chief in India to the Indian Government, and has now been published as a Supplement to the *London*

Gazette. In the course of this Sir Percy Lake writes:—"I am much indebted to Surgeon-General F. H. Treherne for the valuable assistance he has consistently rendered since his arrival in the country; also to Colonel W. H. Wilcox, consulting physician, whose high professional knowledge has always been at the service of the force. Much credit is due to the Nursing Sisters, who have carried out their duties with great devotion, and have shown untiring zeal and energy in alleviating the sufferings of those who have passed through their hands. By the untimely death of Colonel Sir V. Horsley, both the force and the medical profession sustained a severe loss."



MRS. HENNY TSCHERNING, PRESIDENT OF THE INTERNATIONAL COUNCIL OF NURSES AND OF THE DANISH COUNCIL OF NURSES.

We regret that we have not space this week in which to criticise an editorial on "The Supply of Nurses Committee" in *The Red Cross*, in which it is to be regretted so many reactionary editorial opinions on nursing questions appear. The time has gone by when "two or three men of average intelligence" can arrogate to themselves sovereign powers of control over a highly skilled profession of 60,000 women without protest. That the protest has been more or less effectual should convince the editor of *The Red Cross* that he underestimates the convictions of the "agitators" who he owns have compelled "the War Office to give way to pressure," and place trained nurses on a Committee empowered to "suggest the most economical method of utilising their services for civil and military hospitals."

For the benefit of sick and wounded men, the nurses petitioned in the early days of the war that the resources of their skilled work should be ascertained and organized. Their patriotic suggestion was met with discourteous obstruction by the Army Medical Department, and the present disorganisation and shortage of nurses are the result.

Several English nurses were on board the Greek steamer *Sparta* which was sunk on November 20th, being, it is believed, torpedoed by a German submarine. All on board were happily saved.

FRENCH FLAG NURSING CORPS.

We heartily congratulate Miss Haswell, Matron in Chief, Supervisors Barlow, Conway-Gordon, and C. Mitchell; and Sisters Carmichael, Gill, Burn, Hallam, Willetts, Macaulay, Richards, Mann, Mooney, Hendrie, Bennett, Simpson, and A. MacKinnon, upon completing two years' service with the French Flag Nursing Corps, and that next month Supervisors M. Sutton and Stuart Nairne, and Sister Park will also have completed a like term of service. Only the Sisters themselves and the Committee can realise how much power of initiative, tact, common-sense, and sympathy have been required to win the success and appreciation which has crowned the work of them all. Miss Ellison said when she entered upon the difficult task of inaugurating the Corps, that it was easy in comparison for well-trained nurses to work successfully in Anglo-French Hospitals, where the English took their own habits and customs and fine organisation along, but to succeed in French Military Hospitals required even a higher sense of duty and power of initiative. All the Sisters who have won such high commendation from French *midcœn-chefs*, by their fine standard of work and conduct, and established the F.F.N.C. on so high a level in so short a time, are worthy of the warmest congratulations, and THE BRITISH JOURNAL OF NURSING is happy to bear witness to their success.

The regulation which permits three weeks' holiday at the end of each six months is a popular one, as a sight of "Blighty" is eagerly longed for even by the most enthusiastic Sisters on foreign service, and quite a number of the Corps have been home for rest, and a good bracing. Passing to and fro through London, they have found Queen Mary's Hostel a delightful *pied-à-terre* . There a charming welcome is always forthcoming for every guest, and the Sisters are warm in their praise of the homelike hospitality.

Recently after their long journey from Grasse, Sisters Hitchcock and Lind spent a few days in London before sailing to New Zealand, the former stayed at the Hostel, whilst Sister Lind was most kindly cared for at the Waterloo Hospital for Children and Women, where nothing could exceed the attention she received from the Matron, Miss H. Lloyd, and the nursing staff. After her long and serious illness, she returned to New Zealand on the transport *Mohama*, on which she was given the beautiful cabin used by Miss M. Thurston, Matron-in-Chief New Zealand Expeditionary Force when she travelled over, and who most kindly saw the Sisters safely on board at Southampton. The Committee have expressed their special appreciation of the work of Sisters Hitchcock and Lind (both until recently members of the Registered Nurses' Society) in letters which we have no doubt they will value as recognition of the part they have played in alleviating suffering in the Great War.

It is to be hoped the action of the War Office will not in the future prevent the services of

trained British Nurses being available in France. On August 16th, the following letter was sent to the Secretary of the British Red Cross Society, the Anglo-French Committee of which has been empowered to issue Anglo-French certificates, without which passports to France are apparently useless, although in France the certificate is not obligatory, nor does it supersede the necessary documents from the French War Office.

WAR OFFICE,

August 16th, 1910.

SIR, I am commanded by the Army Council to inform you that owing to the very great demands that are being made upon the resources of the country in medical men and nurses, it will not be possible henceforth for the Council to consent to any members of the medical and nursing professions proceeding abroad for service with the Allies. Members of these professions should either take service with the Royal Army Medical Corps or Queen Alexandra's Imperial Military Nursing Service Reserve, or remain at their civil duties.

The Council direct me to say that this decision has been arrived at owing to the imperative necessity of adequately providing for the care of the sick and wounded of the British Army.

I am, Sir, your obedient servant,

(Signed) B. B. CURRIE.

The Secretary

British Red Cross Society.

No one will dispute that our own splendid troops have the first call on the services of British nurses, and we believe they have been offered in a whole-hearted manner, often under the greatest discouragement from high quarters, but that real active service at the Front should be denied to a limited number of British Nurses with the Allies, and that thousands of untrained girls and women should be permitted to flock to France and there undertake work for the sick and wounded which should be the reward of training, skill, and merit, has naturally produced a very strong feeling of resentment throughout the nursing profession.

JOINT WAR COMMITTEE.

The following Sisters have been deputed to duty abroad:—

La Paixie.—Miss H. Watson and Miss G. Kemp.
Boulogne Headquarters.—Miss I. Sheard and Miss O. D. Pakenham.

Liverpool Merchants Mobile Hospital, Etaples.—Miss O. Macandie.

Duchess of Sutherland's Hospital, Calais.—Miss E. Scally.

OUR PRIZE COMPETITION.

We regret that none of the papers sent in this week have attained the standard which merits the award of a prize.

A WAR ROMANCE.

THE CELLAR HOUSE OF PERVYSE.*

Those who were in London in the early days of the war will remember the seething mass of women, trained and untrained, who besieged the War Office and the British Red Cross Society—located for the time being at Devonshire House—with the object of offering their services to the sick and wounded, and *bien entendu* of going "to the front." For the spirit of adventure is high in the young, and many young women were

amongst this miscellaneous assemblage. Amongst the number of those who successfully achieved their desire—through the Women's Emergency Corps—were Mrs. Knocker (now the Baroness T'Serclaes) and Miss Mairi Chisholm, whose journals have now been edited by Miss G. E. Mitton. Miss Mitton describes "the heroic Two of Pervyse," or, for short, "The Two," as "both young hemlockes, one very young. They lived at first for

long months in a cellar twelve feet by ten, they slept on straw, and of necessity used foul water from a ditch. As the village they were in was under constant shell fire, the chauffeurs, and sometimes wounded soldiers, had to sleep in that cellar too. There was, of course, no possibility of changing clothes; they lay down as they were, and were often called up in the middle of the night to attend to ghastly wounds."

Given this setting for two young, and from all accounts charming women, it was

inevitable that romance should enter in, and the book concludes with the chimes of wedding bells.

Mrs. Knocker, known to her friend as Gipsy, is described as a fully trained nurse, as well as an excellent mechanic and chauffeur. Mairi, aged 18, had had no training as a nurse, nor had she any money, "but possessed with a burning fervour to help, she sold her beloved motor-cycle to provide the funds for her expenses." Other members of the Corps started "by a fluke" by Dr. Munro, who entrusted their selection to Mrs. Knocker, were "a golden-haired American lady, also

untrained, but very willing and eager (she turned out to be a beautiful pianist); Miss May Sinclair the novelist (who went as Secretary), and Lady Dorothy Feilding. We are told that "the British Red Cross Society had scoffed at this amateur band, but the Belgian Red Cross was willing enough to accept their useful services; and when the British one found this out it actually rose at length to giving them two cars, which necessitated the

addition of two working chauffeurs to the party, and furthermore it eventually gave them their passages to Belgium."

The party left England at the end of September and slept at Ostend. "The next morning the

* "The Cellar House of Pervyse: A Tale of Uncommon Things from the Journals and Letters of the Baroness T'Serclaes and Mairi Chisholm." A. & C. Black, Ltd., 4, 5 and 6, Soho Square, London, W. 6s. net.



MRS. KNOCKER AND MISS MAIRI CHISHOLM.
"THE TWO."

members of the Corps awoke to face a wild scramble and much running to and fro, arising from lack of adequately thought-out detail. There were, for instance, two cars, a 12 h.p. Daimler with pneumatic tyres, for passenger service, and a 40 h.p. Fiat with solid tyres suitable for carrying a good egg, but no one had thought of petrol, and as it seemed unprocurable in Ostend it was suggested that the cars should be put on a truck and taken to Ghent, but this proved impracticable, as the cars, being very large, refused to go on the trucks. Finally the military authorities lent them enough petrol to take them to Bruges, where the ambulance was attached to the Military Hospital at the Flandria Palace Hotel, but Gipsy Knocker and Mairi Chisholm found the next two days dreadfully trying. "They could not help in nursing the wounded, for there were plenty of nurses—besides, that was not their job; their part was to go out to the firing line to fetch the wounded and render first aid, and bring them in, but no one had sent for them, and they had no permission to go.

Some of the ambulance party helped with the feeding of the refugees—an enormous task, which, to the credit of the people of Ghent, was well tackled; but even this was denied them, for they were recalled by authority, for fear they might carry germs to the wounded when they handled them."

Three days after their arrival in Ghent, Gipsy found a job in driving the car of the Belgian Colonel, whose own chauffeur had disappeared. This was somewhat of an innovation in war time, though the Belgian Army was not nearly so much swathed about with red tape as some of the other countries.

The preliminaries settled, she took the Colonel on his rounds to various outposts the next day, picking up a wounded man on the way. "She had coffee with her new employer before he went on to the actual front, and she concluded that he was 'a dear, so kind and considerate'; he had not taken any advantage of the unusual position.

"Already it was beginning to be apparent that there was a fatal lack of organization in the ambulance corps. The men part of it were rushing hither and thither bravely enough, but in a most haphazard manner, wasting much precious petrol; and even joy rides were not unknown; whereas much real ability and energy was running to waste."

The waiting time was a time of great strain.

We marched around, poor Mairi, miserably. I felt bored with life. Another day of waiting! One must have patience beyond everything! Then there swam into their ken the gay and gallant figure of a young Belgian officer; he was slim and tall, with fair hair, showing up in contrast with his well-fitting dark-green uniform. They nicknamed him "Gilbert the Filbert"; he had accounted for forty-eight Germans in the weeks preceding, so his presence was inspiring. He was to be very closely associated with them in their work, but at the time he was merely a passer-by."

Their work began when they met the trainloads of wounded at the station. "There was a dramatic moment when a trainload of terribly smashed and maimed Belgians came in at one platform of the station just as a trainload of self-confident, clean, fresh British 'Tommys' was going out from another. The little Belgians had



THE CELLAR HOUSE, PERVYSE, FROM THE BACK.

not as yet seen such assurances of help, and one and all exhausted and faint as they were, cheered and waved their poor bandaged hands."

The girls had the most discouraging of all experiences, that of seeing their allies obliged to retreat. In one place they passed through one of those experiences which remain like a hurt on the heart. Fifty men had been left to guard the retreat of the rest, left to what was almost certain death. Theirs to hold up the flood tide so long as they might bore going under. There was a look on the faces of those men seen only on the faces of the dead who have died in peace. There was no uncertainty, no disquietude. They awaited their fate as if they had already met it, not lightly or discounting what it meant, but with the calm willingness of those who had seen all they loved in the world swept away. The clear blue eyes of every rough soldier had in them something of the

light that comes from a vision of the beyond. There was no faltering, but no braggart conceit; they were invincible, alive or dead."

It was at Berlaere, about four miles west of Termonde, that "The Two" first came under fire while rescuing the wounded. Shortly afterwards came the news that Antwerp had been evacuated. "Even if they had not heard it, they would have known it by the flood of fugitives which poured into Ghent. . . . Out of all this welter of horror, one or two scenes stand out by reason of the pathetic touch.

"An old woman of the working classes was conveying a small cart dragged by a dog; in the cart sat two wee babes, probably her grandchildren. The dog had been wounded, for his fore-paw was bleeding and he limped along painfully, but with great determination and full consciousness of his immense responsibility. Every now and then he turned his brown eyes on his mistress, as if asking permission, and then sank down on the road-side to lick his paw, while the stream of amazingly mixed traffic swept by on each side of him. The old granny looked at him mutely, but did not hurry him; she knew that in him lay the sole chance of her babies reaching safety—for she was too old and weak to carry them. If the dog failed, they would die; and, therefore, she waited with feeble resignation, until he himself, without being urged, took up the collar work of his little living load and staggered on."

(To be concluded.)

CARE OF THE WOUNDED.

The King and Queen inspected in the grounds of Buckingham Palace, on Saturday morning, the 18th inst., the two new bath caravans and the motor field operating theatre that the Wounded Allies Relief Committee, of 8, Grosvenor Gardens, S.W., is presenting to the Belgian Army for use at the Front.

A hot bath, it may well be imagined, is a luxury to the boys in the trenches, and the new caravans supply a real want.

The idea is to provide the greatest number of baths possible in the shortest space of time, and it is reckoned that each caravan will supply baths continuously for perhaps fourteen hours without cessation, in which case the two caravans will be able to deal with some 1,000 men in the time stated.

The construction of the vans is very interesting, though any notes on the technical details of the same would probably appeal only to experts. Suffice it to say that each van carries twelve light steel baths, 5 ft. 3 in. long by 2 ft. 2 in. wide, nested one inside the other, and that along the whole length of the van on both sides are fixed roller-controlled waterproof sheetings for forming tents with the aid of light spars and poles. Side and end sheetings are also provided with openings for entrance, exit and ventilation, and complete waterproof enclosures ensuring privacy are thus formed. Each tent enclosure affords accommoda-

tion for six baths, the water for which will be heated by petroleum. These novel caravans will be drawn by horses from place to place wherever water can be obtained from rivers and streams. Moreover, it will be possible to take them quite near to the trenches, where, under ordinary circumstances, it is so difficult, if not impossible, to get a hot bath. Imagination can picture how welcome will be the caravans when they reach their destination.

Sir Douglas Haig wants all the books and magazines he can get for the troops, and invites all those who can to buy, enjoy them, and then pass them on to the Camps Library. Books and magazines intended for the troops may be handed across the counter of any post-office, without stamp, address or wrapper. Those of us who love reading will enjoy books all the more if we know that they will add to the entertainment and happiness of our valiant defenders.

The conversion of St. John's Lodge, Regent's Park, into a hospital for disabled officers is nearing completion, and the building is expected to be ready for patients at the end of December. Sir John Ellerman is bearing the entire cost of the alterations and equipment, and will defray all expenses for one year.

A cable has been received by the Scottish Women's Headquarters to inform them that both units and transports under the direction of Dr. Elsie Inglis are at present at Odessa, where she will probably establish a base hospital.

Miss Helen Monfries, a chauffeuse to the transport column of Dr. Elsie Inglis's Section of the London Units of the Scottish Women's Hospitals, has some exciting experiences to relate. When at Tzernovada, during the Roumanian retreat, she left the train to get food for the wounded. Suddenly the train started off at full speed, and Miss Monfries was left alone. Looking up she saw the reason—a hostile aeroplane, which dropped a bomb just where the train had been standing. When the attack ceased she worked with the railwaymen for four hours. As her hair was short and she was wearing breeches, the men took her for a boy and sent her across the line on a rickety petrol engine to where the train with the wounded was waiting. Two hours later part of the bridge was blown up by German aeroplanes. Miss Monfries was also at Constanza during a raid in which 75 persons were killed and many injured, and while she was at Bucharest the Germans adopted the diabolical method of dropping poisoned sweets and toys, and one bomb contained microbes of cholera, diphtheria, scarlet fever and typhoid fever. Many children died from eating the sweets, which were made of chloride of lime and resembled satin paperines.

THE MATRONS' COUNCIL.



By kind permission of the Fulham Board of Guardians and of Miss Ballantyne, the Matron, the quarterly meeting of the Matrons' Council was held in the Board Room at the Fulham Military Hospital, St. Dunstan's Road, Hammersmith, W., on Friday, November 17th, at 4 p.m.

THE HOSPITAL.

Before the meeting, a number of members availed themselves of Miss Ballantyne's kind invitation to see the wards of the military hospital, where now some thousand patients are under care. As

most of our readers know, the Fulham Infirmary has been adapted as a military hospital, and very bright and cheerful it looked, and very contented and happy the men appeared; those too ill to leave their beds receiving every care and attention that skilled medical and nursing care can render. One man grievously wounded when admitted was on a bed fitted with a clever appliance, whereby he could be raised from the mattress, to relieve pressure, to permit of wounds being dressed, and also for the mattress to be turned and the bed made, as he was too ill to be moved otherwise.

The patients who were able to be up were gathered round the cheerful stoves, either playing games, making string bags, or doing other work in which "Tommy Atkins" seems to excel when his hands are not needed for sterner uses. A brief visit was paid to the X-ray department, under the direction of Dr. Florence Stoney, where interesting plates were shown of limbs in which shrapnel and bullets were seen to be embedded, also one of a badly fractured femur, and the same after it had been plated. There was only time to peep into the linen room, where piles of linen in orderly stacks testified to the efficiency of this department; and into the bright and cleanly kitchen.

THE BUSINESS MEETING.

The Board Room, in which the meeting was held, is a beautiful pannelled Chamber, most handsomely fitted with leather lounges, and a very imposing Chair.

In the absence, through indisposition, of the President, Miss M. Heather-Bigg, greatly to her own regret and that of the members, the chair was taken by Mrs. Bedford Fenwick.

After the minutes had been read and confirmed, the Hon. Secretary, Miss A. E. Hulme, read letters from the President, from Lady Horsley, expressing her thanks for the resolution of sympathy in her bereavement sent by the Matrons' Council; from Miss Kathleen Stewart, Matron of the County Hospital, York, accepting office as

one of the delegates of the Matrons' Council to the Central Committee for the State Registration of Nurses, and from a large number of members unable to be present.

APPLICATIONS FOR MEMBERSHIP.

Applications for membership were then considered, and the following Matrons elected members of the Council:

Mrs. Barton, Matron, Prince of Wales Hospital, Penton Road, Staines.

Miss Helen P. Hamilton, Matron, Royal Hospital for Diseases of the Chest, City Road, E.C.

Miss Agnes A. Bousfield, Matron, War Hospital, Stratford-on-Avon.

Miss Jean C. Wishart, Matron, Maternity Hospital, York.

Mrs. Simmonds, Matron, St. Marylebone Workhouse, London, W.

Mrs. W. A. Hill, Matron and Superintendent Nurse, Berkhamstead Workhouse and Infirmary, Herts.

STATE REGISTRATION AND THE COLLEGE OF NURSING, LTD.

In the absence of the President, Mrs. Bedford Fenwick then briefly reviewed the present position of the State Registration movement, more particularly in its relation to the negotiations between the Central Committee and the College of Nursing.

She reported with regret that agreement to adopt a conjoint Bill between the Central Committee and the College of Nursing had so far failed. The Central Committee had gone to the extreme limit in concession, consistent with the future safety of the nursing profession. The principal question at issue was the constitution of the General Nursing Council—the future governing body of the Nursing Profession. The Central Committee claimed that the nominating authorities should appear in the Bill, according to the precedents of the Medical, Midwives and Teachers Acts, and thus secure the direct representation of the nurses on the first Council. The College desired to place the names of 15 nominated individuals in the Bill, for which there was no precedent, and by which means the direct representation of all the self-governing nurses' associations like the Matrons' Council, which had for so many years advocated, worked and paid for furthering State Registration of Nurses, would be cut out of the Bill, and the whole profession be at the mercy of irresponsible persons who were to be granted power to make the rules and regulations which the registered nurses would have to obey, thus by Act of Parliament perpetuating the autocratic system of government without consent inaugurated by the College of Nursing, which a large number of trained nurses are determined to resist.

The College Bill did not provide for hospital training, nor for an examination before registration, and was altogether a dangerously vague draft of legislation.

The Central Committee had therefore decided to amend its own Bill, which had been done. The Bill secured a representative Council, with adequate

powers of self-government. It provided for a three years' term of grace, during which time nurses could register without examination, and it defined a trained nurse as a person who had had three years' training in a hospital, or hospitals, after such examination as the Council may prescribe, three cardinal principles without which registration might become a dead letter.

Mrs. Fenwick invited the members to study the two Bills carefully and realise their responsibility to future generations of nurses, and to work for just and progressive legislation in opposition to the perpetuation of the College system, as provided in its Memorandum and Articles of Association. The profession must not be penned in an economic compound by powerful employers and officials—a compound from which there was no means of egress without loss of self-respect and liberty of conscience.

RESOLUTION.

Miss Elma Smith then took the chair while Mrs. Bedford Fenwick moved the following resolution, which was down in her name on the Agenda; it was seconded by Miss Brey and passed unanimously:—

That, in order to bring the representation of the Matrons' Council of Great Britain and Ireland into conformity with that of the Scottish and Irish Matrons' Associations on the National Council of Women of Great Britain and Ireland, it is desirable that the representation sanctioned by the Executive Committee of the N.U.W.W. be increased to three delegates.

Miss Ballantyne was unanimously elected as one of the delegates of the Matrons' Council on the National Council of Trained Nurses.

A cordial vote of thanks to Miss Ballantyne for her reception of the Council, and to the Board of Guardians for allowing the meeting to take place in their beautiful Board Room was moved from the Chair, and this was carried by acclamation.

Miss Ballantyne expressed her satisfaction at the Matrons' Council meeting at the hospital, and said that the Guardians lent the room with the greatest pleasure.

The meeting then terminated, and broke up into little groups, and most delicious un-warlike tea was served by some of the Sisters, who pressed their dainties upon the guests with bounteous hospitality.

ANNIE E. HULME, *Hon. Sec.*

THE Y.M.C.A. HUT.

An adjournment was then made to the Y.M.C.A. Recreation Hut, the gift of Baron Profumo and Miss A. E. Hulme, Hon. Secretary of the Council, who is also resident there, and gives daily personal service.

A charming concert had been arranged, at which Mr. Reginald Clarke acted as accompanist, and also played a "Caprice" of his own. Miss Harvey sang delightfully "Gleaming Shells" and "Blackbirds, wake up," Miss Christison gave

two fine violin solos, and Miss Helen Hulme sang "Friend of Mine" with her well-known charm and high technical skill. A most clever performance, which secured an encore, was that of Private Harold, of the Queen's Royal West Surrey Regiment, at present in the A. 2 Ward at Fulham Military Hospital, who accompanied the "March in Scipio" on the bones with excellent effect, and in accurate time. This was followed by the "Blue Bells of Scotland," when he drew melody from a handful of spoons and forks annexed from the bar near by.

THE ASSOCIATION OF POOR LAW UNIONS AND THE COLLEGE OF NURSING, LTD.

The Annual Meeting of the above Association meets in London this week on the 23rd and 24th, when it will have before it a comprehensive report from its Executive Council—in which its negotiations with the College of Nursing are fully discussed. The question of who is going to be "top dog" on the governing body of the Nursing Profession should a State Registration Bill be passed is causing veritable anguish of soul to the officials of this and other Poor Law organisations; and Mr. Beavan's surmise, that once Guardians and Hospital Managers realise that the nurses have the audacity to claim self-government—thus following the excellent example of the male sex—"there will be a great furor," will no doubt be evident at the meeting.

In their report, the Council describe in detail the various methods undertaken by them in order to ensure proper recognition of the requirements of Poor Law Hospitals in case the College should become a statutory foundation in possession of such powers as would ensue on the establishment of wide powers under an Act of Parliament. They "arranged with the President as to the action to be taken if the College of Nursing Bill should be introduced into Parliament, and decided that the progress of the measure should be consistently watched, though they were of opinion that the chance of progress of any such measure in Parliament was very unfavourable at the present moment," and they also "instructed their Parliamentary Committee to take all necessary steps to safeguard the interests not only of Poor Law institutions which are recognised as Training Schools, but also the interests of those Poor Law institutions in which nurses are satisfactorily trained, but which, on technical grounds, do not come within the description of 'Training Schools'."

The Poor Law Officers' Journal opines:—"The Council of the Unions' Association have not moved one inch too far in their instruction to the Parliamentary Committee when the extent and authority are recognised for statutory powers such as are sought by the College of Nursing under its Bill. At the recent interview on the part of

representatives of the Association with the Hon. Arthur Stanley, M.P., and other promoters of this measure, it was stated that there would be no introduction of it during the present session, but the hope was also expressed by Mr. Stanley that later the Bill perhaps with some alterations might come forward as an agreed measure. In order to produce agreement any clauses which provide for or permit of regulations such as those we commented upon a fortnight since should entirely disappear, and nothing which permits of a semblance of similar control "the nurses's top-dogs" should be allowed to take their place."

The invitation from the College to hundreds of Poor Law Guardians to help form the Consultative Board to govern the Nursing Profession has had just the result we prophesied. When naughty little boys poke sticks into a hornet's nest, there can be but one result.

A JUST BILL OR NO BILL.

As we go to press we have received, too late for publication this week, a communication from the College of Nursing, Ltd., signed by the whole Council, which not only requires space, but due consideration. We shall deal with it in a document next week. In the meanwhile our advice to trained nurses is not to be persuaded to pay a registration fee until they can register under an Act of Parliament. Registration by a Limited Liability Company gives no professional prestige whatever.

As we reported last week the officials of the College of Nursing, Ltd., sent the privileged correspondence between the Central Committee and the College, on the negotiations on the Nurses' Registration Bill, to the "Nursing Press," run by hospital governors. Sir Henry Burdett could not, of course, resist the temptation of annotating the official correspondence. We hope the nursing profession will, however, realise the principles at issue between the Central Committee and the College and support the demand of the former for safe and just legislation. A just Bill or no Bill is the policy of the trained nurses' organizations, and the members will do wisely to support it.

Mr. Arthur Stanley proposes to visit Liverpool on Friday in this week, and Newcastle-on-Tyne, on December 8th, to speak about the College of Nursing. The Governors of Liverpool Hospitals have for long been strongly opposed to State Registration of Nurses. Let us hope that, if they are at last prepared to relent, it will mean real registration, which provides self-government for the nursing profession, and not what we might term Red Riding Hood Registration. We know what happened to that trusting and hapless child in the fairy story.

APPOINTMENTS.

MATRON.

Jessop Hospital for Women, Sheffield.—Miss Louisa H. Bolton has been appointed Matron. She was trained at University College Hospital, London, and has been Night Sister, Ward Sister, and Deputy Matron at the Samaritan Free Hospital, Marelbone Road, London, and Matron of the General Hospital, Tewkesbury, Staffs., as also a certified midwife, having received her midwifery training at the New Hospital for Women.

Aberdare and District General Hospital, Aberdare.—Miss Frances Hood has been appointed Matron. She was trained at the Royal Infirmary, Manchester, where she has held the position of Sister. She has also done Matron's duties at Rawcliffe Hospital, Chorley, and been Theatre Sister and Assistant Superintendent Nurse at Anlaby Road Infirmary, Hull, and Superintendent Nurse at the Infirmary, London Road, Coventry.

Isolation Hospital, Exeter.—Miss Breda Curtin Leahy has been appointed Matron. She was trained at the Royal Devon and Exeter Hospital, where she also held the position of Sister. She has also been Staff Nurse at the North Eastern Fever Hospital, Tottenham.

Convalescent Hospital for Soldiers, Denby Dale.—Miss M. A. M. Adcox has been appointed Matron. She was trained at the Royal Infirmary, Chester, and the City Hospital East, Liverpool, and has been Ward Sister at the Bradford Children's Hospital, Matron at the Convalescent Home, Parkgate, Cheshire, and Night Sister at the Children's Hospital, Leasowes, Cheshire.

SISTER-IN-CHARGE.

Miss Bridge Hospital, Darwen, Lancs.—Miss Gayane Jones has been appointed Sister-in-Charge. She was trained at the Bolton Infirmary.

HOME SISTER.

Royal National Hospital for Consumption, Ventnor.—Miss Louise J. Strange has been appointed Home Sister. She was trained at the Camberwell Infirmary, and has been Sister and Night Sister at the Royal National Hospital, Ventnor, and has also had experience of private nursing in the South of France and in Italy.

SISTER.

Royal National Hospital for Consumption, Ventnor.—Miss Ada L. Gough has been appointed Sister. She was trained at the Dudley Infirmary and has been Sister at the Ipswich Sanatorium and Night Sister at the Romsley Hill Sanatorium, near Birmingham.

North-Eastern Hospital, Tottenham, N.E.—Miss S. F. Kossiter has been appointed Sister. She received her training in the same hospital, gaining the gold medal of her year. She then served as Staff Nurse, and subsequently entered St. Bartholomew's Hospital for general training. She returned her certificate last October, and has now returned to the North-Eastern Hospital as Sister.

PRIZE ESSAY ON MATERNITY AND CHILD WELFARE.

Acting upon the advice of the Adjudicators, the Council of the Royal Sanitary Institute have awarded the prize of £50 and the Medal of the Institute to Miss Isabel Macdonald, A.R.San.I., Secretary Royal British Nurses Association, and Miss Kate Cropper Atherton, A.R.San.I., writing a joint essay under the motto "Isis."

PRESENTATION.

The monthly meeting of the Executive Committee of St. Lawrence's Catholic Home, Dublin, was held last week. A presentation was made by the Committee to Miss MacArdle, in recognition of her services to the Home for the past eight years, during which she has been Lady Superintendent. She has now resigned to take up a post under the Soldiers' Help Society. The annual meeting of the supporters of the Home has been fixed for Tuesday, December 5th, when Lady Wimborne has promised to attend.

RESIGNATION.

It is with great regret that we record the resignation of Miss K. V. Macintyre, Matron of the Royal Albert Edward Infirmary, Wigton, a position she has held with most honourable distinction for over a quarter of a century. In tendering her resignation Miss Macintyre said that she had hoped to continue in office until the end of the war, but her health would not permit the continued strain of the work.

The Chairman, Mr. A. M. Lamb, in proposing that the resignation be accepted, expressed his great regret at losing Miss Macintyre's services and his deep appreciation of them. He proposed that the Board of Management should place on record their thanks to Miss Macintyre for her splendid services to the institution, and moved the following resolution:—

"That the Board of Management of the Royal Albert Edward Infirmary in receiving the resignation of Miss Macintyre desire to place on record their high appreciation of the services rendered by her to the Infirmary during the 26 years she has been Matron. They hope that she will have many years to enjoy the leisure she has so well earned."

Mr. Appleton, Dr. E. Hodgkinson, and others, desired to be associated with the remarks that had been made, and the Vice-Chairman, Mr. Walkden, also spoke warmly of the splendid work Miss Macintyre had accomplished.

Miss Macintyre, who was trained at Westminster Hospital, was for five years Sister of Charlotte Ward at the London Hospital, and was appointed Matron at the Royal Albert Edward Infirmary in 1890. Throughout her nursing career Miss Macintyre has taken a deep interest in the organization of the nursing profession, and has fearlessly associated herself with associations of nurses working to obtain it. She is deeply respected by her colleagues, who will hear with great regret that her resignation is due to ill-health.

METROPOLITAN ASYLUMS BOARD.

EXAMINATION, OCTOBER, 1916.

The following is the list of successful candidates at the recent examination held for nurses at the Metropolitan Asylums Board's Fever Hospitals.

The full marks were 600, and the gold medallist, Miss D. W. Saddington (Western Hospital), obtained 90 per cent. of full marks, the silver medallist, Miss G. E. M. Robinson (Eastern Hospital), 80 per cent., and the bronze medallist, Miss F. Cunningham (North Eastern Hospital), 88 per cent.

LIST OF SUCCESSFUL CANDIDATES.

The letters in brackets indicate in each case the hospital at which the nurse is working.

I.—STAFF NURSES.

K. Fleming (S.W.), A. E. Mims (P.), J. Verkiijk (S.W.), M. B. Carroll (S.W.).

II.—PROBATIONERS.

D. W. Saddington (W.), G. E. M. Robinson (E.), F. Cunningham (N.E.), G. M. McHard (E.), W. M. Amos (P.), S. Wolfe (W.), E. M. Knowlton (P.), G. E. Dunford (E.), E. M. Ruddle (P.), L. Taylor (P.), D. M. Davis (N.W.), M. A. Monaghan (N.W.), J. A. Cox (W.), J. Moscarella (W.), D. M. E. B. Anderson (S.E.), A. Berryman (W.), W. K. Keen (S.W.), M. Austin (G.), G. D. Baker (P.), H. Griffiths (P.), A. S. Macintyre (W.), S. L. Michaelson (E.), M. I. Roud (P.), E. M. Lumley-Smith (N.E.), F. W. Simmonds (P.), R. Lord (N.W.), E. Webb (E.), G. P. Clark (S.W.), E. A. Wharmby (W.), N. M. Alexander (S.E.), B. M. Mills (S.W.), V. H. Fowler (N.E.), C. D. Penticost (P.), A. M. Pearce (S.W.), M. C. Lehane (N.W.), L. J. Niblett (E.), F. W. Piercy (N.E.), G. M. Fish (E.), T. H. O'Driscoll (S.W.), A. H. Weaver (P.), G. E. Darling (E.), A. W. Hall (P.), V. M. Taylor (E.), E. H. Terry-Cliffe (S.W.), F. G. Paxman (S.E.), A. M. Wicks (S.W.), G. M. Dawson (W.), N. F. Watson (E.), J. W. Bateson (P.), M. F. Condon (N.W.).

III.—ASSISTANT NURSES (CLASS II).

E. Thorpe (N.E.), E. A. E. Aylard (N.E.), J. Gladwin (W.), W. E. Downes (W.), M. Couch (N.E.), M. H. L. Jones (G.), F. McKay (N.E.), L. French (N.W.), M. A. Darby (N.E.), A. Honour (S.W.), I. F. Fellows (N.E.), M. M. Donovan (N.W.), M. Anderson (P.), A. Wilson (G.), E. R. Hutchings (W.), G. Hiron (S.E.), E. E. Honour (S.W.), F. C. McDonald (N.W.), L. E. Atkins (S.E.), R. Fowler (G.), D. Manning (N.W.), F. Bailey (S.E.), E. M. Meadows (N.W.), S. Edwards (N.E.), E. A. Donoghue (S.W.), D. E. Miller (P.), A. Drake (G.).

SUMMARY.

	Staff Nurses.	Probationers.	Asst. Nurses (Cl. II).	Total.
Entered	6	62	31	99
Passed	4	50	27	81
Failed	2	12	4	18

NURSING ECHOES.

An invitation is extended to all members of the Nursing Profession, and those in course of general training, by the Hon. Lady Superintendent and the Management Committee of the Imperial Nurses' Club, 137, Ebury Street, S.W., from Monday, November 27th, to Saturday, December 2nd. It is intended that this house warming shall provide an opportunity for seeing the Club. Tea and coffee will be offered to the guests during the morning from 10 to 12.30, and the afternoon, 2 to 6, each day. No doubt large numbers of nurses will avail themselves of this kind invitation. No. 137, Ebury Street, is close to Elizabeth Street, which runs into Buckingham Palace Road west of Victoria Station, so that all buses which run to that station will land visitors near Ebury Street, S.W.

The Nurses' Co-operation will hold its annual "At Home" at 22, Langham Street, on Friday, December 1st, when the result of the Nurses' Needlework Guild will be on show. Subscriptions and parcels of garments, for which there is this season a most urgent need, should be sent by November 26th to Miss Hoadley, the Hon. Sec., at 22, Langham Street, London, W. There is always a splendid assortment of useful garments to be seen at this "At Home," in which the members of the "Co" take great interest, and which are afterwards sent just where they know the need to be great.

The report of the Home Committee of Lady Minto's Indian Nursing Association shows that the work of providing highly trained nurses for private service in India has, owing to the war, been carried out under difficulties. For instance, of the eight nurses required in the spring, only five were sent, and of the six nurses and two midwives required in the autumn, two nurses and one midwife were supplied. The following are the Sisters sent to India since the issue of the last report:—Miss E. E. Reynolds, trained at the General Hospital, Bristol; Miss J. Lacon, trained Royal Infirmary, Liverpool; Miss L. M. McGill, trained Brookley General Hospital; Miss M. Pountney, trained County Hospital, Isle of Wight; Miss H. Parker, trained St. James's Infirmary, Ballham; Miss Mary P. Hamilton, certified midwife by examination, Women's Hospital, Brighton; Miss M. Forrest, trained Prince of Wales's Hospital, Tottenham, N.; Miss K. Smith, re-engaged. There was a balance in 1915 of £354 16s. 2d., making an available income of

£840 15s. 9d. Under the heading of expenditure, we find the passage money and expenses of the eight Sisters amount to £500 11s. 9d. Miss Sidney Browne (Matron-in-Chief Territorial Nursing Service) receives a salary of £75 as Secretary, and the Committee acknowledge the sum of £25 returned by her as a donation. We do not approve of a plurality of paid posts being held by the senior highly paid officials in the Government Services, especially at the War Office in time of war. We are of opinion that the whole time of such officials should be at the disposal of the country whose paid servants they are, and that the regulations should forbid their accepting remunerative work outside—over which the War Office has no control. We can hardly believe that such a regulation does not exist. If it does not, the sooner it is put in force the better for all concerned.

We hear that a lady is doing "sort of chaplain" at Netley. The men wanted to have prayers read, but the authorities declared "it would interfere with routine!"

Surely prayers might well be included in "routine." Sisters usually read prayers in hospital wards, although we remember in our Sister days how much we disliked the "routine" prayers we were directed to read, especially those which inferred that, had the poor patients behaved better in the past, they might not have had to suffer the many torments for which they were warded in the present—and another which demanded gratitude from the poor for the hospital treatment provided for them by the more fortunate in pocket. We gave up reading those Pharisaical "pars" from the prayer card, and found no difficulty in substituting petitions to the Almighty which the patients appeared to greatly appreciate. We always prayed that "our Father" would care for the home whilst "mother" was away—that no harm should come to the children—that fire and food should be provided. We well remember one poor thing whose bed was near the prayer stand whispering very earnestly, "Do ar'ist, Sister, as Bill may 'ave 'is clean shirt Sundays, and not pop Peggy's boots." We all prayed for the beautification of Bill on the Sabbath day, and that Peggy might not go barefoot, and no one found it the least amusing. But to avoid publicity, we invented "heart's desire." Before we said the Lord's Prayer, every woman silently asked for some blessing from on High, and then we pleaded for "heart's desire."

It seems incredible that we should have got into trouble for what a Scripture Reader called "playing prayer games," and we well re-

member how sympathetic was the late Mrs. Gladstone when we poured out our woes to her upon her next visit to the ward. She thought "heart's desire" a "happy human attitude pleasing to God," and she was specially solicitous about "Bill's" shirt and poor little Peggy's boots. Those who knew her will appreciate her comments (not devoid of humour) concerning these mundane concerns of the poor, whose very good friend she was.

The pioneer Sisters of forty years ago were often daring indeed.

We recently heard of a nurse, certificated in one of the largest London hospitals, and who has held an important post as Matron, who filled up her form for the National Register giving both of these qualifications, and in addition the facts, that she could drive, and was also a practical gardener. She had the curiosity later to enquire what the number on her card indicated, and was informed that it signified "utterly useless."

A nurse who lost the use of a finger while on the staff of the London Fever Hospital, Islington, obtained an award against the hospital at the Clerkenwell County Court last week under the Workmen's Compensation Act.

The circumstances, as related in court, were that the nurse was disinfecting the hairpins of a patient suffering from erysipelas when she pricked her finger with one of these pins. Medical treatment prevented the onset of erysipelas, but the finger lost its flexibility and prevented her following her work as a nurse. She had refused to allow the finger to be amputated, and her counsel urged it would be unwise to consent, as she was of marriageable age.

When questioned by the opposing counsel, she said that her fiancé had not refused to marry her if she had the finger off, and in reply to the further question, "If he came back from the war with his hand off, would you refuse to marry him?" she replied, "Of course not."

The judge held that she was totally incapacitated in respect to her work at the present time, and that she was entitled to compensation at the rate of 14s. 7d. a week from the time she left the hospital in July.

Nurse Buckler, of Claygate, Surrey, has refused to accept an increase of salary offered by the Committee. Nurse Buckler states that she appreciates the offer, but does not consider the present time the proper occasion for raising salaries.

PRACTICAL POINTS.

Col. G. F. Rowcroft, Temp. Major, I.M.S., has some very pertinent observations on nursing in the *St. Bartholomew's Hospital Journal* this month. Nurses should always remember that the comfort of the patient is their very special work. Col. Rowcroft says:—

"May I emphasise one or two little points about nursing which may seem self-evident, but each one of which was borne in on me about eighteen months ago when so seriously ill that I could not lift a hand off the bed.

"(1) The *taste* of medicines. I had often been ill, and pretty badly so before, but never worried much about the taste of my physic, and am not addicted to being fanciful; but, on the occasion referred to, it was a real physical torture to drink the stuff prescribed—t.i.d. When a patient is really ill, the physician should pay attention to this point, which is often quite ignored—as it was in my case. It is very easy, as a rule, to add something to improve or disguise the flavour.

"(2) See that hot-water bottles are really warm (*not* too hot), and placed where they can warm the patient. A cold and clammy bottle is disgusting, while a hot one out of reach is useless. I have often been left for hours in one predicament or the other. This, in cold weather, when one is really ill and helpless, is very trying. *Efficent* nurses and sisters would guard against such things, but there are inefficient in every line of life.

"(3) Use of feeding cup. *Before* using one with a patient for the first time, show him, or her, how he can use the tip of his tongue as a cork to stop the flow, in order to take breath, &c. And then, when you use it, *put the spout well into the mouth*. It may sound extraordinary, but I have repeatedly had the tip of the spout placed only just between my lips, with the result that the least movement on the part of the holder dislodged it and sent a rivulet down my neck, wetting me uncomfortably.

"Having got the spout well into the patient's mouth, *tip the cup up well*. (I assume that you have already explained how to 'cork' it up, if necessary, with the tip of the tongue.) It is irritating and annoying to only be able to get a drop or two at a time.

"(4) As regards making the bed: What is the prejudice some sisters and nurses seem to have against allowing the bed-clothes to come well up to the chin and ears? I have often seen a bed made, and have had my own made, in such a way that they only came up a little more than half-way above the top of my chest. This, in cold weather, is absolutely miserable, and makes one chilly all over.

"Whatever is worth doing at all is worth doing well, so, if a patient is to be made comfortable in bed, see that he really is so and not merely that the tops of the bed-clothes are all in one line.

"(5) In winter one may suffer much from cold hands in bed. Take my advice and if you suffer thus wear warm gloves. If reading or handling

things, it makes an immense difference in comfort although it may not be usual; but that is not the point.

"The above may all appear very trivial matters but they are not so to a sick person; and it is attention to all such little details which make all the difference between efficient nursing, such as one has a right to expect from trained people and the rough and uncomfortable experiences which one may expect only from the untaught."

CHRISTMAS DAY AT THE FRONT.

HOW TO SEND PARCELS TO THE FRONT

Letters and parcels intended for delivery to the troops by Christmas Day should be posted as long as possible in advance of the dates given below.

British Expeditionary Force in France and Belgium: Letters, December 16th; parcels, December 11th.

Egyptian Expeditionary Force: Letters, December 2nd; parcels, November 25th.

Salonika: Letters, December 2nd; parcels, November 25th.

Special attention is drawn to the following regulations:—

1. Letters and parcels must be fully and completely addressed.
2. Parcels must be very strongly packed.
3. Fruit, perishable articles, bottles, puddings, basins and the like are prohibited.
4. The name and address of the sender must be written on the outside of parcels; parcels which do not comply with this rule will be refused.

ASSISTING MUNITION OUTPUT.

At the annual meeting of the British Commercial Gas Association, held recently in London, when the President, Sir Hallowell Rogers, J.P. (chairman of the Birmingham Corporation Gas Committee), was in the chair, it was mentioned that the work of the past year had been largely directed to making known the many and growing industrial uses for gas as a fuel, especially in munition works, where the output has been greatly facilitated and the number of hands materially reduced by the installation of gas-heated crucibles and ovens, and also to assisting in the campaign for national thrift by publishing numerous hints on how to economise in the consumption of gas, while making the maximum use of its labour-saving and other advantages. It was also announced that a National Gas Council comprising the governing bodies of all the existing organizations in the gas industry, including the B.C.G.A., had been established to deal, as they arise, with matters of importance and urgency that concern all sections of the industry and call for united action on its behalf.

AN EXAMPLE FOR GREAT BRITAIN.

The Second Chamber at the Hague has adopted an article by which women will be eligible as members of the States General. Three cheers for the Dutch Parliament!

LADIES HELP UNIVERSITY COLLEGE HOSPITAL.

Mr. Anthony Hope Hawkins, presided over the sixteenth Annual Meeting of the Ladies' Association of University College Hospital, held in the Medical Schools Library on Tuesday, November 16th.

Satisfactory reports were presented by the Acting Secretary, Lady Elizabeth Dawson, and the Honorary Secretary, Lady Godlee. The Association is doing excellent work in providing garments for the use of the patients, and also in raising money for the support of three beds. The endowment of a fourth bed is being raised through its efforts.

The Chairman, in moving the adoption of the Report, said that it was true to say that a new spirit was abroad both as to giving and working. Those who, before the war, either from idleness or diffidence, had not undertaken regular, useful work, had now found out that there was a niche they could fill. Women were discovering new powers and capacities, and they had been readily appreciated. The spirit fostered by the war applied to work less directly incident upon it and which was not limited to its duration. All in the audience who were not members of the Association were invited to become so.

The Matron, Miss Finch, made a statement showing how valuable was the assistance rendered to her by the Association, and she said that through its kind offices she was able to supply all the demands for clothing which came from the Ward Sisters.

The Treasurer, Sir Ernest Hatch, Bart., said that after the war he for one should welcome the help of women in the administration of the Hospital, for he realised that, with the exception of the medical staff, the hospitals were entirely dependent upon their work.

At the conclusion of the meeting visitors were invited to inspect the hospital, and a considerable number availed themselves of the opportunity. The new Maternity block at the top of the building consists of three small wards and a labour ward. The chief centre of interest lay in the premature twin babies who had been born in the district during the previous night. Two weird little scraps of humanity they were, one weighing 2½ lb. and the other 2¼ lb. They had just been christened, and tiny Ambrose was wearily retracing his way back into the land where little babies are given the chance which is denied them here.

Down below, in the obstetric wards, there was a Cæsarian baby on view, a charming little person. Both she and her mother were excellent advertisements for the operation.

There was an air of homely comfort in the wards, and the custom which prevails in University Hospital of allowing each patient to have tea in her own teapot is much appreciated and compensates the nurses for the extra labour involved.

The military wards, which ordinarily accommo-

date twenty-four patients, now have to be stretched to contain forty beds. A convoy of twenty men from the front had been admitted the previous evening, and they already appeared quite at home.

H. H.

VENEREAL DISEASE: ITS RACIAL EFFECT.

The third lecture of the series on venereal diseases, organized by the Institute of Hygiene, was delivered on Tuesday, November 14th, at the Institute, 33, Devonshire Street, W. The lecturer was Lady Barrett, M.D., M.S., and her subject, "Venereal Disease and its Racial Effects."

Lady Barrett said that there were many racial questions, such as whether virility or numbers were of the most importance, and whether it would not be better to rear fewer children of a better type. This argument went out so far as venereal disease was concerned, for it affected both the number and quality, diminishing both. In its effect upon the birth-rate, it was largely responsible for the deaths of infants in the first twelve months of their lives, but the case of those who succumbed was not so pitiful as that of those who survived.

Its effects on the latter were more terrible, and resulted in the maiming of the race.

The difference between gonorrhœa and syphilis was that syphilis was inherited, but gonorrhœa was not, although it had even a more drastic effect on the birth-rate.

Lady Barrett instanced the far-reaching and terrible effects of syphilis and the loss to the nation, in production of labour, and cost of education. A blind child, after costing seven times as much to educate as a normal child, was still for ever handicapped. She spoke of the hardships and misery in families caused by this terrible disease, and gave some instructive statistics collected by Dr. Mott.

Dealing with gonorrhœa, the lecturer said that one of its saddest aspects was sterility in women, owing to the sealing of the fimbriated ends of the Fallopian tubes by inflammation which it caused.

It was often pitiful to see married people, both yearning for children, and the man inclined to be indignant, and both being totally ignorant of the cause of their disappointment. A woman so affected would often bear one child and no more.

The effect on the birth-rate from gonorrhœa could not be estimated as the family did not exist.

The maiming by blindness through this cause was terrible. The gonococcus could pass through the delicate membrane of the eye without any abrasion being present.

At an institution in Vienna for this disease, fifteen nurses had each lost an eye from being infected through ignorance.

It should be made a criminal offence for an infected person knowingly to infect another.

Every boy and girl should be taught how to avoid initial infection.

The lecturer emphasised the great importance of early and continuous treatment, and the responsibility that lay with nurses and midwives to ensure its being obtained.

At the close of the lecture some interesting questions were raised.

Dr. Murray Leslie asked whether in maternity hospitals it was the practice to treat women suffering from gonorrhœa.

Another question asked was if it were known whether male infants were more susceptible to syphilis than females, as there was a far greater proportion of deaths among the former.

Lady Barrett replied that the question had never been scientifically investigated.

BOOK OF THE WEEK.

"THE WORLD FOR SALE."

A tale of the North-West! A romance worthy of the name. For this book forsakes the well-worn paths of convention, and tells how the Romany conducts his wooing, and how the daughter of the Romany King breaks free from their primitive life and does battle with her wild instincts till she has subdued them and can rest content with her Georgio lover.

Why was Fleda Duse tempting death in the Rapids of Carillon? The girl had reached the angry thrashing waters where the rocks rent and tore into white ribbons the on rushing current, and her first trial had come on the instant the spitting, raging panthers of foam struck the bow of her canoe.

"Women are sich dam fools when they git going," gasped Osterhaut as he ran. "They don't care a split pea what happens when they've got the ptp. Look at her—my hair's bleachin'."

Fleda Duse had run the Rapids of Carillon. She had obeyed a desire that had become an obsession with her. She had heard a whisper as she wandered among the pine trees there at Lebanon, and it simply said "Now." She knew that she must do it; she had driven her canoe out into the resistless current to ride the Rapids of Carillon. Having accomplished this tremendous feat she fainted in her canoe and was rescued by Ingolby.

"It's like a thing in a book," he murmured, as he neared the waiting people on the banks, and the vesper bells came out to him on the evening air. Years before, the life of the daughter of the Romany King had been saved from death by a great lady, who in return had made her promise that she would not remain a Gypsy, that she would not marry a Gypsy. The chief, Gabriel Duse, had kept his vow to the woman who had given her life for the Romany lass. It had meant to him the sacrifice of his life and exile from his people.

But the man who had married her according to the custom of their race, when she was a child

*By Gilbert Parker. Heinemann, London.

of three, tracks her down and claims her as his own.

The girl who had shot the Rapids showed the young Romany of what stuff she was made although something primitive in her nature against her will responded to his wooing. Jethro Fawe tells her, "Seventeen years ago you and I were sealed before our Romany folk, for three thousand pounds, which your father gave to my father."

With a swift gesture she stopped him. "I never was bought, and I never was sold," she said to Jethro Fawe at last—"not for three thousand pounds, not in three thousand years. Look well at me, and see whether you think it was so, or ever could be so. Look at me well, Jethro Fawe."

The struggle in the girl's mind between what she recognised as a natural instinct for her race, and the aversion to the wild, lawless life that years of civilisation has bred in her is powerfully put.

The man who rescued her from the Rapids becomes her Georgio lover, and though she comes near to being carried off by Jethro, she escapes this fate and marries Ingoldby.

It may be supposed that the wild Romany did not yield his bride to another without revenge, and the price that Ingoldby paid was a narrow escape from blindness.

The death and obsequies of the old Romany chief, Fleda's father, form the closing chapters of the book. He is claimed by his people. The great chief was lovingly tended by his own Romany folk; while his daughter, forbidden to share the ceremonial of her race, remained with the stranger. With a face pale and cold as the western sky, the desolation of this last parturiz and a tragic renunciation giving her a deathly beauty, Fleda stood beside the man who must hereafter be to her, father, people, and all else.

H. H.

COMING EVENTS.

December 1st.—The Nurses' Co-operation "At-Home" Show of the Nurses' Needlework Guild, 22, Langham Street, London. W. Tea, 3.30 to 5.30.

December 6th to 8th.—Annual meeting of the National Council of Women of Great Britain and Ireland, and special meetings arranged by the Committees. Young Men's Christian Association Hall, Tottenham Court Road, W. Tickets, which must be paid for in advance, and further particulars, may be had from the Secretary, S.U.W.W., Parliament Mansions, Westminster.

WORD FOR THE WEEK.

In the hour of danger a man is proven—the boaster hides, the egotist trembles—only he whose care is for honour and for others forgets to be afraid.—DONALD HANKEY.

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.

ECONOMIC DETAILS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—I was glad to note in your last week's editorial that you reminded nurses working in hospitals and other institutions that the great increase in the cost of living really means that those nurses who live in arrears receive much higher emoluments, even if their salaries have not actually been raised. Few nurses are business women, and they do not realise these economic details.

Yours truly,

A HOSPITAL HOME SISTER.

THE PRICE OF PRIVATE NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—It is fortunate we private nurses need not now be out of work, as I find my expenses constantly increasing. I live in a little flat with a colleague, and we don't half like the price of food, coals, gas, laundry and the like when we are at home. Also our uniform costs much more than before the war. Do you think we might put on 5s. a week to our fees? Nurses in private are now quite a luxury. Everything has gone up this year excepting the price of nurses.

Yours faithfully,

T. C. P.

London.

"The price of nurses *has* gone up. Their board and lodging, which are part of their emoluments, cost the employer more than double, and we fear many cannot afford to pay more for private nurses. Nurses should be more economical and take better care of their uniform; keep it well brushed, it would then last longer and not look so shabby. Many nurses do not trouble to use an umbrella when in uniform, thus cloak and bonnet get spotted and untidy at once. Wear goloshes to save shoes in wet weather. Keep all underclothes carefully mended and don't waste money in flimsy apparel. We once had a uniform bonnet that looked quite fresh at the end of two years. It was always carefully brushed, wrapped in tissue paper, and placed in a box. Tidiness and lack of order are very expensive.—ED."

A FALSE ESTIMATE OF TRAINED NURSING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—The enclosed cutting recently appeared in the *Scot-man*, and furnishes yet another tribute to the heroism of the V.A.D.s at the trained nurses' expense. The lecturer was surely carried away by his enthusiasm when he made the following statement: "With a little training under the skilled Sisters, their work was as good as it might have been had they passed through a full nursing course." The italics are mine. I con-

sider that, from a medical man, this uncalled for glorification is most disloyal to the sister profession of trained nurses, and misleading to the lay mind as to the value and status of nursing training. No one would grudge the recognition of general intelligence and adaptability in a fellow-worker in any sphere; but such cannot take the place of professional training based on scientific principles, demanding both theoretical and practical knowledge as in the science and art of nursing. With a little more imagination the lecturer might have considered a tribute to the skilled sisters not altogether out of place, just to make things square anyway—as not only have they to consider the welfare and treatment of their patients, but have the additional responsibility of the training of unskilled workers under pressure of abnormal conditions, and the safeguarding of their patients against any drastic errors that may be committed (though unwittingly) by their heroic helpers.

I take this opportunity of enclosing a "mite" for the work of the cause, *i.e.*, State Registration, with hopes and best wishes that right and justice will win through soon.

Yours truly,

J. G. G.

Edinburgh.

[The following is the paragraph to which our correspondent naturally takes exception:—"No one can now look down on the work of the V.A.D. nurses," remarked Dr. Egbert Thompson in the course of a lecture which he delivered in St. Andrew's U.F. Hall, Edinburgh, yesterday afternoon. Dr. Thompson's lecture was devoted to an account of the work of the British Red Cross unit with the Italian Army in Gorizia. There are now four British units in Italy. The headquarters of the unit to which Dr. Thompson was attached were at San Giovanni, and their nursing staff included four sisters and sixteen V.A.D. nurses, who worked most heroically under the sisters. Doctors, he admitted, were loth to accept the assistance of the Volunteer Aid Detachment nurses, but in their experience they soon found out what they could do. With a little training under the skilled sisters their work was as good as it might have been had they passed through a full nursing course. The unit started with 25 beds, and their equipment had now increased to 130 beds, with sometimes 250 patients sleeping in the hospital, those who could not get beds being accommodated on mattresses on the floor. In the last rush, 400 cases were dealt with in three days. Many of the cases were simply dressed and sent on, and all had to be dressed once, and sometimes twice per day, and the V.A.D. nurses under the sisters attended to every one of the dressings, except the operated cases, in the most skilful manner. During a year's working 2,596 cases had been treated by the unit, and the 25 cars of the unit, each with accommodation for nine sitting cases, had carried 46,000 cases." We agree that it is very disloyal of a medical man to depreciate the skill which a trained nurse acquires after a long and arduous training, and incidentally to ignore trained nursing as highly scientific

work. The nursing provided by the British Red Cross Committee for the sick and wounded of the Italian Army should have been performed by highly qualified professional women, the rightful reward for efficiency, instead of by girls who have failed to train and make themselves *safe* attendants on the sick. But in this war the cream of active service abroad is lapped up by socially influential and self-sufficient women, and very blue skimmed milk allotted to the professional nurse. This is one of the big scandals of the war, which proves what a sham is our boasted democracy—and how dangerous it is for a woman's profession to be dominated by men.—ED.]

THE ORGANIZATION OF MESSAGE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—At a meeting held in Manchester to celebrate the establishment of a new Institute of Massage, the statement was made that there had been no proper organisation of the work up to the present time, also that there had been no standard of work. I should like to point out that there are already two thoroughly organised societies in the country, with the oldest and most experienced people at the head, having for their examiners members of the medical profession and masseuses of long experience and practice. There is no doubt that the best examiners in anatomy and physiology are members of the medical profession, but I think the doctors will agree with me when I say that those who are spending their lives in the work are the best examiners of practical massage.

Massage is an art and can only be successfully practised by those specially adapted to the work. As examining centres are needed all over the United Kingdom, it would have been much more useful, since a new Institute must start, to have started in another town and not in Manchester, where the National Association of Trained Masseuses and Masseurs has had an examining centre for five years, ever since its incorporation. The most modern methods are being used in massage, electricity, and Swedish Remedial exercises, in all the old-established colleges and schools of massage in the country, and the examinations of the two before mentioned societies are not only well organised but are quite up to date, the work including that bearing upon the wounds and other ailments of soldiers in hospitals.

Yours faithfully,

ESTHER J. BRUNT.

Middlesbrough.

OUR PRIZE COMPETITIONS.

December 2nd.—For what conditions is blood transfusion used? Describe modern apparatus and methods.

December 9th.—Give two "practical points" making for comfort when nursing the sick, one for use in hospital wards, one in the home.

December 16th.—What is anemia? (b) Why is diet an essential part of its treatment?

The Midwife.

THE CENTRAL MIDWIVES BOARD.

OCTOBER EXAMINATION.

At the examination of the Central Midwives Board, held on October 24th, in London and the Provinces, Wales and Ireland, 325 candidates were examined: 293 passed the examiners. The percentage of failures was 10.

LIST OF SUCCESSFUL CANDIDATES.

LONDON.

British Hospital for Mothers and Babies.—D. G. Ratcliffe.

City of London Lying-in Hospital.—J. Campbell, S. Flom, H. M. McBride, L. A. Read, M. F. Smith, H. M. Townshend-Smith.

Clapham Maternity Hospital.—A. R. Boyce, A. Butcher, N. Major, M. Wilson.

East End Mothers' Home.—L. B. W. Bird, M. H. Hamilton, M. Levitt, G. E. M. Servanté.

General Lying-in Hospital.—L. Bird, D. Castaldi, A. E. England, A. H. Goodgame, E. Humphries, M. A. McCurdy, R. M. H. Melton, E. E. Pentelow, M. R. Phillips, J. Ryan, V. E. Slade, M. A. N. Tabuteau, A. D. Tunstill, C. Unwin, M. Watson, L. R. B. Wilkinson.

Greenwich Union Infirmary.—R. Bright.
Guy's Institution.—J. M. D. Burns, G. M. Rees, D. S. Rice.

Jewish Maternity District Nursing Home and London Hospital.—L. Lewis, N. E. Lewis.

Kensington Union Infirmary.—D. K. Freear, E. F. Godwin.

London Hospital.—A. M. Buck, C. A. Dawson, J. Franklin, L. M. Holroyde, B. P. Smith.

Maternity Nursing Association.—C. E. Black, H. A. Cousins, M. A. Jones, D. S. Maundrell, A. M. M. Mulligan, E. M. E. Wilson.

Middlesex Hospital.—J. E. Fryer, F. M. Hill, M. Smalley, M. M. Stone.

Plaitow Maternity Charity.—F. M. Barrett, R. F. Bateman, M. Bolitho, B. E. Booton, A. F. Cowdell, E. Douce, G. M. Evans, L. A. FitzGerald, E. L. Hall, M. E. Hamar, G. L. Harvey, W. E. Jenkins, C. W. Jones, J. McCarthy, A. Morgau, K. Nelson, A. Palmer, E. E. G. Pearce, E. M. Perryman, E. M. Piggott, E. K. Russell, E. M. Russell, M. L. Salaun, M. J. Scott, A. Shaw, F. Walker.

Queen Charlotte's Hospital.—J. V. Barns, I. J. Bessey, J. A. Coles, J. Cookson, M. E. E. Davies, C. A. W. Dean, A. E. Grove, L. Hawksworth, A. Hinksman, E. A. Hughes, L. E. Marks, F. M. L. Morris, W. A. Kenne, C. A. Slack, H. Sutter, C. M. Tainsh, C. Thomas, P. M. Timmins, E. Trussler, A. Ward, E. F. Wyatt.

St. Bartholomew's Hospital.—E. K. Cheetham, M. G. Lincolne, E. S. Norster.

Salvation Army Mothers' Hospital.—L. E.

Farrow, J. E. Griffith, G. L. Moore, N. Pearson, E. Seaman.

St. Marylebone Workhouse Infirmary.—G. I. Linington.

St. Pancras South Infirmary.—G. E. Driver, University College Hospital. A. M. Dennis.

Whitechapel Union Infirmary.—D. M. Jarvis.

PROVINCES.

Aston Union Workhouse.—M. Parkin, M. J. Taylor.

Birkenhead Maternity Hospital.—A. D. Fleet, M. Pilling, M. A. F. Richardson.

Birmingham Maternity Hospital.—M. Brown, F. W. Davies, A. Doherty, M. C. Gregory, E. M. Heald, M. Turner, E. E. Walton, H. Wood, H. Woods.

Brentford Union Infirmary.—A. M. Kimber.
Brighton Hospital for Women.—A. L. Harrison,

I. F. P. Haslegrave, A. M. Jeffrey, F. S. Johnson, L. E. Sales, K. M. Ward.

Bristol General Hospital.—K. M. Bennett, G. M. Griffiths, H. R. Woodruff.

Bristol Royal Infirmary.—H. Rendall.
Cheltenham District Nursing Association.—F.

Corneille, M. J. Jeffrey, E. F. Watkins.
Chester Benevolent Institution.—L. Shard.

Cheshire Union Infirmary.—E. E. Hall, E. R. Oram.

Devon and Cornwall Training School.—M. L. Colman, A. H. Gillard, E. M. Henwood, R. I. Wyatt.

Derby: Royal Derbyshire Nursing Association.—M. Ireland.

Dewsbury Union Workhouse.—H. Burniston.
Gloucester District Nursing Society.—M. Chitson,

F. M. Furley, R. K. Pursey.
Leeds Maternity Hospital.—E. Booth, B. S. Brook, D. Curtis, E. M. Goodall, G. E. Helsdon,

H. J. More, A. E. Perrett, A. M. M. Regan, M. E. Roberts.

Leicester Maternity Hospital.—H. M. V. Chambers, E. A. Greenhald, J. Lee.

Leicester Union Infirmary.—A. S. Knight, A. Stacey.

Liverpool Maternity Hospital.—A. Blythe, L. Cockburn, M. Crowthurst, E. B. Dull, B. Heaton, E. Hewton, J. F. Muir.

Liverpool Workhouse Hospital.—A. H. Kyle, N. Read, E. M. Taylor.

Manchester: St. Mary's Hospitals.—I. E. Busby, J. Davies, J. Price, M. Swithenbank, A. Thompson, E. D. M. Walton.

Newcastle-on-Tyne Maternity Hospital.—F. W. Borrowdale, E. Thom.

Nottingham Workhouse Infirmary.—E. L. Hampson, E. M. Tarlton, C. E. Willbond.

North Bierley Union Infirmary.—E. M. Thornton.
Selly Oak Union Infirmary.—J. Stewart, A. Williams.

Sheffield Union Hospital.—I. Moister.
Sheffield Jessop Hospital.—C. Jessop, F. A. Nicholls.
Staffordshire Training Home for Nurses.—E. E. Barker, S. A. Partridge, L. M. Tomkinson.
Steyning Union Infirmary.—M. A. Todd.
Sunderland Union Infirmary.—A. S. Mills.
Walsall Union Workhouse.—E. Loat, E. Westwood.
Walton West Derby Union Infirmary.—C. C. Pace, M. A. Plummer.
West Riding Nursing Association.—M. J. Barnes, E. Osborne, L. Peoples.
Wills County Nursing Association.—E. G. Amis.
Wolverhampton District Nurses' Home.—M. E. Mander.
York Maternity Hospital.—H. Lawson.
York Union Hospital.—N. Hewitt.

WALES.

Monmouthshire Training Centre.—R. Davies, M. Sullivan.
Swansea District Nursing Association.—A. A. Taylor, S. Williams.

IRELAND.

Dublin National Maternity Hospital.—M. I. Harvie, A. Murphy.
Dublin Rotunda Hospital.—M. E. Fynne, F. J. Hennis, A. Lamb, F. M. Lunham, M. G. Picken.

PRIVATE TUITION.

E. Bartlett, M. Beach, D. K. Beer, R. Clarke, B. Edwards, E. Evans, H. Fisher, N. Green, M. J. Harding, E. H. Healey, J. A. Kendall, M. R. Mitchell, A. R. B. Palmer, E. M. Roberts, M. J. M. Robertson, H. Scott, E. A. M. Sewell, E. E. Spiers, G. E. Venning, O. E. Vernon, A. Wilson, M. Wood, C. Woodger.

PRIVATE TUITION AND INSTITUTIONS.

St. Mary's Hospital, Manchester.—E. S. Ceseant.
Huddersfield District Nursing Association and Huddersfield Union Workhouse.—E. M. Clegg, E. B. Hare.
Birkenhead Maternity Hospital.—J. Davies.
Stobhill Hospital, Glasgow.—F. Ferguson.
General Lyng-in Hospital.—J. Fleming.
A. Littler, M. Tipson, A. Trunley, East End Mothers' Home.—J. A. Flower.
Birmingham Workhouse Infirmary and Aston Union Workhouse.—A. H. Hill-Saunders, M. O. Smith.
South-Western Maternity Home and Kensington Union Infirmary.—M. Johns, A. A. Morris.
Bradford Union Hospital.—V. K. Jones.
Monmouthshire Training Centre and Newport (Mon.) Union Infirmary.—M. S. Lewis.
Fulham Midwifery School and G. Lev.—F. M. Seekins, F. C. Wainman.
North Bierley Union Infirmary.—R. Walmsley.

The Report on the work of the Board for the year ending March 31st, 1916, was submitted by the Secretary at the last Meeting, signed by the Chairman, and the Secretary directed to forward a copy to the Privy Council.

INFANT WELFARE.

Mrs. H. B. Irving, in a letter to the *Times*, writes that

The young mother of the working class compares favourably in all practical knowledge with her richer and more leisured sister; they both have much to learn, but the ignorance of the latter is not so obvious to the world, as she can always depute her work to paid employees. The poor young mother is generally intensely keen and ready to respond to teaching and advice when she can obtain it; such advice and teaching, however, have only been made possible for her of late years through the Maternity Centres and Schools for Mothers. That the infant mortality rate is very high is a well-known and regrettable reality, but that rate depends entirely on two factors, heredity and environment, and as 90 per cent. of all babies are born healthy environment seems to be of the most importance. The Infant Welfare Institute proposes that infant feeding and management should be standardized, but they have overlooked the greater problem which includes the less, that it is impossible to standardize environment with our present social conditions. The wealthy have benefitted in the past, not from being better mothers, not from possessing a greater number of breast-fed babies, nor from having a greater personal knowledge of mothercraft, but simply and solely because they can afford a better environment for their children.

Give them the environment of the poor—cellar dwellings, verminous houses, airless and smelly courts and alleys, overcrowding, insanitary conditions, greater facilities for contagion and infection and no means of isolation in the homes, poorer food, inadequate clothing, bad water supply, no means of keeping food in hot weather, prohibitive prices for all necessities as at the present time, and, above all, the everlasting ill-health or want of health of the child-bearing mother living below a certain standard and the two death rates would be very much on a level.

The great aim of the teaching of mothercraft to the poor is to educate women to demand the conditions of good motherhood. No one can make bricks without straw, and even a mother cannot produce and maintain a healthy baby if every law of Nature is defied and outraged, and citizens deliberately go on shutting their eyes to the true causes of the evil.

THE DOCKHEAD MATERNITY CENTRE.

The Secretary of the Dockhead Maternity Centre, 34, Oxley Street, S.E., writes that they are sorely in need of more funds, and that matters are worse than ever now, for, in spite of separation allowances, the high prices drive many mothers to go out to work who have never done so before. Bermondsey people are far too poor to support such an institution, and unless generous assistance is forthcoming from outside, the mothers and babies will have to struggle through this sad winter without the help they surely deserve.

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Vol. LVII

EDITORIAL.

THE PRESENT POSITION

At the present time when the authorities employing nurses are widely discussing the organization of the Nursing Profession through a Registration Bill, it is most necessary that trained nurses and the public should understand the principles for which the Central Committee for the State Registration of Trained Nurses is making a stand. We have therefore largely devoted our issue this week to placing before our readers the opinions expressed by various associations interested in the State Registration of Nurses, as well as the very important Statement defining the position of the Central Committee.

The Nursing Profession realizes that there are now two Nurses Registration Bills before the public, one drafted by the parent registration body, the Central Committee for State Registration, and the other by the new College of Nursing, Ltd., the original Bill being supported by an overwhelming number of the representatives of the various societies affiliated in the Central Committee. This Bill provides, as it always has done, for the direct representation of the profession of nursing on the Provisional Council empowered by Act of Parliament to make the rules to which the registered nurses will have to conform. It also provides that the authorities empowered to nominate representatives to form the General Nursing Council shall be clearly defined in the Bill, and that at the expiration of a term of grace a nurse must have had three years training in the wards of a hospital, or hospitals, and have passed an examination prescribed by the Council, before she is eligible for registration; thus a degree of self-government, three years' hospital training, and a central examination are provided for, not only for

the better organization of the nursing profession but also for the protection of the public. On the other hand the Bill promoted by the College of Nursing does not incorporate any of these fundamental principles, everything is to be left to chance.

Our readers are aware that negotiations between the Central Committee and the Council of the College of Nursing have been proceeding for many months, in the hope that a conjoint Bill might be agreed upon between these two bodies. We refer them to the simple and straightforward Statement by the Central Committee published in this issue on the negotiations which have taken place, and the reasons why they have been discontinued.

Of the nine Societies affiliated in the Central Committee, delegates of the R.B.N.A. and the Association for Promoting the Registration of Nurses in Scotland, have, without consulting the Central Committee, accepted office on the Council of the College and are therefore jointly responsible for its Bill. How far it is either permissible or possible for the same delegates to work at the same time upon the Governing Bodies of these two organizations, especially now that they have failed to agree, we do not venture to define, but we do state most emphatically that, so long as the Council of the College refuses to incorporate in its Bill the fundamental principles for which the Central Committee has always stood, it is impossible for any person to give conscientious support to the policy of both organizations at one and the same time, and, in our opinion, he or she must at this crisis choose whom they will serve.

We advise all those who desire just legislation for the nursing profession to study, with the greatest care, the various expressions of opinion which they will find in the following pages.

NURSING AND THE WAR.

The King has been pleased to confer the Royal Red Cross 2nd class on Miss Margery Gertrude Burn, Nursing Staff, Universities' Mission.

The story of the 70 sisters, who, with Miss Dowse, the matron, were on board the hospital ship *Britannic*, when, in defiance of international law as well as the laws of humanity, she was sunk by an enemy submarine, adds one more chapter to those already recorded of the valour of British nurses. The ship was bound for Mudros, to take on board the sick and wounded there, and the staff were at breakfast when the explosion occurred. They went on deck and lined up, calmly awaiting the launching of the boats. One of the officers of the R.A.M.C. stated to a special correspondent of the *Daily Chronicle* at Athens, "I know that women can be brave, but I never dreamed they could rise to such heights of cool, unflinching courage as those nurses did when under Miss Dowse, the matron, they lined up on deck like so many soldiers, and unconcernedly and calmly waited their turn to enter the boats.

"We men are proud of them, and we can only hope England will hear of their courage. They were magnificent."

The sisters have lost everything they had on board, medals, watches, money—but Miss Dowse pocketed the fork she was using at breakfast when the explosion occurred as a souvenir.

The Secretary of the War Office announces that Lieut.-Colonel Sir J. K. Fowler, K.C.V.O., M.D., F.R.C.P., has been appointed a member of the Supply of Nurses Committee, in place of Sir Frederick Treves, resigned.

It is to be hoped that this Committee will hurry up with its report, and that it will not hesitate to make very plain some of the reasons why the shortage of trained nurses is stated to be so acute. We learn that there is very strong feeling amongst

military hospital nurses, both at home and abroad, at the cutting down of their allowances, especially with the great increase of mess expenses. Also, naturally, trained women strongly resent the autocratic power of untrained commandants, who wear nurses' uniform and generally assume a knowledge of nursing, concerning which their experience is naturally most superficial. The profession will await an expression of opinion upon the part of the Supply Committee on these points, and it is to be hoped there will be no ambiguity concerning them. We believe a few persons have spoken plainly before the Committee on these two nursing questions.



MRS. ELBOROUGH.

A correspondent sends us a note of the outfit required by each member of a unit recently sent to Roumania. £12 was allowed for these articles, the cost of which was greatly in excess of that sum. 1 blue coat, 1 leather lining for same, 1 mackintosh, 1 blue felt hat, 1 soft hat for travelling, 1 stuff dress, 3 cotton dresses, 1 soft jersey, 2 mackintosh aprons, 2 bloomer suits, 10 linen aprons, 4 Army caps, 1 pair high rubber boots, 1 pair goloshes, 2 pairs strong boots, 2 pairs ward shoes, warm gloves, mittens, winter and summer underclothing, 1 small cabin trunk, tin or leather, 1 holdall. The mackintosh aprons and high rubber boots and bloomer suits are for typhus nursing.

The nursing staff of the base hospital at Sheffield are installed in comfortable quarters at Southbourne, until August, 1914 the Men's Hostel for the Training College, which accommodates just a hundred nurses. Even the billiard room of the main mansion has been metamorphosed, the table sent to the Western Road Hospital, and the suites of green stained furniture so arranged as to divide it as far as possible into dormitories. The bed-sitting rooms of the students are allotted to the sisters and nurses, and the V.A.D.s are in possession of the men's common room and library. An excellent Norwegian cook adds to the comfort of the establishment.

Mrs. Elborough, one of the Secretaries of the National Union of Women's Suffrage Societies,

who has recently been visiting the Millicent Fawcett Hospital Units in Russia, established by the Union for Refugees, has recently paid a visit to these units. The first is the Maternity Hospital at Petrograd, under the protection of the Empress. The building is provided by the Tatiana Committee, one of the leading war charities in Russia, which also provide the upkeep, and sympathy etc help is also given by the Union of Zemstvos, a progressive body in Russia. But the N.C.W.S.S. entirely maintains the *personnel*, which not only is doing excellent work in the present, but also is strengthening the bonds of international friendship.

The readers of this journal who are acquainted with Miss Thurstan's book, "The People who Run," will know something of the work at Kazin, a Tartar town where a Unit is coping with infectious disease, no other medical help being available for sixty miles. At Zaleshelika, in Galicia, they also had a hospital for military infectious cases. The place has been taken and retaken five times, and Mrs. Elborough says that the autumn colours as she drove there were lovely, but the run and loneliness are past description. She emphasises that the work being done by the Union is constructive work, and the gratitude of the Russian is unbounded. The Union therefore appeals for funds to maintain it. We are indebted to the Editor of *The Lady's Pictorial* for our charming portrait of Mrs. Elborough.

Miss E. Glover, writing in *Unity*—the Journal of the Royal Victorian Trained Nurses' Association—states that the Royal National Pension Fund for Nurses "now deducts 5s. in the pound income-tax on absentee Nurses' Pensions," and asks if there are any nurses in Australia quite dependent on this pension. She adds: "The loss of one-fourth in an income of less than £30 per annum is very serious." We quite agree that if correct, this is a great hardship, and further, however adjusted, persons with an income of only £30 per annum are exempt from paying income-tax.

QUEEN ALEXANDRA'S RELIEF FUND FOR NURSES.

We are informed that Queen Alexandra's Relief Fund for War Nurses has received a large number of applications during the last few months, all of which have been dealt with. Many nurses suffering from rheumatism and sciatica have been sent to Bath or Buxton and have in every case received great benefit from the treatment.

The house at Malvern, so kindly opened by Miss Hollins for the benefit of any of her nurses needing rest and change, has been full ever since it was opened in May. In every instance the nurses have returned from their visits thoroughly refreshed, both in mind and body, and full of gratitude for the very great kindness received. The fund has also been able to provide sanatorium treatment for nurses threatened with tuberculosis, from which they are receiving very great benefit.

A WAR ROMANCE.

THE CELLAR HOUSE OF PERVYSE.*

(Continued from page 428.)

The ambulance arrived at Mille, about six miles from Ghent, where the main street was "cleared for action," and they were told that on no account must they go there, so it was drawn up in a side street right in the heart of the battle. While Gipsy was attending to a wounded man, "there were sudden shouts and the jangle of field equipment and a hideous scuffle, and all in the dark, right around the car. Belgians, French, and Germans mextricably mixed in bayonet fighting swept past. The car held already one badly wounded man, and it was about time to move, so when the tense moment was past they worked their way out of the town to go back. But in doing so they naturally came under shell fire, and hardly had they started when shells burst within fifty yards of them, crashing into the ground and exploding with volumes of sickening smoke, leaving great pits.

"On this day Maui wrote, "It was most interesting; the sirapnel was screaming overhead the whole time—a most fascinating sound," and Gipsy, "It was a wonderful and grand day, and would not have missed it for anything."

Ghent, to which they returned, was not long a refuge, for one night Maui was awakened from her sleep to be told by the doctor that the Germans were upon them and they must fly. They reached Bruges next morning with their wounded, and the stiff cold men had been unpacked and fed and laid in comfortable beds in the convent hospital, "when like a thunderbolt came the news that the Germans had entered Ghent at seven that morning, and that twelve thousand of them, ruthless men, without pity or consideration for the fallen, were hastening forward to Bruges; so all the poor tired soldiers had to be carried down again and sent onward once more. It was heart-rending work."

Eventually "The Two" arrived at Dunkirk. "I think I never felt so truly miserable," says Gipsy, "as the moment when we passed the frontier line between Belgium and France. I have left my heart behind me in that brave, honest little country. There is something about Belgium that no other country has!"

To add to their woes the friends had a personal grief. Gilbert was missing. Gilbert, who had so endeared himself to the corps that they felt for him as for a life-long friend. One day they suddenly saw a familiar green uniform on a straight, slim, young figure, with the head held proudly and lightly as ever. There was no mistaking that

*"The Cellar House of Pervyse: A Tale of Uncommon Things from the Journals and Letters of the Baroness T'Serclaes and Maui Chisholm." A. & C. Black, Ltd., 4, 5 and 6, Soho Square, London, W. 6s. net.

gait and that gay insouciance; even before they had caught a glimpse of his face they had flown towards him with outstretched hands. Mairi's shrewd eyes saw the tender, quizzical look he gave her friend. Instantly it darted into her mind that there was something behind all this. Gipsy's white face and worried, pre-occupied manner had not been only for a surface friend. Mairi was clever beyond her years, and a loyal little soul; she led the way to the sea-shore indicating the road back to Malo-les-Bains (a short distance from Dunkirk, where they were then staying), and then quietly absented herself, and they did not miss her!"

Next day Dr. Munro arrived with the news that they were to have headquarters at Furnes, in Belgium, the party was to be re-organized, and M. de Broqueville, one of the sons of the Belgian War Minister, was to command one division of it. "Even in the three weeks that she had been with the Corps, Gipsy had already been dissatisfied with her own position; she felt that so much energy and usefulness was being run to waste for want of proper grip and organization," so she was glad of a new start. "Three of the ladies of the party were to work with the forward ambulances in future, collecting the wounded, and the other two were to remain at the hospital. Mrs. Knocker, it was un-

animously acknowledged, must be a 'forward' as, owing to her expert knowledge of cars, she was invaluable. "My driving was much more use than my nursing," she remarked, in speaking of these days; but there were difficulties in placing the rest of the party. It eventually fell to Mairi and the American lady to toss for the last place at the front, and Mairi, to her great joy, won."

One afternoon, after a call to Dixmude, when the road was being so hotly shelled that Gilbert, who was in charge, "waved a commanding arm, ordering them to begone," they were saluted on the way back by a Belgian officer in an armoured

car with a burst tyre, and asked if they would take some German prisoners back to Furnes, as otherwise he did not know what to do with them. Gipsy rose to the occasion, "I think it was the proudest moment of my life," she wrote. "The five Germans, well set up, fair, hard-eyed stripplings, were transferred to the ambulance without delay, and as they were installed, and the order given to start, the two friends saw with a sort of terrified glee that the Belgian officers did not think it necessary to provide an escort; they had too much to do elsewhere." The Two duly handed over their prisoners to authority.

THE GREAT IDEA.

Shortly after this, they met Dr. Van der Ghuinst again, and Mrs. Knocker, who had thought out many things, saw an opportunity of putting into practise her "great idea." "It seemed to her that a great deal of the ambulance work was running to waste. . . . Huge ambulances, consuming a great deal of petrol, were sent on trivial errands. One night she and Mairi had been ordered miles away with a great car merely to carry a bundle of bandages. At another time, she had actually been asked to take out 'sightseers' from England in one of the cars.

"It was after the wounded were collected that the shaking up over the vile roads' and the long interval before

they could be properly attended to, often resulted in death. There must surely be some way of preventing this. It seemed to Gipsy that a *poste de secours* right up as near to the firing line as possible, where the men could be treated for shock, and restored somewhat before they had to undergo the awful journey, would be the means of saving many."

Every morning early soup was made in a copper and carried by the orderlies to the trenches, only fifty yards away, and the men who had been on watch, or trying to sleep in their icy little shelters insufficiently clad, greeted the Two with enthusiasm, holding out their little mugs in stiff,



THE BARON AND BARONESS ON THEIR WEDDING DAY.

frozen fingers. But the success of the soup was almost eclipsed by the chocolate which succeeded it later in the day.

"Cauldron after cauldron of this was emptied as quickly as it could be made. When the men were relieved in the trenches they came over to the little cellar house and swarmed around it like bees, waiting patiently for their turn, and holding out those endless mugs which became like a nightmare to the fillers.

"The news of this extraordinary little centre of light and comfort right up in the ring line spread like wildfire, and every Belgian officer discovered that urgent business took him to Pervyse at one time or another in the next few weeks."

The worst bit of work was carrying hot chocolate to the sentries and outposts at night. "It could not be done until it got dark, and then, as often as not the shelling began. So they took their lives in their hands and never knew when they started out if they would come back."

Another of the Belgian officers of whom the Two saw a good deal was Captain Robert de Wilde, who got into the way of dropping in most evenings, but one morning a tall officer entered in the smart uniform of the Guides with crimson breeches, shining boots, green tunic, and peaked cap, and with him, for Gipsy, entered her fate. He handed her a message from his Colonel, and as he left a smile lit up his face and indeed the whole cellar. "That smile seemed positively to linger and irradiate everything in a remarkable way."

Later, when Gipsy was cycling to Headquarters to make herself unpleasant about something she could not get done, she saw a car coming in the opposite direction. "With a start which thrilled right through her, Gipsy saw that young Lieutenant de T'Serclaes, whose name she had now learned, was in the car." No word passed between them, but she "involuntarily looked back as the car spun on its way. It was a most curious coincidence but the Lieutenant looked back too, at precisely the same moment. Somehow the itching of annoyance and nerves fell from Gipsy, and she noticed how the larks were singing. She changed her mind after all; she wasn't going to bully Headquarters. She didn't feel she wanted to bully anyone to-day, and she rode back again to Pervyse in a state of serene bliss."

Supplying soup and chocolate was not the whole or indeed the chief reason for the settlement at Pervyse—"there were casualties to be attended to and much suffering saved; not only actual wounds but all those terrible hurts due to the exposure of men's bodies in circumstances of hardship and want."

Early in 1915 the Two received an unexpected visit from General Jacques, commanding the Belgian Army. He had been sent by the King of the Belgians to inform them that he had created them Knights Chevaliers of the Order of Leopold II, and he handed them the King's Order. "It was not until General Jacques had left them that they were able to think coherently, and then

they drank each other's health in a glass of Horlick's Malted Milk. On February 1st, 1915, they went to receive the decoration from the King himself, who pinned the cross on to their tunics and expressed his personal gratitude for their work. (In the picture of "The Two" which we published last week, they are wearing the decoration.)

It was only when German guns had been trained upon the cellar house and it had been struck by shells that they reluctantly evacuated it. Three times they were shelled out of various refuges, and finally they returned to Pervyse—their first love.

Here a new joy entered into Gipsy's life, for every now and again, when the weather was too bad for flying, the young Baron H. de T'Serclaes appeared, and "his wonderful smile irradiated the most dismal day." It is not surprising to learn that in November he proposed to Gipsy and was accepted, and that they were married on January 10th of this year. Captain Robert de Wilde was best man, and the congregation at the Roman Catholic chapel the bride had embraced the Roman faith before her marriage rivalled that to be found at any West End church at a Society wedding.

Mairi is still hard at work, having obtained permission for her father to share her life at Pervyse, and Gipsy, despite her new responsibilities, is still as devoted as ever.

All royalties from the sale of the book under review go to the cause, or donations may be sent to "The Cellar-House Fund," c/o A. & C. Black Ltd.

NURSES' MISSIONARY LEAGUE.

A quiet day for prayer and meditation is being held on St. Andrew's Day, Thursday, November 30th, 1910, by kind permission of the Rector, at St. James' Church, Piccadilly, conducted by the Rev. Stuart H. Clark, M.A., formerly in Calcutta, Vicar of Tonbridge. The general subject for addresses will be—

"THE SPIRITUAL SIGNIFICANCE OF OUR TIMES."

6.0 a.m. and 6.15 a.m.—Holy Communion.
10.0—12.30, Morning.—Morning Prayer. Address: "The Facts of Life."—Repeat. "The Fact of Christ."—Believe.

2.30—4.30, Afternoon.—Addresses: "The Fact of the Church"—Unite. "The Fact of the World"—Advance. "The Power of the Holy Spirit"—Hope.

5.30.—Shortened Evening Prayer.
7.30—8.30.—Intercession, with Address by the Rector, the Rev. W. Temple, M.A. Subject: "A Dedicated Nation."

There will be periods for Prayer and silent Meditation after each Address.

Mr. Clark will be in the Church from 12.30—1, and from 2—2.30 to give further help to any nurses who wish.

THE IMPERIAL NURSES' CLUB.

The Imperial Nurses' Club, 137 Ebury Street, fresh and shining in a coat of new paint, so that its next-door neighbours looked dingy in comparison, opened its doors on Monday last, and, as it keeps open house till December 2nd, it is now for nurses to pay it a visit, decide whether it meets their needs, and, if so, to become members.

THE HALLOWING OF THE HOUSE.

The ceremonies of Monday afternoon began with the Benediction of the House by the Archdeacon of London, when all present assembled in the dining room.

"Peace be to this house and to all that dwell therein," said the Archdeacon, and no sweeter blessing could be invoked on a house dedicated to the use of nurses whose mission should be to irradiate peace. And then: "O, Lord Almighty, we would humbly beseech Thee to hallow this house, and grant that Thy Blessing may abide on all them that dwell and work herein."

"O, Lord Jesus Christ, Who, while on earth didst graciously accept the services of holy women who ministered unto Thee, be pleased, we beseech Thee, to receive the ministry of Thy servants our nursing sisters, throughout the world; be Thyself ever present with them in these rooms set apart in their behalf."

Then the little company passed on to the drawing room where George Macdonald's beautiful hymn on the "Dedication of a House," was sung:

"Let the guard around it throw,
Be Thy Presence in its heart."

Then on to the Quiet Room, where the Archdeacon prayed, "Grant Thine own Peace to all who enter here, that with souls refreshed with new visions of Thy Love, Thy servants may pursue their calling to the glory of Thy Name."

After other prayers, the short service closed with the Benediction.

THE OPENING.

Shortly after the conclusion of this service, Lord French arrived with his aide-de-camp, and addressing those present said that he considered it a great honour and peculiar pleasure to have been invited, for of all the arduous and zealous workers in this terrible war, none deserved greater gratitude than the trained nurses. He had always been struck in the various wars in which he had met them with their high-souled Christian courage and devotion to duty. In Egypt, when the combat was with seething masses of dervishes, to fall into whose hands meant death or torture, the nurses approached as nearly as possible the danger zone, and only the most peremptory orders prevented them from risking capture.

In South Africa he met them again, and now, in France, no one could measure the great value

of their services. Since he had commanded the Forces in this country, he had seen in the hospitals how no effort was spared to make the surroundings of the patients cheerful and bright, and bring comfort, rest, and peace to them. But there must always be an atmosphere of sadness in a place where so many strong, vigorous young frames were struck down, and where, in spite of the gallant efforts of the men to conceal their pain and suffering, it was often very evident.

In the midst of this, for nearly two and a half years, our splendid nurses had worked week in week out, and no effort which could be made to put at their disposal a place where they could rest in happy and bright surroundings could be too great. Lord French expressed his pleasure at declaring the club open.

The Hon. Lady Superintendent, Miss C. H. Mayers, in an amusing speech, thanked Lord French for his presence and encouraging words; and then those present separated into little groups and, over friendly cups of tea, served with a daintiness which augured well for the future comfort of the members, discussed its prospects.

In the dining room the walls are soft green in tone, with warm crimson curtains and old prints in colour on the walls. Opening out of this is the lounge, supplied with papers and magazines, which in turn leads into the tiny garden, where the lady gardener has already planted bulbs, and foretells a springtime glory of blue and gold.

The drawing room is spacious, and furnished with comfortable easy chairs, and there is, further, a writing room where letters can be written undisturbed. The quiet room, with its beautiful pictures, should breathe an atmosphere of peace.

On the floor above are bedrooms, where members can be temporarily accommodated.

So the club is launched, and all will wish it well. Nurses are invited to pay it a visit.

M. B.

CASUALTY IN NURSING SERVICE.

WOUNDED.

Carruthers, Staff Nurse K., Territorial Force Nursing Service.

We hope these honourable wounds are not serious.

JOINT WAR COMMITTEE.

The following Sisters have been deputed to duty at Boulogne Headquarters:—

Miss J. M. Drummond, Miss E. A. Rattray, Miss M. Chapman, Miss C. Browning, Miss M. E. Duguid.

OUR PRIZE COMPETITION.

The question for this week, "For what conditions is blood transfusion used? Describe modern apparatus and methods," has not brought us a paper worthy of publication. Are nurses too busy or is their knowledge at fault?

THE CENTRAL COMMITTEE FOR THE STATE REGISTRATION OF NURSES.

At a recent meeting of the Executive Committee, the Hon. Nurse Secretary, Mrs. Bedford Fenwick, reported that she had received in her capacity as Editor of THE BRITISH JOURNAL OF NURSING, from Miss Rundle, the Secretary of the College of Nursing, Ltd., copies of the correspondence which had taken place between the Central Committee for the State Registration of Nurses and the College concerning the negotiations on the Nurses' Registration Bills, stating that copies had been sent to the Nursing Press.

As Hon. Nurse Secretary of the Central Committee, the correspondence was in her opinion confidential, and she had therefore not published it without the Committee's permission, but as the correspondence had appeared in other journals, she advised that it should also appear in THE BRITISH JOURNAL OF NURSING. Consent was given for the publication of the correspondence.

CORRESPONDENCE BETWEEN THE CENTRAL COMMITTEE FOR THE STATE REGISTRATION OF NURSES AND THE COLLEGE OF NURSING, LTD., ON THE NURSES' REGISTRATION BILL.

THE CENTRAL COMMITTEE FOR THE STATE REGISTRATION OF NURSES.

431, Oxford Street, London, W.

17th July, 1916.

DEAR MR. STANLEY,—I beg to enclose to you a copy of the second Draft of your Bill with the amendments interpolated as agreed by the Central Committee for the State Registration of Nurses at its meeting on Thursday, July 13th.

The Committee was gratified to find that four clauses as adopted by it at a former meeting, had been incorporated in the Bill. The Committee, however, felt that the Draft before it on the 13th instant needed considerable amendment and extension.

REMARKS.

Clause 2 (3). This clause provides that every nurse, whether certificated or not, during the time of grace, and every male and mental nurse, becomes *ipso facto* a member of the College. This is a point which requires further consideration if any prestige is to be given to membership of the College of Nursing.

Clause 3, 1 (i). Whilst agreeing to the inclusion on the Governing Body of Representatives of the Nurse Training Schools, the Nurse Representatives regret the necessity for the inclusion of such a principle.

New Sub-Section (d). A new paragraph would, if adopted, prevent the disorganization of an annual election, and materially decrease the cost of conducting the business of the Council.

New Sub-Sections. Dr. Chapple specially pressed for the two new Sub-Sections (IX) and (X) in Clause 4.

Clause 5. The Committee considers that the Nurses' Act, like the Medical and Midwives Acts, should include the names of the authorities which are to nominate their Governing Body—the General Nursing Council. The nurses feel most strongly on this point, and under Clause 4 they object to the words, "if thought fit," in Section 1 (i) as they recognise that it inserted there is no security whatever for their direct representation on their own Governing Body.

New Clauses 6 and 7. Dr. Chapple and the Committee also press for the insertion of new Clauses 6 and 7, defining the "Provision for Existing Nurses," and "Who may be registered," and Dr. Goodall understood that you had agreed to the principle of recognising a fever nurse's qualification, in addition to general experience, on the General Register; and he expressed the opinion that it would cause unnecessary friction and trouble if this provision is not made in the Act.

New Clause 11. The privilege of appeal by a hospital if aggrieved by the refusal of the Council to recognise it as a training school was insisted upon by the House of Lords, when the Nurses' Registration Bill was passed in 1908.

Re Definition Clause. Dr. Chapple strongly urged that the Definition Clause of what is a registered nurse and a registered male and mental nurse should be inserted.

If you wish to see Dr. Goodall and myself again on any of these points, we shall be pleased to attend.

It was understood that the Memorandum and Articles of Association of the College of Nursing, Limited, are at present under the consideration of its Council, so their discussion was deferred.

I am, yours very truly,

(Signed) ETHEL G. FENWICK,

Nurse Hon. Secretary.

To the Honble. Arthur Stanley, M.P.,

M.V.O., C.B.

BILL AS AMENDED THURSDAY, JULY 13TH, 1916,
BY CENTRAL COMMITTEE FOR STATE REGISTRATION.

Dr. Chapple desired that the following Definition Clause should be inserted in the Bill.

In this Act the term "registered nurse" means a woman nurse who is for the time being registered in the women nurses' general register, the term, "registered male nurse" means a male nurse who is for the time being registered in the male nurses' supplementary register, the term "registered mental nurse" means a mental nurse who is for the time being registered in the mental nurses' supplementary register.

Clause 4 (1). Delete the words (if thought fit) add (1) (d). At the expiration of two years from

the date of the first constitution of the Council, and at the expiration of every subsequent period of three years, the members of the Council whether elected or appointed, shall retire, but a retiring member shall be eligible for re-election or re-appointment.

Add IX, (page 3). Providing for a Register of Hospitals qualified to give the course of training prescribed by the Council.

Add (X). Providing for the appointment of visitors to such training schools, and for the addition to, or removal from, the list of such training schools.

Present sub-sections IX and X become XI and XII.

Clause 5 (1). On the passing of this Act and for a term of two years the Council shall consist of forty-five persons, of whom:—

- 2 shall be appointed by the Privy Council,
- 3 by Local Government Boards,
- 3 by the Council of the British Medical Association,
- 1 by the Medico-Psychological Association,
- 6 by the Nurse Training Schools,
- 15 by the Central Committee for the State Registration of Nurses, and
- 15 by the College of Nursing, Ltd.

Clause 6. Any person who within two years from the commencement of this Act claims to be registered thereunder shall be so registered, provided that such person is at least 21 years of age and is of good character, and (1) holds a certificate of training, or (2) produces evidence satisfactory to the Council of training, from a hospital or hospitals approved by the Council.

Clause 7. After the expiration of the said term of grace any person who claims to be registered under the Act shall be eligible to be so registered provided such person is at least 21 years of age, is of good character and has had the training under a definite curriculum prescribed by the Council in the wards of a hospital or of hospitals approved by the Council.

Any nurse whose name is placed on the General Register and who holds a certificate of the Fever Nurses' Association or its equivalent granted under the conditions approved by the Council shall be entitled, on payment of a registration fee, to have the words, "also trained in fever nursing," added to her record on the Register.

Clauses 6 and 7 become 8 and 9 and so on to 13.

Clause 14. If the Council refuse to recognise any hospital as an approved training school for nurses under this Act, the Governing Body of the Hospital or any person aggrieved by such refusal may make representation to the Privy Council, and the decision of the Privy Council shall be binding on the Council.

THE COMMITTEE FOR THE STATE
REGISTRATION OF NURSES.

431, Oxford Street, London, W.
30th September, 1916.

DEAR SIR,—At a full meeting of the Central Committee for the State Registration of Nurses, which

was held on the 28th inst., the fourth Draft of the Nurses Registration Bill, as approved by the Council of the College of Nursing, Ltd., dated July 27th, 1916, was considered by the Committee.

The Committee were agreed:—

"That, without prejudice to the further consideration of other Amendments, the Council of the College of Nursing be informed that this Committee consider the adoption of the following Amendments to the Bill drafted by the College to be so essential that, unless they are accepted by the College, the Central Committee cannot continue the negotiations."

The Amendments considered essential are numbered:—

Clause 5 (1).

Clause 6 and

Clause 7 in its entirety.

as agreed by the Central Committee on July 13th last, and forwarded on July 17th for the consideration of your Council.

And, as agreed by the Central Committee on September 28th last, such a modification of Clause 4 sub-section (1) as shall secure the following composition of the permanent Council.

That two-thirds of the permanent Council shall be elected by the registered nurses and one-third as defined in the Constitution of the preliminary Council, as follows:—

- 2 persons appointed by the Privy Council,
- 3 by the Local Government Boards (one appointed by the Local Government Boards of England, Scotland, and Ireland respectively),
- 3 by the Council of the British Medical Association,
- 1 by the Medico-Psychological Association, and
- 6 by the Nurse Training Schools.

We are further instructed by the Central Committee to inform you that, at the same meeting, the Executive Committee were directed to consider their own Nurses Bill of 1916, to make such amendments as they deemed necessary, and to be prepared to present it to Parliament in the event of failure of agreement between the Central Committee and the College of Nursing, Ltd.

Awaiting a reply at the earliest possible date,

We are, dear Sir,

Yours faithfully,

(Signed) ETHEL G. FENWICK,
Hon. Nurse Secretary.

(Signed) E. W. GOODALL,
Hon. Medical Secretary.

To the Honble. Arthur Stanley, M.P., M.V.O.,
C.B., Chairman of the Council, College of Nursing,
Ltd.

THE COLLEGE OF NURSING, LIMITED,

83, Pall Mall, London, S.W.

October 4th, 1916.

DEAR MADAM,—As your Committee are desirous of receiving an answer to their letter of the 30th ultimo, at the earliest possible date, I am taking upon myself to reply without having had an opportunity of consulting the Council of the

College of Nursing, with which, of course, the ultimate decision lies, and I write with the greater readiness as I cannot but feel that the differences between us are matters rather of expediency and policy than of fundamental principles. Both parties are out for State Registration, it is merely a question how to get it with a minimum of friction and delay.

To consider the amendments of the Central Committee to the Fourth Draft of the Council's Bill *seriatim*:—

Clause 5 (1). The difference here is in the main a difference as to the mode of appointment of the First Council. The Central Committee's Bill excludes names and suggests a list of appointing Bodies, the Council's Bill proposes to set out the actual names of the Members of the First General Nursing Council. It is a question which method is more likely to conciliate opposition and facilitate the passing of the Bill.

Against the Clause as proposed by your Committee the following criticisms at once suggest themselves:—

1. No representation of Poor Law Authorities or Poor Law Nurses.
2. No representation of Scotland or Ireland.
3. The difficulty of choosing six out of the who'e of the Nurse-Training Schools of the country without exciting jealousy amongst the excluded.
4. The cast-iron rigidity of the proposal and the certainty that in Parliament objections would be raised which might either wreck the Bill or result in a Council of quite unwieldy dimensions.

On behalf of the Council's proposal to set out the names of the First General Nursing Council, I urge:—

1. That it is more difficult in Parliament to object to the name of an individual than to a list of Nominating Bodies.
2. That Members are more likely to view favourably a Bill for Registration if they know of whom the First General Council is actually to consist than if they are asked to entrust the nomination of it to Bodies of whom they know little or nothing.

Here, of course, I ought perhaps to repeat that there is no intention on my part of receding from the position I have taken up all along that the Central Committee, which has done so much for State Registration of Nurses, should have just as many nominees on the First Council as the College has, and I should be very glad if the Central Committee would empower certain of its Members in whom it has confidence to enter into informal consultation with myself and a few Members of the Council of the College, so as to start right away upon settling a provisional list for the First Council. I fancy that if we once got to work round a table many of the difficulties anticipated would be found practically to solve themselves, and that we could get out a Council which would command the confidence of the Profession, of the public, and of the Houses of Parliament.

Clause 6. There are two differences between the Clause as drafted by the Council of the College and the Central Committee respectively. The Council says "within three years," the Central Committee, "within two years."

As a matter of fact the Council had originally put "two years" but it was pointed out that a probationer enters her training school normally for a three years' term of service, with certain regulations as to examinations and curriculum, which will very likely be disturbed when the Registration Bill becomes law. It would be unfair to bring her under these new regulations in the course of a training begun under other conditions, and hence the three years' grace to date from the passing of the Act.

The other difference amounts to this—that under the Clause as drafted by the Central Committee all registration of existing nurses would be stopped as soon as ever the Bill passed, until the First Council had made rules under Clause 4 (iv) "regulating the admission to the Register of persons already in practice as trained nurses at the passing of this Act." The Clause as drafted by the Council merely keeps the work of registration continuing on the old lines until modified by rules made under the Act.

As all "rules" have to be approved by the Privy Council and laid before Parliament, some delay is pretty sure to occur, and thus the Register of Nurses, unless registration goes on automatically in the interval, will be less complete than it need be when the nurses elect the permanent Council.

Clause 7. The difference here seems to lie in the use by the Council of the words, "Nurse-Training School or Schools," rather than the words, "Hospital or Hospitals." The former were approved because the Bill deals with Hospitals as places of education, as "Training Schools," in fact. Further, distinctions are often made between Hospitals and Poor Law Infirmeries. Moreover, the custom of the North Country speaks of infirmeries rather than hospitals; and finally, the Clause as drafted by the Central Committee requiring a Nurse to have had a training under a definite curriculum prescribed by the Council in the *wards* of a hospital, would, strictly interpreted, exclude from the curriculum the time put in by her in the Casualty or Out-Patient Department—which is clearly not meant.

Clause 4 (1). Here again, as in Clause 5 (1), the question is largely one of expediency. The Council of the College has been very strongly advised by their Solicitors and Parliamentary Counsel to lighten the Bill as much as possible by confining its provisions to main principles rather than to elaborating details, and the main principle we are interested in is that the nurses should appoint two-thirds of the permanent Council, and this, as you are aware, is laid down definitely in 4 (1) (a).

The proportionate representation of their interests may very well be left, I think, to the First Council, the attempt to define how it should

be done in the Bill itself would almost certainly lead to trouble and might even be fatal to the measure.

Perhaps I ought to say in conclusion that everyone of Parliamentary experience must be aware that there is absolutely no hope of passing a contentious Bill in the present state of public business, and that, therefore, an agreed Measure is the only chance we have of obtaining the State recognition of the Nursing Profession. Even then it is doubtful whether the opposition still to be expected from quarters which have been hostile hitherto may not be powerful enough to defeat our combined efforts.

I hope that the explanations that I have given of our Bill may convince your Committee that, as I said at the beginning of this letter, our differences concern details, not fundamentals, and consequently ought not to be incapable of mutual adjustment.

Yours sincerely,
(signed) A. STANLEY.

Mrs. Bedford Fenwick.

October 4th, 1916.

THE CENTRAL COMMITTEE FOR THE STATE
REGISTRATION OF NURSES.

431, Oxford Street, London W.

7th October, 1916.

DEAR MR. STANLEY,—I beg to thank you for your personal letter of explanation dated October 4th. Having consulted Dr. Goodall, the Hon. Med. Secretary, we desire to inform you that we have no further jurisdiction in the matter under discussion.

The Central Committee for the State Registration of Nurses directed us to forward to you, as Chairman of the Council of the College of Nursing, Ltd., the result of its deliberations at its meeting on September 28th last, and to ask that an official reply might be sent at your earliest convenience.

Awaiting this reply,

I remain, yours faithfully,

(Signed) ETHEL G. FENWICK,
Hon. Nurse Secretary.

To the Honble. Arthur Stanley, M.P., Chairman of the Council, College of Nursing, Ltd.

THE COLLEGE OF NURSING, LIMITED.

83, Pall Mall, S.W.

DEAR MADAM,—Your letter of the 7th inst. only reached me this morning. In reply I have to say that I submitted my letter to you of October 4th to my Council at their Meeting on October 5th, and it was approved. Will you, therefore, take my letter of October 4th as my official answer to your letter of the 30th September?

I am, dear Madam, yours faithfully,

(Signed) ARTHUR STANLEY.

To Mrs. Bedford Fenwick.

October 16th, 1916.

THE CENTRAL COMMITTEE FOR THE STATE
REGISTRATION OF NURSES.

431, Oxford Street, W.

October 16th, 1916.

DEAR SIR,—I beg to acknowledge your letter of the 16th inst., and note that your former letter

dated October 4th is the official answer for my Committee from the Council of the College of Nursing, Ltd.

I am, dear Sir,

Yours faithfully,

(Signed) ETHEL G. FENWICK,
Hon. Nurse Secretary.

To the Hon. Arthur Stanley, M.P., M.V.O., C.B.,
Chairman of the Council of the College of
Nursing, Ltd.

THE CENTRAL COMMITTEE FOR THE STATE
REGISTRATION OF NURSES.

431, Oxford Street, London, W.

October 25th, 1916.

DEAR SIR,—We are directed to inform you that at the meeting of the Central Committee for the State Registration of Nurses, held in London on Saturday, October 21st, your letter of October 4th was read and considered, and it was resolved:—

"That the Central Committee regrets it cannot recede from the position it has taken up, and fully communicated to Mr. Stanley in the letter of September 30th, and it has therefore determined to proceed with its own Bill."

We are, dear Sir,

Yours faithfully,

(Signed) ETHEL G. FENWICK,
Hon. Nurse Secretary.

(Signed) E. W. GOODALL,
Hon. Medical Secretary.

To the Honble. Arthur Stanley, M.P., M.V.O.,
C.B., Chairman of the Council of the College
of Nursing, Ltd.

COLLEGE OF NURSING, LIMITED.

6, Vere Street, W.

October 28th, 1916.

The Hon. Nurse Secretary, the Central Committee for the State Registration of Nurses.

DEAR MADAM,—The Hon. Arthur Stanley wishes me to thank you for your letter of the 25th inst. and to say that it will be placed before the Council of the College at its next meeting.

I remain, yours truly,

(Signed) M. S. RUXDLE,
Secretary.

THE COLLEGE OF NURSING, LIMITED.

83, Pall Mall, S.W.

November 7th, 1916.

DEAR MADAM,—I am desired by the Council to acknowledge the Resolution of the Central Committee for the State Registration of Nurses conveyed in your letter to me of the 25th ultimo, and to say that they much regret the abrupt termination by your Committee to negotiations for an Agreed Bill at a moment when substantial progress was believed to have been made. They fear that the action so taken may result in still further postponing State recognition of the Nursing Profession.

I am, dear Madam,

Yours faithfully,

(Signed) ARTHUR STANLEY.

Mrs. Bedford Fenwick. _j

A STATEMENT

ISSUED BY THE AUTHORITY OF THE CENTRAL COMMITTEE FOR THE STATE REGISTRATION OF NURSES.

The following Statement has been prepared on the instruction of the Central Committee, by its Executive Committee, concerning the negotiations which, unfortunately, have not resulted in agreement, between the Central Committee for the State Registration of Nurses, and the College of Nursing, Limited, negotiations entered into with the object of drafting a conjoint Nurses' Registration Bill.

The question of the State Registration of Trained Nurses has been before the public for the past quarter of a century, and, upon the initiation of the Society for the State Registration of Trained Nurses, a Bill was drafted which was introduced into Parliament in 1904, and in every subsequent session up to 1909.

In 1909 there were three Bills for this reform before Parliament, promoted respectively by the Society for the State Registration of Trained Nurses, the Royal British Nurses' Association, and the Association for Promoting the Registration of Nurses in Scotland.

In January, 1910, upon the suggestion of the Society for the State Registration of Trained Nurses, a Conference was held in London with the object of drafting a Bill which would be acceptable to the three bodies which, at that time, had Bills before Parliament, and to a number of Societies interested in the subject of State Registration of Nurses.

At this Conference, the Bill promoted by the Society for the State Registration of Trained Nurses, which Lord Amp-hill had carried through the House of Lords in 1908, was taken as a basis of negotiations. Lord Amp-hill presided, and the following societies were represented: The Royal British Nurses' Association, the Ma'rons' Council of Great Britain and Ireland, the Society for the State Registration of Trained Nurses, the Fever Nurses' Association, the Association for Promoting the Registration of Nurses in Scotland, the Scottish Nurses' Association, the Irish Nurses' Association, and the British Medical Association.

At this Conference a permanent Committee—the Central Committee for the State Registration of Nurses—consisting of five delegates from each of the above-mentioned societies was formed—to which the National Union of Trained Nurses has since been affiliated for the purpose of securing united action in regard to State Registration until a satisfactory law was passed by Parliament.

As a result of the Conference a Bill was agreed upon which received the support of all the Societies represented.

The Nurses' Registration Bill, above referred to, was introduced into the House of Commons by Mr. (now Sir Ronald) Munro Ferguson in 1910,

and at every subsequent session of the House until 1914.

As it was persistently blocked, and the Government did not allot time for its consideration, it did not reach a second reading.

In March, 1914, the Bill was introduced by Dr. Chapple under the ten minutes' rule, and, upon a division being demanded, leave to bring in the Bill was given by a majority of 229.

When war broke out, the Prime Minister debarred the introduction by private members of contested Bills into the House of Commons on subjects unconnected with the war, and the Bill of the Central Committee was therefore not introduced in 1915. The Committee realised also that the care of the sick and wounded would engage the attention and energy of the medical and nursing professions to the almost total exclusion of other subjects.

But on December 30th, 1915, the Honourable Arthur Stanley, M.P., Chairman of the Joint War Committee of the British Red Cross Society, and the Order of St. John, addressed a letter to the Chairmen of the Committees of Management of the principal hospitals and infirmaries in the United Kingdom in which he advocated the establishment of a College of Nursing.

In this letter, Mr. Stanley stated that "there is no unanimous feeling, either amongst those responsible for the training of nurses, or amongst the nurses themselves, in favour of any system of State Registration," and that his own view was "that, for the time, at least, we must rely upon a voluntary scheme of co-operation amongst the Nurse Training Schools throughout the country."

In appealing to the Chairmen and Governors of leading hospitals, physicians and surgeons lecturing to nurses, the Principals of Nurse-Training Schools, and of Nursing Associations, and other persons interested in the education of women to promote the College, Mr. Stanley failed to approach the Central Committee, or any of the self-governing associations of nurses.

His proposition was that the College was to be registered with his Memorandum and Articles of Association, at the Board of Trade, and that application should be made to the Board for its approval to omit the word "Limited" from the title of the Association. Notice was given, however, to the Board of Trade that certain trained nurses' associations intended to oppose the application, in the event of its being made, as they had successfully opposed, in 1905, a practically identical scheme which had been promoted under the title of "The Incorporated Society for Promoting the Higher Education and Training of Nurses" primarily by some of the persons who were now promoting the College of Nursing.

The promoters of the College, therefore, decided to register with the Board of Trade as a "Company Limited by Guarantee, and not having a share capital." The medical and nursing professions had, therefore, no opportunity of repre-

sending their objections to the Board of Trade, as they did in 1905.

Meanwhile, as one of the objects of the College, as stated in the Memorandum of Association, was to promote Bills in Parliament for any object connected with the interests of the Nursing Profession, and, in particular, with the education, or organisation, and protection of nurses, and for their recognition by the State, the founding of the College was a matter of peculiar interest to the Central Committee which had been formed for the furtherance of these very objects.

At a meeting held on January 15th, 1916, the Central Committee resolved to communicate with Mr. Stanley and his advisers, and ask Mr. Stanley to receive representatives of the Central Committee, and to afford them further information concerning his proposed Scheme.

In consequence, two meetings of representatives of the Central Committee and the College were held, on March 2nd, and on March 24th. The latter meeting was of some importance because the following resolution was then passed with only two dissentients:—

"That this meeting affirms, as the basis of any agreement, the necessity of (1) State Registration; (2) uniform curriculum; and (3) a one-portal examination after such period of training as may be found desirable," the promoters of the College, presumably, having become convinced that a system of voluntary registration would not receive the support of the nursing profession, a fact well known to those persons who had been promoting this reform for many years.

At this meeting, Mr. Stanley also announced that the promoters of the College had nominated certain ladies and gentlemen to form the first Council of the College.

At its meeting on April 13th the Central Committee for the State Registration of Nurses considered a letter from Mr. Stanley inviting the Committee to appoint nine delegates to meet a Sub-Committee of the Council of the College of Nursing, consisting of an equal number, "with the object of coming to an agreement upon the terms of a Bill to be brought before Parliament as an agreed Bill at as early a date as possible." To this the Committee agreed provided that its Bill was taken as the Draft to be considered. This proviso, however, was not carried out, but subsequently the College drafted a Bill, and upon the promise of Mr. Stanley that the Central Committee should, together with the College of Nursing, be inserted in the Bill as appointing an equal number of representatives on the Provisional Council—thus securing the direct representation of the organized Nurses' Societies on the Council which would frame the rules and regulations to which the Registered Nurses would have to conform—meetings of accredited representatives of the Central Committee and of the College took place. At these meetings the College representatives agreed to incorporate several other important provisions which the Central Committee considered essential for the protection of the Nursing Profes-

sion, and the Central Committee, in its desire to arrive at agreement with the College, went to the extreme limit of concessions compatible with the future safety of the Nursing Profession.

At the meeting of the Central Committee on June 2nd, in the Draft Bill of the College under consideration, the Central Committee was included as a nominating body on the Provisional Council, thus providing for the direct representation of the constituent nurses' organizations, formed to secure State Registration of Nurses, but, in the Draft considered on July 13th, the Central Committee had been eliminated, presumably by the Council of the College, and a proposal substituted that the first Council should be composed of 45 people to be mentioned by name in the Bill, a breach of agreement which deprives the Nursing Profession of direct representation on their own Governing Body.

At its meeting on September 28th, the Central Committee resolved to inform the Council of the College that if four amendments which were set out were not adopted by the College, the Committee would not continue negotiations, but proceed with its own Bill. This was without prejudice to the further consideration of minor amendments.

The four amendments to which the Central Committee attached so much importance were those relating to the Constitution of the Provisional and Permanent Nursing Councils, to the registration of nurses in practice at the time of the passing of the Act, and to the qualifications of nurses after the passing of the Act. The Committee was of opinion that there was no guarantee that either of the Nursing Councils formed in the manner proposed by the Council of the College of Nursing, would be representative of the interests concerned, and therefore desired to have it plainly stated in the Bill what bodies should appoint, or elect, the members of the Provisional and Permanent Councils.

In respect of the other two points the Central Committee was of opinion that the Clause in the Bill of the College of Nursing relating to the nurses in practice at the passing of the Act was not satisfactory, in that the conditions for admission to the Register are not explicitly stated, and that the Clause which specified the conditions of registration of nurses after the passing of the Act was too vague, as it did not enforce any hospital training, or examination, before registration.

There is, moreover, the fundamental objection in the Bill of the College that a voluntary College is to be associated with a Statutory Council. It is one thing for the College of Nursing to be represented on a Statutory General Nursing Council, it is quite another for the Council of the College to be the General Nursing Council.

As in the communication received from the College it did not signify its agreement to the amendments considered essential, the Central Committee at its meeting on October 21st, reaffirmed its intention, by a majority of 20 to 2, to proceed with its own Bill, in connection with which it considered and agreed to certain

amendments in order to bring it up to date, and reaffirmed the fundamental principles as follows :

1. That provision should be made for a Statutory General Nursing Council to regulate the qualifications of trained nurses and provide for their registration.

2. For Direct Representation of the Nursing Profession on the General Nursing Council, and the insertion in the Bill of the authorities empowered to nominate the Council.

3. For a three years' term of grace, after the passing of the Act, for the registration of nurses in practice—who hold a certificate of training, or produce evidence of training satisfactory to the Council—without further examination.

4. For the provision at the expiration of the said term of grace that a nurse must have had not less than three years' training under a definite curriculum prescribed by the Council in the wards of a hospital, or of hospitals, approved by the Council, and that such person must have passed such examination as the Council may prescribe.

LETTER SENT BY THE COLLEGE TO THE PRESS.

THE COLLEGE OF NURSING, LIMITED, AND STATE REGISTRATION OF NURSES,

6, VERE ST., CAVENDISH SQUARE, W.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—We find that there is an impression that the action of the Central Committee for the State Registration of Nurses in breaking off negotiations with the College of Nursing will in some way hamper the activities of the Council and delay their efforts to obtain State recognition for the Nursing Profession. This is not the fact.

The College stands for State Registration, and intends to use every means in its power to obtain it. By far the most effective step that can be taken in this direction is for the nurses themselves to continue to put their names on the Register, so as to hasten the time when the scheme will be placed upon the democratic basis to which it is our desire to attain.

We mean also to endeavour to enlist such support from the public as will justify the Council in preparing complete plans, upon which operations can begin as soon as ever the War is over, for a building worthy to be the headquarters of the profession.

Such an Act and such a College will be a worthy memorial to the countless women who have served their country in our hospitals at home and abroad, often at the cost of health, and too often of life itself.

Unlike the Bill of 1914, which has already been before Parliament, and which establishes a provisional Council and keeps it in existence until the "Lord President of the Council certifies that the task of forming a Register of persons entitled to be registered is sufficiently advanced to admit of an election of direct representatives of Registered Nurses," the College Bill makes the existing Register of the College the first Legal Register

under which the Nurses will proceed themselves to appoint their representatives upon the permanent Council so soon as the provisional Council has finished its task of framing the rules under which the Act is to be carried out.

Under these circumstances, we venture to hope that the Nurses throughout the country who have come forward with so much unanimity to support the College, will not relax their efforts; that they will interest their friends in it; and that they will sustain the Council in the prolonged struggle that lies before them in their endeavour to gain for Nurses the legal recognition and professional status which they have so long desired.

We are, Madam, Yours faithfully,

(Signed) ARTHUR STANLEY, *Chairman.*

A. B. BAILLIE.	J. MELROSE.
E. BARTON.	W. MINOT.
J. CANTLIE.	E. W. MOWAT.
R. COX-DAVIES.	E. M. MUSSON.
A. C. GIBSON.	M. E. RAY.
A. W. GILL.	M. E. SPARSHOTT.
J. GLAISTER.	A. LLOYD STILL.
A. HUGHES.	S. A. SWIFT.
A. MCINTOSH.	H. G. TURNBY.
COMYNS BERKELEY	C. E. VINCENT.

(Hon. Treas.) JANE WALKER.

E. COOPER PERRY (Hon. Sec.)

Members of the Council.

THE BREACH OF AGREEMENT.

The "Statement" issued by the Central Committee and published in this issue makes the situation quite clear. The Nursing Profession must understand that it was the Breach of Agreement by the autocratic Council of the College of Nursing, Limited, which made a conjoint Bill impossible, and led the Central Committee to discontinue negotiations. Direct representation of the Central Committee in the Bill, and in consequence direct representation of its constituent societies, on the Provisional Nursing Council was promised by Mr. Stanley, the Chairman of the College. This promise was fulfilled. The name of the Central Committee was published in one Draft of the College Bill. In the Fourth Draft of the Bill the name of the Central Committee was eliminated, and thus the Nurses' Societies, which had been working for State Registration for years, were disfranchised by the Council of the College, and only as members of the College could the nominees of the Central Committee acquire representation on the Provisional Council set up by Act of Parliament, because the Bill proposed to incorporate the College.

This was a grave breach of agreement, and the Central Committee wisely decided not to be placed in so invidious a position. It informed the College Council that unless the General Nursing Council under the Act provided for the direct representation of the British Medical Association, and the nurses' organizations affiliated to the Central Committee as promised, negotiations would cease. The College Council did not agree to secure this fundamental

principle of good government to the nurses on the Provisional Council, so the Central Committee pursued the dignified course of reaffirming its decision and determined to proceed with its own just Bill, drafted six years before the College of Nursing, Limited, cut across its bows.

A CONJOINT BILL, BUT NOT ABSORPTION.

The Central Committee was willing to negotiate in the hope of agreeing on a *conjoint* Bill, but it is quite determined not to be absorbed by the College Bill, and permit the professional disfranchisement of all the Nurses' Societies which have worked and paid for legislative reform, some of them for a quarter of a century. The present College Council excludes the nursing profession from *direct* representation, and is apparently determined, if possible, to pursue its autocratic policy by Act of Parliament.

In the above letter, signed by the whole Council, it urges trained nurses to place their names on its voluntary register, and incidentally to supply the funds for their own subjection.

DEMOCRACY IN THE FUTURE.

(1) It pleads with them to join the College, pay for the conduct of business, and in the dim and distant future "the scheme will be placed upon the democratic basis to which it is our desire to attain."

PLEDGING PARLIAMENT.

(2) The College Bill makes the existing Register compiled on a variety of standards, without consulting the profession, the first Legal Register, under which the nurses will proceed themselves to appoint their representatives upon the Permanent Council *so soon as the Provisional Council has finished its task of framing the rules under which the Act is to be carried out.* (The italics are ours.)

Exactly! Trained nurses are being persuaded to pay for voluntary registration upon a promise which pledges Parliament! It is not improbable that Parliament may object to being pledged and will not incorporate the Council of a Limited Liability Company as the Statutory Governing Body of the Nursing Profession—if there is strong opposition to establishing such a precedent.

We hope trained nurses realise the fact that they are to be kept off the Provisional Council set up by Act of Parliament until it "has finished its task (self-imposed) of framing the rules" which the registered nurses will have to obey! No more insolent assumption of authority over a body of professional women has ever been propounded. The letter is as tactless as it is unjustifiable, and proves how entirely out of touch with progressive nursing thought are the promoters of the College Company. It is thus self-sufficient and obtuse attitude towards the rank and file of the profession which would be amusing if it were not so intolerable.

MARTYRS TO THE CAUSE.

That these unfranchised nurses should now be appealed to "to sustain the Council in the prolonged struggle that lies before them in their endeavour to gain for nurses the legal recognition and professional status which they have so long desired" cannot really be read without a smile when we realise that quite a number of these self-appointed champions have for years fought tooth and nail, in season and out of season, and signed every anti-registration manifesto extant, to prevent the trained nurses of the United Kingdom obtaining the "legal recognition" for which they have pleaded, worked and paid, with such unflinching devotion, and whose self-sacrifice had brought State Registration within the sphere of practical politics before the College scheme was launched to reap the result of their labours. This is an aspect of the case which is severely criticised by many honourable people.

THE POLICY OF THE COLLEGE.

The position is simple and now clearly defined. The College Council stubbornly refuses to provide in its Bill for the *direct* representation of the Nursing Profession on the Provisional Council which is to frame the Rules to which the registered nurses will have to conform.

THE POLICY OF THE CENTRAL COMMITTEE.

The Central Committee is determined to safeguard the nurses' interests by providing for *direct* representation on their Governing Body, and from the inception of the Act, so that they may help to draft the rules they will have to obey, and that such safeguards shall be inserted in any Bill to which it agrees.

As the matter stands now, both the Central Committee and the College will proceed to support their own Bills, and needless to say the self-governing Nurses' Societies intend to enter upon an energetic political campaign to protect trained nurses from any form of legislation by which they will be governed by their employers without consent. Those who realise the disastrous results of such subjection should join the Society for State Registration of Trained Nurses, founded in 1902, and help to prevent the Prussianisation of the Nursing Profession. It was this Society which drafted the First Nurses' Registration Bill in 1904, which defeated the employers' Nurses Directory Bill in 1908, which drafted the Bill introduced into the House of Lords by Lord Amthill in 1908, which was passed with the support of the Government without a division at any stage; and which also took the initiative in opposing and defeating the dangerous Scheme for the Higher Education of Nurses at the Board of Trade in 1905, the constitution of which was almost identical with that of the College of Nursing Limited. This Society has proved its power of initiative and construction, and its fighting force, and it is determined that no Bill calculated to submerge the Nursing Profession shall become law without its most strenuous opposition.

THE NATIONAL COUNCIL OF TRAINED NURSES AND REGISTRATION.

The Annual Meeting of the Grand Council of the N.C.T.N. was held at 431, Oxford Street, London, W., on Thursday, November 23rd. The President, Mrs. Bedford Fenwick, was in the chair.

Miss B. Cutler, Hon. Secretary, stated that, owing to the war, the usual activities of the Council had been suspended, as the time of every member was very fully occupied. In the absence of the Hon. Treasurer she read the financial report, which showed a balance of 70 17s. 5d.

The President spoke on "The Organisation of the Nursing Profession by Act of Parliament," pointing out that in such legislation adequate self-government for the nursing profession could only be acquired through direct representation of the independent trained nurses, through their own professional organisations, which were free from official pressure. That this fundamental principle was denied in the constitution of the College of Nursing, Ltd., which was attempting to monopolise power over the whole profession through a nominated Council of Matrons, doctors, and laymen, and which had excluded all direct representation of the nursing profession. This dangerous autocracy must be resisted in any form of legislation proposed by the College of Nursing. It was the denial of direct representation of trained nurses on the Provisional Nursing Council set up in the College Bill, which advocated government by 45 irresponsible individuals, which was the chief reason that the Central Committee for State Registration had decided to discontinue negotiations with the College, and the self-governing nurses' societies affiliated to the Central Committee intended to stand firmly for this basic principle of all good government in any Bill to which they agreed. A just Bill or no Bill was their motto, and they had already secured a surprisingly large amount of sympathy from liberal-minded Members of Parliament and others. Mrs. Fenwick advised the members to instruct their colleagues on the rights of the question of the difference between the Bills drafted by the Central Committee and the College of Nursing, Ltd. There could be no agreement so long as the College Bill practically provided for the government of the nursing profession by lay committees of hospitals and infirmaries and senior officials of such institutions. The amended Bill of the Central Committee provided for the limited representation of certain interests such as the State, the Local Government Board, the Training Schools, the medical profession, but the trained nurses concerned were to have direct representation on both the Provisional and Permanent Nursing Councils, by which means no economic monopoly of their work, or dangerous disciplinary control over their lives by persons not responsible for their maintenance, could be effected—a condition of servitude made possible by the constitution of the College

of Nursing, Ltd., and by the type of legislation proposed in its Bill.

The President was thanked for her address, and the following Resolution proposed by Miss C. M. Wade, Leicester Royal Infirmary Nurses' League, seconded by Miss H. Hawkins, St. John's House Nurses' League, and supported by Mrs. Andrews, League of St. Bartholomew's Hospital Nurses' was passed unanimously:—

SUPPORT OF THE CENTRAL COMMITTEE'S BILL.

"That this Meeting of the National Council of Trained Nurses of Great Britain and Ireland desires to place on record its approval of the action of the Central Committee for the State Registration of Nurses in amending its Bill so that it can be introduced into Parliament when occasion permits, and to express its satisfaction that the Bill provides (1) for a Statutory Nursing Council for the organisation of the Nursing Profession on which trained nurses have direct representation, and (2) for the One Portal System of registration, after a three years' term of training in a hospital or hospitals, and a Central Examination."

SUPPLY OF NURSES COMMITTEE.

The President reminded the meeting that a Supply of Nurses Committee had been appointed by the War Office to "suggest the most economical method of utilising their services for civil and military hospitals," on which the thousands of nurses in Great Britain had not been accorded representation, and a registered letter sent to the War Office suggesting that this grave omission should be rectified had not even been acknowledged, she had therefore declined to give evidence before the Committee. The following Resolution, proposed by Sister Cartwright, Registered Nurses' Society, and seconded by Miss Waind, League of St. Bartholomew's Hospital Nurses, was passed unanimously:—

"That the National Council of Trained Nurses congratulates the Irish Nurses Association on having been granted direct representation on the Supply of Nurses Committee by the War Council, and begs to urge the Secretary of State for War to accord the same measure of justice to the Nurses of Great Britain through the National Council of Trained Nurses."

ELECTION OF HONORARY OFFICERS.

The following Hon. Officers were nominated and elected:—

Vice President: Miss MacDonald, R.R.C., Irish Nurses' Association, vice Miss Husley, term expired.

Directors: Miss Heather-Bigg, Matrons' Council, Miss J. Davies, Leicester Royal Infirmary Nurses' League, and Miss Villiers, League of St. Bartholomew's Hospital Nurses.

Hon. Treasurer: Miss C. Forrest.

Hon. Secretary: Miss B. Cutler.

APPLICATIONS FOR AFFILIATION.

The applications for affiliation from the National Union of Trained Nurses, and the League of

St. Bartholomew's Hospital Nurses, Rochester, were considered, and both societies admitted with great pleasure. The President proposed that the preterential treatment accorded to the Matrons' Council and the Irish Nurses' Association, both nationally organised, should be extended to the National Union of Trained Nurses. This provided that the President for the time being of the Union would have a seat on the Executive Committee and rank as an Hon. Officer. This was unanimously agreed to, the opinion being expressed that solidarity of the nurses' organisations at this crisis was imperative. The President reported that two more Leagues of Nurses were in process of organisation and hoped to apply for affiliation at an early date.

AMENDMENTS TO THE CONSTITUTION.

A few minor amendments to the constitution were considered and agreed to.

CONGRATULATIONS TO MRS. HENNY TSCHERNING.

Miss Heather-Bigg proposed that the congratulations of the Council should be sent to Mrs. Henny Tscherning, President of the International Council of Nurses, who had recently been decorated with the Cross of the Legion of Honour by the French Government in recognition of her splendid work for sick and wounded French soldiers, carried on at the Danish Hospital in Paris. This was carried by acclamation.

The President reported that Miss Dock, the Hon. Secretary of the International Council of Nurses, saw no hope of holding the meeting of the Council in Denmark in 1918, as approved at San Francisco. The meeting agreed regrettably that during the period of this terrible war such an international meeting was impossible.

The meeting then terminated.

BEATRICE CUTLER,
Hon. Secretary.

THE ASSOCIATION OF POOR LAW UNIONS AND REGISTRATION.

At a meeting of the Executive Council of the Association of Poor Law Unions, held at the Connaught Rooms, London, W.C., on Wednesday, November 22nd, the proposed Nurses' Registration Bill of the College of Nursing was considered, together with the attitude to be adopted by the Association, and a Report adopted for presentation to the Annual Meeting on the following day.

The Council decided (1) that the Association can, with advantage, sympathetically consider the objects of the College, with a view to active co-operation, subject to such proposals and conditions as may be necessary in order to safeguard Poor Law interests in the matter, and effect equalization of the Nursing Service; (2) that Poor Law interests can only be properly safeguarded by representation on the Nursing Council

of persons directly appointed by the Council of the Association of Poor Law Unions; (3) that the number of representatives of the Training Schools of General Hospitals and of Poor Law Authorities should not be less than one-third of the whole number of such Council; (4) that one-half of the representatives of the Training Schools upon the proposed Council should be representative of Training Schools of Poor Law Authorities; (5) that the conditions of registration at present existing as regards the College of Nursing should be revised so as to provide that for the registration of existing nurses, until the expiration of three years from the passing of the proposed Nurses' Registration Act, any nurse holding a certificate of a Training School recognized by the Local Government Board should be entitled to be registered; (6) that any Training School for Nurses sanctioned by the Local Government Board should be recognized as a Training School for the purposes of the College of Nursing.

On the following day, this report was presented to the annual meeting, supplementing Clause XIX of the Report of the Executive Council, the last section of which runs, "The Council also instructed their Parliamentary Committee to take all necessary steps to safeguard the interests, not only of Poor Law Institutions, which are recognized as Training Schools, but also the interests of those Poor Law Institutions in which nurses are satisfactorily trained, but which, on technical grounds, do not come within the description of 'Training School.'" Consideration was postponed.

At Friday's meeting, the President, Sir John Spear, called on Alderman F. J. Beavan to move the adoption of the report, but, on his suggestion, Mr. H. List (Croydon), Chairman of the General Purposes Committee, undertook this duty and made a general statement on the question, and also on the deputation of the Parliamentary Bills Committee to the Hon. Arthur Stanley. He said in this relation that they must not allow anything disadvantageous to one class, and whenever legislation was enacted, nothing prejudicial to Poor Law nurses or Poor Law interests must be permitted. What struck them as most curious was that the College of Nursing became established without any reference to Poor Law Authorities. Some people suggested that this was done purposely, and that the College was hostile to Poor Law interests. He would not say that, although subsequent proceedings seemed to favour that view. He contended that the Poor Law interests, regarded from the number of beds, were the largest concerned, and also commented on the fact that, whereas a general hospital of 40 beds might be recognised as a training school, a Poor Law school must have 250. He indicated the lines on which co-operation of Poor Law authorities might be possible, and their minimum requirements.

The Chairman laid stress on the fact that Mr. Stanley had told the deputation that he hoped the Local Government Board would take up the Bill.

That gave greater importance to the question than if only a Limited Company were acting.

Miss Hawkins (Barnet) asked if the Bill became law, of what direct advantage it would be to nurses. Did it secure the one portal of admission?

Miss C. Cochrane (Caxton) asked what would be the position of nurses in lunatic asylums and in country districts, these nurses received the training most suitable to them, in districts, not hospitals, and they were then bound over to work in districts for three years. It would be exceedingly unfair if they were put out of the pale, and looked on as inferior persons. She thought the College would like to snuff them out altogether. Again hospital nurses would not stay five minutes in the rural workhouses. In the workhouse with which she was acquainted they had a woman who was an expert in attending to sore backs and ulcers. Such women should not be treated as inferior mortals by set up nurses.

The Rev. W. Mahon, Chairman of the Wakefield Guardians, said he was there to offer the most uncompromising hostility of his Board to the Fourth Draft of the College Bill (at that were the last, but they seemed to be produced by magic). They were not hostile to the principles concerned, but to the whole College scheme under which guardians were absolutely and completely ignored. He considered it a direct insult to a set of publicly constituted authorities. It had been said by the deputation that Mr. Stanley treated them courteously *now*. He didn't thank him. It might be described as a death bed repentance, for he found, now that he had learned something that he *had* to consider the poor law authorities. He understood the Governing Council was to be under the absolute control of nurses. Nurses had not shown great powers of organisation, nor had they any organisations to deal with the question. Yet guardians who were experts, and knew what they wanted were to hand over their interests to a body of interested persons. (A voice: Employers' Bill.) His Board were of opinion that under no circumstances should they support the proposals of the College till they got what was reasonable and fair. They would not give their support to this or any other measure brought up by amateurs.

Mr. Arthur Chapman (Holborn Union) pointed out that the College of Nursing proposed to adapt *if thought fit* the certificates of certain training schools, but he was of opinion that this power would probably be taken away as soon as possible, on the ground of co-ordination, and considered that as part of the conditions required by the Association, they should arrange that the certificates of the training schools should be considered sufficient qualification for registration.

The Reverend J. Shaw (Epsom) agreed with the Chairman of the Wakefield Guardians and commented on the uninform precipitancy with which the College of Nursing had made its appearance in the world. He thought before it was much older it would have lost some of its illusions

and delusions. When the scheme was first brought out, his Board were as astounded as it was possible for guardians to be. "Look," he said, "at the presumption of people who say they are endeavouring to secure the higher education of nurses, and who do not give one test. The Association should say, 'we want to know what your test is to be, we know what our own is.'"

Miss Hawkins (Barnet) said she spoke as a Poor Law Guardian and as a trained nurse. Mr. Mahon had touched the right nail on the head in speaking of direct representation, but it was incorrect to say that no association of nurses had considered the question. There was a large association of nurses—the Society for the State Registration of Trained Nurses—which had been working at this question for many years, and which was ready to fight, able to fight, and meant to fight for a just Bill, providing for a central examination, and a uniform curriculum, the only things worth having. She asked the audience whether they supposed the provision for the recognition of the certificates of certain training schools meant poor law schools. She was of opinion that it referred to a few privileged general hospitals.

A question was asked as to whether the nurses' association had come to any decision on this Bill, and Miss Hawkins replied that it had, and further it had come to the definite conclusion that it was strongly opposed to the constitution of the College and intended to fight for the nurses' interests.

Mr. List having replied, the Chairman enquired whether the Association agreed with the action of the Executive Council as defined in paragraph 19 of its report, and this was endorsed.

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

A meeting of the Executive Committee and members of the Association was held in the Christian Institute, Bothwell Street, Glasgow, on Friday, November 24th, 1910. Lord Inverclyde occupied the chair and amongst others the following members were present: Professor Glaister, Colonel Mackintosh, Major McCubban-Johnston, Dr. Newman, Sir James Aitick, Dr. Robertson, (Morningside Royal Asylum), Dr. Munro Ker, Dr. Maxton Thom, Miss Gill, R.R.C., Miss Melrose, R.R.C., Miss Gregory Smith, R.R.C., Miss Davidson (Bangour), Miss Rough, Miss Merchant, Miss Shepherd, Miss Kay, Miss Walker, Miss Dennis, Miss Brunsey, Miss Gordon, Miss Maxwell Camelon, Dr. C. Ker, Miss Graham.

Professor Glaister moved and Miss Gill seconded the following resolution, which was unanimously adopted and forwarded to the Central Committee, held on the 25th ulto.—"That the Association for the Promotion of Registration of Nurses in

Scotland protests against the action of the Central Committee for the State Registration of Nurses in London in determining (1) to break off negotiations with the College of Nursing, Ltd., at a time when unanimity of action seemed so hopeful, and (2) to proceed with its own Bill without having first consulted the members of the Associations represented on the Central Committee in view of the fact that substantial progress in the negotiations between the two bodies toward an agreed Bill seems to have been achieved."

IRISH NURSES' ASSOCIATION AND STATE REGISTRATION.

A general meeting of the members of the above Association was held on Saturday, the 25th ult. Miss Ramsden presided. There was a very large attendance of members.

Miss Huxley and Miss Carson-Rae gave an account of the establishment of the College of Nursing and the negotiations that had taken place between the representatives of the College and the Central Committee for the State Registration of Nurses, to which the I.N.A. is affiliated. These negotiations were concerned with trying to get an agreed Bill for the State Registration of Nurses. Miss Huxley explained why these negotiations had been broken off and why the I.N.A. had decided to stand aloof from the College for the present.

APPOINTMENTS.

THEATRE SISTER.

Samaritan Free Hospital, Marylebone Road, N.W.—Miss Cecilia Tompson has been appointed Theatre Sister. She was trained at St. Bartholomew's Hospital, where she has been Senior Theatre Nurse. She has also held the position of Sister at Haslar Hospital, and is a certified midwife.

SISTER.

Samaritan Free Hospital, Marylebone Road N.W.—Miss C. Dickson has been appointed Ward Sister. She was trained at the West London Hospital, and has been Staff Nurse and Temporary Sister at Queen Charlotte's Hospital, and Ward Sister and Temporary Night Sister at the Hampstead General Hospital.

NIGHT SISTER.

St. James's Infirmary, Balham.—Miss Ethel Coke has been appointed Night Sister. She was trained at Burnley Union Infirmary, and for midwifery at Queen Charlotte's Hospital, London, and has had experience at Southampton Fever Hospital, and as Staff Nurse St. Mark's Hospital, Sister at Fulham Infirmary, and Night Sister at Hampstead General Hospital.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Eleanor Hewton is appointed to Herts. C.N.A. as Assistant Superintendent and Health Visitor. Miss Hewton received general training

at Sir Patrick Dun's Hospital, Dublin, district training at Warrington, and has the C.M.B. certificate.

Miss Amy E. Burkin is appointed to Paignton; Miss Edith M. Go. Id. to East London (Stepney); Miss Emily L. Harvey, to Sheerness; Miss Lizzie Higgs, to Stockport; Miss Emily Lewington, to Reading; Miss Annie Newell, to Newton Heath; Miss Sarah B. Rowlands, to Ashton-under-Lyne.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

The following appointments have been made in Queen Alexandra's Military Nursing Service for India:—

To be Nursing Sisters: Miss Maude Thornton, Miss Lillian Locke (May 6th); Miss Kate Bradley (September 20th); Miss Elinor Jessie Margaret Anderson (October 7th); and Miss Ida Keeble (October 27th).

WEDDING BELLS.

The many friends of Miss E. H. Ashford, Hon. Secretary of the Queen's Hospital (Birmingham) Nurses' League, will offer congratulations and their best wishes for her future happiness, on her marriage to Dr. David Priestley Smith, of Edgbaston, Birmingham, who formerly held several loose appointments at the Queen's Hospital.

PRESENTATION.

The semi-jubilee of Miss Alexander, matron of the Royal Alexandra Infirmary, Paisley, was celebrated at a meeting held for the purpose in the Recreation Hall of the Nurses' Home, on November 20th. Mr. John Armour Brown, President of the Directors, was in the chair, and in the course of the proceedings, Miss Alexander was presented with an escroire and a cheque for £1,657, subscribed by the directors and friends, as well as with other gifts from the medical profession, the nursing staff, the maids, and the wounded soldiers in the institution. The gift of the nurses was a fitted dressing bag, presented by Sister Cowie. In expressing her thanks, Miss Alexander said that her work brought its own reward, as nursing left very few empty corners in a woman's life.

The members of the Scottish Association of Trained Nurses will be gratified to know of the high esteem in which their president is held.

PRIZES.

Miss Buchanan, Chairman of the Infirmary Committee of the Newcastle Poor Law Institution, presided on November 22nd at a gathering at the Infirmary, when the Sheriff of Newcastle (Mr. A. Munro Sutherland, accompanied by Mrs. Sutherland), presented Certificates and Heath prizes gained by the nurses. The successful nurses were:

CERTIFICATES OF TRAINING.

Nurse Grace Storey, Nurse Alice Maud Greenhow, Nurse Catherine Cunningham, Nurse Agnes Isabella Young, Nurse Isabella Matthews, Nurse Elizabeth Redford, Nurse May Thom, Nurse

Euphemia Brown, Nurse May Hall, and Nurse Margaret Taylor Buckham.

CERTIFICATES FOR THE EXAMINATION OF THE CENTRAL MIDWIVES' BOARD.

Sister Isabella Smith and Nurse Lily Thom (in absentia).

HEALTH PRIZES AND CERTIFICATES.

First year : 1, Nurse Brinton ; 2, Nurse Fo est ; 3, Nurse Rutter. *Second year* : 1, Nurse Tyzack ; 2, Nurse Agnes Young ; 3, Nurse Pattinson. *Third year* : 1, Nurse Agnes Isabella Young ; 2, Nurse Catherine Cunningham ; 3, Nurse Alice Maud Greenhow.

WOMEN.

The Annual Meeting of the National Council of Women of Great Britain and Ireland will be held in the Y.M.C.A. Hall, Tottenham Court Road, London, on Thursday and Friday, December 7th and 8th, at 10.30 a.m. and 2.30 p.m. Amendments to the Constitution are to be proposed which deal with curtailing the power of the Council to discuss resolutions.

Mrs. Ogilvie Gordon, D.Sc., Ph.D., F.L.S., of Aberdeen, is the only nominee for the Presidency. The resolutions include the questions of women on Hospital Boards and the establishment of a Nursing Service under the control of the Local Government Board; both very interesting to nurses.

COMING EVENTS.

December 2nd.—Irish Nurses' Association Meeting of the Executive Committee, 34, St Stephen's Green. 8 p.m.

December 6th to 8th.—Annual meeting of the National Council of Women of Great Britain and Ireland, and special meetings arranged by the Committees. Young Men's Christian Association Hall, Tottenham Court Road, W. Tickets, which must be paid for in advance, and further particulars, may be had from the Secretary, N.U.W.W., Parliament Mansions, Westminster.

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.

ASSOCIATION OF INFANT WELFARE AND MATERNITY CENTRES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—The Association of Infant Welfare and Maternity Centres, as parent Society of some 500 affiliated Infant Welfare Centres, has received many enquiries with reference to the so-called "Steady System" of infant feeding, and the appeal for £10,000 made in the public press to demonstrate its universal applicability.

The Association has been unable to glean further particulars of the system than those which have appeared in the press. It would, however, advise enquirers to satisfy themselves as to the

following points before lending adherence to the proposed scheme :

1. Is any part of the £10,000, for which appeal is made, to be expended in purchasing the rights of the "Steady System"?
2. Is there anything new about this system not already known to the medical profession as a whole, or to those specially engaged in infant welfare work at one or other of the 800 centres which already exist?

As the system up to date has been kept secret, presumably it has not received any medical endorsement, nor, indeed, can it do so, without an infringement of medical ethics, until it is made public.

Signed on behalf of the A.I.W.M.C.

ERIC PRITCHARD, M.D. (*Chairman*).

FLORA SHEPHERD, M.D. (*Hon. Secretary*).

THE DAUGHTERS OF LEAR.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am a district nurse, and it is my duty to attend better class patients who pay small subscriptions to our Association. Two cases have come under my notice recently which seem to me radically wrong. One, that of a poor widow of a once well-to-do tradesman, who is left entirely alone, suffering from bad heart disease, from which she might pass away at any time. She has two daughters, in their twenties, both away working in Red Cross Hospitals as nurses, whilst I attend upon their very sad and lonely mother, who has much more housework to do than is safe. Neither of these girls is willing to come home. A similar case is that of a very old man; all his children are away, amongst them two unmarried daughters, who are very busy "doing war work." I call it a shame that in their love of excitement (no patriotism about it in my opinion) these women are permitted to pose as nurses, be guilty of the neglect of their own parents, and leave them to strangers to look after. I think our Committee ought not to allow us to attend such cases; only, as they are subscribers, I suppose they cannot refuse our services. It seems most wrong and unnatural.

Yours truly,

A DISTRICT NURSE.

[We know of several such cases amongst gentle-people—the very old left entirely to servants, and private nurses engaged to attend them.—Ed.]

OUR PRIZE COMPETITIONS.

December 10th.—What is anaemia? Why is diet an essential part of its treatment?

December 23rd.—What is leprosy? What progress has been made in its treatment?

We have been compelled to hold over several interesting items this week, owing to the prominence given to the question of State Registration of Nurses.

The Midwife.

SCOTTISH MIDWIVES' ASSOCIATION.

CONSTITUTION APPROVED.

A meeting of the Scottish Midwives' Association was held in Edinburgh on November 18th, and despite stormy weather, nearly 200 midwives were present, many of them having travelled long distances, some from as far north as Aberdeen. A draft constitution which had been prepared by a Provisional Committee was submitted, and approved after a few amendments had been made. It provides for a Central Council, in which is vested the control and management of the Association, with branch associations throughout the kingdom, and a Scattered Members' Branch for Midwives in the more remote districts. It lays down that the chief objects of the Association shall be to forward the interests of midwives, and to help in raising their status, and further that the main function of the Council "shall be to uphold the principles of the Association, to obtain for its branches and individual members the benefits of co-operation, and to promote the development and effectiveness of the midwifery profession, and through it the good of the community," especially with regard to infant welfare. The Council is to consist of representatives of Branch Associations, one for the first 25 members or under, and one for every further completed 25 on its books, the Matrons of the four Scottish Maternity Hospitals and the midwife members of the Central Midwives Board (Scotland), aided by an Advisory Board when necessary. All certified midwives are to be eligible for membership, and the Association may invite those interested in the profession, but not eligible for membership to become vice-presidents, and distinguished members of the profession to become honorary members. Branch Associations may make their own rules, subject to the approval of the Council.

After the financial position had been explained and a recommendation made as regards the raising of funds with which to start, it was agreed that a secretary should be appointed at an early date, but that the provision of an office in a central part of the city should be delayed until the Association could see its way to meeting the expense thereof.

Another meeting is to be held shortly for all midwives able to join an Edinburgh Branch, and it is hoped that other branches will soon be in process of formation. Two are already in existence, and they are prepared to consider affiliation favourably.

The meeting ended with votes of thanks to the chairman and those who had helped in starting the Association.

THE NOTIFICATION OF BIRTHS.

Canon Rawnsley writing in the *Times*, asks: "How long will the State tolerate the neglect or the evasion of the law in the notification of births, which now tends to paralyse the work that the county medical officer of health is striving to do to save infant life? At the last meeting of the Cumberland Nursing Association our medical officer of health reported that of 2,574 births notified under the Act, and at once visited by an experienced county nurse, the death-rate was only 98 per thousand. But in the case of 1,476 births which were not notified, and therefore not visited, the death-rate was 147 per thousand."

EDUCATED WOMEN AS MIDWIVES.

We are glad to note that Miss R. P. Fynes-Clinton, Hon. Organising Secretary of the Midwives' Institute, advocates the employment of educated women as midwives. We have long laid emphasis on this point, which is mainly an economic one, the salaries offered to many midwives being scandalously inadequate and such as no woman of average wage-earning capacity would think of accepting. Miss Fynes-Clinton writes in the *Daily Telegraph* :—

"Only those who are in daily and hourly touch with midwives and their work can realise the enormous difficulties they have to encounter. Within the scope of their limited powers the better class midwives and those who train them have conscientiously endeavoured to live up to their high calling, and to place the health of the community and the fitness of the future generation in the foremost place of importance. It has been abundantly proved that the trained educated woman, with knowledge and tact added to her professional qualifications, is the most suitable to come into close contact with other women, and to win their confidence in their time of trouble. It is being more and more widely recognised as the formation of municipal maternity centres shows, that it is largely to the ante-natal care of the mother that we must look for the improvement of the race, and at a recent meeting of the Royal Society of Medicine Miss Rosalind Paget, Hon. Treasurer of the Midwives' Institute, pointed out that the 'midwife, as the chosen servant and friend of the patient, possessed a unique opportunity for usefulness in the early discovery of some of the causes of abortions, still-births, and premature labours.' But the educated woman, to whom many fields of usefulness are open, cannot be expected to turn her skill and energies in this direction unless she has a recognised position, and her work is not curtailed and harassed at every point by the officious interference of less qualified, though well-meaning, people."

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EDITORIAL.

"ON EARTH PEACE."

Once again the JOURNAL goes forth with its Christmas message of goodwill to all its readers. Yet many of us are tempted to ask how can we keep the festival this year? How a carol of peace on earth, when there is not peace but a sword?

Perchance Nature, whose lessons are at once simple and profound, may provide an allegory, and resolve the secret.

"The winds are raging o'er the upper ocean
And billows wild contend with angry roar,
'Tis said, far down beneath the wild commotion
That peaceful stillness reigneth evermore.
Far, far beneath, the noise of tempest dieth,
And silver waves chime ever peacefully;
And no rude storm, how fierce so'er he flieeth,
Disturbs the Sabbath of that deeper sea."

Our surface gaiety may be sobered this Christmastide, but perhaps, for that reason, we may hear more clearly the message of the angels—"on earth peace to men of goodwill."

Christmas is a season when we specially think of absent friends, and this year there will be many, on whose presence we usually count to add to the joy of our Christmas, who will be reckoned amongst them. Brave men who on the high seas, in the trenches, and on many battle fields are defending the liberties of the land of their birth, and the right of small nations to their priceless heritage of freedom with almost incredible valour. Others, for the time being, are in hospital. Yet others are prisoners of war, and to none of our absent friends will our hearts go out in greater love and sympathy than to those in a foreign land in the hands of an enemy who has proved himself implacable and relentless towards the prisoner at his mercy.

And there are few this Christmas who will not carry in their hearts the memory of those who, having fought the good fight,

have laid down their lives for King and Country. Young, gallant, beloved, with lives full of promise before them, they have responded to the call of duty and it has led them to "death the gate of life."

"Dear dead! they have become
Like guardian angels to us;
And distant heaven like home
Through them begins to woo us;
Love, that was earthly, wings
Its flight to holier places;
The dead are sacred things
That multiply our graces."

There are many who know of a surety that their dead are not far from them, but from their place in the Paradise of God are stretching out helping hands to raise those whom they love into heavenly places.

So, even in the midst of strife, of anxiety, pain, and sorrow shall the Christmas peace enfold us and those whom we love.

Listen to a message from the trenches—a prayer written by Lance-Corporal George Sedding (a nephew of the late Dr. Oswald Browne, well known to many nurses), who died of wounds in October last; written because "there are such a lot of stray bullets about that you want something of the sort to repeat and think of on occasions"—

"Under the shadow of Thy wings,
O Christ, shall I rest in peace.

"For as in love they enfold me, I will look up and behold their shining glory, arched in a vault of dusky gold, gleaming with rainbow hues.

"Gold for sovereignty and power, with all the wondrous graces, Charity and Love, that colour Thy Divinity.

"So shall I rest in peace.

"And at my death, O Light of lights, give me grace to come without the shadows, and to look upon Thy most Holy Face."

Before another Christmas dawns may the nations of the world be at peace.

NURSING AND THE WAR.

His Majesty the King, on Saturday last, decorated the following nurses with the Royal Red Cross (Second Class):—Sister A'druenna Tupper, Canadian Nursing Service; Nurse Dora André, Staff of Military and War Hospitals; and Nurse Emma Waddington, Staff of Military and War Hospitals.

The Ladies' Committee of the Order of St. John are very proud of the Brigade Hospital at Etaples, over which the banner of the Order floats, and which has done such fine work in caring for our sick and wounded in France. Last year, the Committee proved their appreciation of the work of the Nursing and Medical Staffs, and their interest in the patients, by sending charming gifts to them all. This year, the same graceful recognition will be repeated. The Sisters and nurses are to have the charming silver buckle with the Arms of the Order, which gave so much pleasure last year; and those still on the staff who have the buckle will, this year, receive safety-pin brooches with the Arms of the Order. The medical officers will each receive a silver pencil; and the orderlies, upon the suggestion of the Commanding Officer, are to have a very special Christmas dinner. Each patient will receive a small gift. The total cost of the gifts will amount to £65, and we learn from Lady Perrott that the Committee have at once found the means, which proves that the Brigade members at home are thinking of the splendid staff and patients at Etaples, and rejoicing in their labours.

Miss Mabel Thurston, Matron-in-Chief, New Zealand Expeditionary Force, and, since June last,

Matron of No. 2 New Zealand General Hospital, Walton-on-Thames, was trained and certificated at the Wellington Hospital, New Zealand, and is registered under the Nurses' Registration Act in the Dominion. After registration, she held the position of Sister in her training school for a year, and in the hospital at Palmerston North for some months. Her next post was that of Matron of the General Hospital, Greymouth, on the west coast of New Zealand, and in 1908 she was appointed Lady Superintendent of Christchurch Hospital, with charge, in addition, of its dependent

institutions in North Canterbury, under the North Canterbury Hospital and Charitable Aid Board, the Committee of which granted her leave of absence last April to take up her present post until the termination of the war.

Miss Thurston, who is a member of the Matrons' Council of Great Britain and Ireland, has had a distinguished nursing career. In 1906, she was appointed a member of the Examining Board for the Nurses' State Examination in New Zealand. She has also been a member of the New Zealand Trained Nurses' Association since 1908, President of its Canterbury Branch since 1914, and of its Central Council since 1915, and Honorary Matron of the New Zealand Army Nursing Service for the Canterbury District since 1914.

It was a great pleasure to her colleagues that Miss Thurston was present at the recent meeting of the Matrons' Council at the Hammersmith Infirmary, and that they were thus able to make the personal acquaintance of one of their members whose good work was well known to them by repute.

The Queen of Italy, who, during the first fortnight of October visited the various field hospitals on the Julian front, has resumed her visits to the



MISS MABEL THURSTON,
Matron-in-Chief, New Zealand Expeditionary Force.



PREPARATIONS FOR CHRISTMAS.
Silhouette by Marjory C. Collins.

advanced hospitals during the last few days. Trained Italian nurses from the Scuola Convitto Regina Elena, in Rome, have been sent to the Front, where their highly-trained skill is of the utmost value. This first-rate school of nursing was organized by Miss Dorothy Snell, with the help of British Sisters.

The Matron-in-Chief and the Army Nurses working in Egypt have endowed a bed in the "Star and Garter" Home at Richmond for disabled soldiers. We know how much pleasure it has given each nurse to contribute her bit.

The Croix de Guerre, with palm (indicating that the decoration was earned under fire) has been conferred by the French Government on Miss B. E. Barrett, O.A.M.N.S.R. Miss Barrett was trained at the Royal Southern Hospital, Liverpool, and was deputed to duty in Macedonia in July last. The Army Order issued in France by the General Officer Commanding-in-Chief the Allied armies in the East, ran as follows:—

Miss B. E. Barrett, of 37, General Hospital, during the bombardment of that hospital by enemy aeroplanes, showed a perfect contempt of danger by going to the help of the wounded, in spite of the continuous explosions. The Commanding-Officer has much pleasure in announcing that the French Government has conferred on Sister Barrett the Croix de Guerre with palm.

The Christmas Number of the *Gazette* of the Third London General Hospital, Wandsworth, exceeds—if that is possible—those that have gone before in excellence. By the courtesy of the Editor we are able to reproduce two charming silhouettes by Marjory C. Collins "Preparations for Christmas" and "Christmas." We hope the talent collected between the

covers of this brilliant little magazine will not be dissipated at the end of the war. Many people outside those connected with the Third London General Hospital would miss this witty and sparkling monthly.

Mr. Ian Malcolm, M.P., has made a collection of German "terror" posters, which have been placarded in Belgium and Northern France, which will be on view in the new tea-rooms of the House of Commons next week.

One of the posters deals with the condemnation of Miss Cavell, and is signed by Von Bissing. Here it is in black-and-white. On October 12th, 1915, Von Bissing (Governor of the City of Brussels, announces that the Tribunal of the Imperial German War Council, sitting at Brussels, has passed the following sentences:—

To death: Edith Cavell, Institutrice à Bruxelles; Philippe Baneq, Architecte à Bruxelles, and four others for "traison en bande organisée"; to fifteen years of hard labour, four others, one of them a woman.

And a little lower we read:—
"In the cases of Cavell and Baneq, the sentence has already received full execution."

It is with great regret that we announce that, owing to ill-health, Miss M. Wright has resigned her post as Matron of Woodlands V.A.D. Hospital, Southport. A farewell concert was given in her honour, and she was presented with an illuminated address and silver toilet set by the patients; an ciderdown by the trained staff; and a silver bag and Treasury notes by the V.A.D.s.

Miss Wright, who is the most genial of women, will be greatly missed. She has always taken a very real interest in nursing organization, and is



CHRISTMAS.
Silhouette by Marjory C. Collins.

a member of the Matrons' Council, and is one of the five delegates on the Central Registration Committee of the Scottish Nurses' Association.

The new Belgian War decoration—the Queen Elisabeth Medal—will be greatly valued by recipients, and, as it is announced that it is to be conferred without any distinction as to nationality, no doubt British nurses will be amongst those to whom it will be awarded. The announcement reads—"It is proper that the noble devotedness, the constant and discreet sacrifices shown in various war relief work should not sink into oblivion; and charitable people, foreigners as well as Belgians, should receive a public token of national gratitude." The beautiful decoration here illustrated was designed by Victor Rousseau.

FRENCH FLAG NURSING CORPS.

Miss Grace Ellison, the distinguished Scottish woman, who, as *Députée du Ministère de la Guerre*, has spent the past two years in France as *Directrice Générale* of the French Flag Nursing Corps, has had a very varied and interesting career. She was educated at the Rochester Grammar School, and later at the *École Normale Supérieure* at Sevres Training College for Teachers, preparing herself to teach in lycées and at the Sorbonne; and was awarded the decoration *Officier de l'Académie Française*. Miss Ellison was also partly educated at the University Halle of Saale, and attended lectures in Rome. She began her journalistic career as foreign politics correspondent of the *Graphic* and *Bystander*, and was



Elisabeth Reine des Belges.

Nurse emblematic of Charity.

BELGIUM'S NEW WAR DECORATION.

On one side is presented a life-like portrait of the Queen, surrounded with the words, "Elisabeth Reine des Belges"; on the reverse is a lovely effigy of a nurse as an emblem of charity, with the date 1914-1916.

The War Office have under consideration the first interim report of the Supply of Nurses Committee which is sitting under the chairmanship of Mr. W. G. Bridgeman, M.P., to consider the existing system of obtaining nurses for hospitals at home and abroad. This report makes certain recommendations to enable the War Office to secure additions to the nursing staff. As the nurses themselves have not been consulted, the result of the recommendations, should they be acted upon, remains yet to be seen.

entrusted with many important missions (1) at the Hague Conference; (2) interview, King Leopold II of Belgium and all the Belgian Royal Family; (3) was sent to Turkey for the opening of Parliament, and then travelled through Austria, Hungary, Bosnia, Herzegovina, Serbia and Bulgaria. But Miss Ellison is primarily a passionate admirer of France and French thought, as all her writings show; and she urged, long before the war, an even closer entente between France and England.

Ardently enthusiastic on the woman's cause, she has written three very successful books—"A Turkish Woman's European Impressions," "Abdul Hamid's Daughter," and a very graphic series of articles on her stay in a Turkish harem, which were published in the *Daily Telegraph*,

and have been translated into Turkish, Persian and Hindustani. They were afterwards published as "An Englishwoman in a Turkish Harem"; and she is one of very few foreign women to whom has been given the Grand Order of the Chetakat (1st Class) in diamonds, by the Sultan of Turkey; and more's the pity that our Foreign Office potentates have not in recent years taken the trouble to live intimately with the people in the near East—as the politic emissaries of the Kaiser have done. We want more women in diplomacy.

Miss Ellison was on her way to Persia, *via* Germany, where she was to write up the mental and material attitude and progress of German women, when the war broke out. We know how all her affections were bound up in France; how sincere was her grief when she witnessed the terrible sufferings of that heroic French Army in the early days of the war; how she offered her services to France and was entrusted with a really wonderful mission to come to England, enlist sympathy and support, and how greatly daring she returned there with the first little band of nurses in September, 1914—(luckily Miss Haswell was amongst them)—and in the face of opposition at home and difficulties untold, surmounted mountains of prejudice and jealousy and established the French

Flag, Nursing Corps with success. The success of this mission has resulted largely from the character of the lady who inaugurated it. A highly educated cosmopolitan—very handsome and gracious with a sweet and gentle disposition combined with fighting force—Miss Grace Ellison is beloved and admired by all the Sisters whose best interests she has always at heart; and her tact in rendering to Cæsar the things which are Cæsar's, and carefully recognizing the professional supremacy of the trained nurse in her own domain, has gained for the *Directrice Générale* of the F.F.N.C. admiration

and loyalty. Many are the letters received during the past year of appreciation from medical officers, and of gratitude from patients.

Just before leaving France on the business of the Corps, Miss Ellison received the following letter from M. Justin Godard, Under Secretary for State, which is naturally very gratifying to her and all who have been associated with her in the work.

DEAR MISS ELLISON,—At the moment when you are starting for England (the object of your journey being another proof of your devoted activity to my country) to confer directly with Mrs. Fenwick, President of the National Council of Nurses of England and Ireland, I should like to express to you and to ask you to express, not only to this eminent lady but to all who have helped you in your efforts since the beginning of the war, the deep gratitude of the French Army Medical Service towards the British nurses who have come at your call to help us in our hard work.

The nurses of the "French Flag Nursing Corps" are considered by the doctors of our army as assistants of the first rank and their presence in France, in a number the insufficiency of which we regret, is one of the most touching evidences of the sympathy of the English nation towards our country. I hope soon, as you know, to prove to them, by giving them decorations, the value that we attach to their skilful and devoted help.

(Signed) JUSTIN GODARD,
Under Secretary of State,
French Army Medical Service.

COMFORTS FOR FRENCH SICK AND WOUNDED.

A Sister writes from Bourbourg to the Hon. Treasurer:—

DEAR MRS. BEDFORD FENWICK,—Thank you so very much for the two lovely bales, full of good



MISS GRACE ELLISON.

things just arrived. We are delighted, and so are the authorities at the hospital, and needless to relate, the patients.

Everything will be most useful and will greatly add to the comfort of the men: the little cushions and air-pillows I was especially delighted to have, and they are now well employed easing aching arms and legs.

It is these little extra comforts that one never finds in French military hospitals.

The lovely warm pyjamas, handkerchiefs, socks and slippers are also all most welcome, likewise the beautifully warm coverlet, and the bundles of dressings.

Our doctor seems never to have heard of the Sphagnol moss dressing advertised in the BRITISH JOURNAL OF NURSING, but is now quite keen to try it.

The last few days we have been very busy, as a train-load of wounded arrived, and filled up every spare bed.

I find my time fully occupied as I have all the dressings to prepare and sterilise now, in addition to my other work.

We have just managed to get a steriliser, and none too soon, as the packets of sterilised dressings were all used up and there were no more to be had.

However, we manage very well now, and are quite proud to be able to sterilise our own.

With kind regards and very many sincere thanks.

Believe me,

Yours sincerely,

H. M. G.

The President of the Corps, the *Vicomtesse de la Parouze*, has also sent a splendid consignment of comforts to this hospital.

CARE OF THE WOUNDED.

What are you going to do for the sick and wounded on Christmas Day? Are you going to give up something so that they may have more? We hope so, and feel sure the majority of our readers have already thought out their little plan. Those working in hospitals have every means at hand for adding comfort, gifts, good cheer and service—so they ought to be very happy people. But there are others outside our hospital gates, and they must look twice before spending money on themselves. Every penny we can spare should be spent somehow to help others less fortunate than ourselves. We once knew an apparently charming person who gratified every wish. She would show you a fur coat or a diamond star or a casket of sweets, and then by way of excuse explain: "I fear I am a greedy little person, but I do so enjoy giving myself a little present now and then—that was a birthday present, and that was a Christmas box, and that I had when Teddie was born, and that when poor mother died," and so on. On one inclement night we wanted to borrow an extra wrap—we faced the elements in her maid's waterproof! Those were pre-war days; let us

hope the value of fur coats and diamond stars and baskets of *bon bons* will find its equivalent in parcels sent to our weary ill fed prisoners, and to our defenders on sea and land, "grub," books, warm clothes and hospital comforts, and to the poor near by—they are always near by if one peeps round the corner—superfluous jennies, so that no free and healthy woman will enjoy giving herself little presents this Christmas time.

Sir Edward Ward writes that, owing to the bad weather, the demands from the trenches for knitted comforts for the troops is almost overwhelming, and he hopes that the finished articles will be sent at once to the nearest depot. Somehow we don't seem to notice women knitting in public places or even at home so often as heretofore; indeed, at a woman's club last week, where we spent a couple of hours, we did not observe one woman working for the troops or the wounded. Papers, gossip, tea, dinner—again gossip, and no clicking of needles. We refuse to conclude that it was the result of lack of sympathy with our brave boys at the front, that tongues appeared more active than fingers; but the fact remains that many women were wasting precious time, and this when Sir Edward Ward has told us that the demand for knitted comforts in the trenches is almost overwhelming. Let us remember the admission of the great Napoleon: "I may have lost battles, but I have never lost a minute."

The Editor of this Journal will be pleased to forward to the nearest depot warm shirts and knitted comforts to her at the office, 431, Oxford Street, London, W.

H.R.H. Princess Alexander of Teck, who is President of the Fund for providing medical and other comforts for the troops stationed upon our coasts for home defence, has made a donation to the Fund of sufficient Bovril to supply 5,000 men. Subscriptions or donations will be gratefully received by the Hon. Treasurer of the Fund, Mrs. Fairclough, 9, Moreton Gardens, London, S.W.

Those who wish to send books to the sick and wounded in hospitals and on hospital ships, should address them to the War Library, Surrey House, Marble Arch, London, W. Don't forget they are urgently needed—and what a relief they bring to men mentally and physically tired. "Fine physic," the Matron of a war hospital said the last time we handed her an armful of good 7d. novels. The monthly magazines are also in great request.

The Y.W.C.A. Hostel for relatives of wounded soldiers just opened at 74, South Audley Street, W., is an indescribable boon for the mothers and wives of wounded soldiers after a long journey. They receive a warm welcome, a simple meal, and a comfortable bed. They can stay there without charge for three days, and after that time 6d. is charged for a bed and 8d. for a dinner. During last week about 94 women passed through the hostel. The Y.W.C.A. has opened in France six similar hostels.

OUR HOSPITAL A.B.C.

Mr. John Lane, of the Bodley Head, Vigo Street, W., has just published a charming illustrated book of verses, entitled: "Our Hospital A.B.C.," the very spirited and delightful pictures being by Joyce Dennis, and the verses by Hampden Gordon and M. C. Tindall. The letters A, B, C, stand for Anzac, British, Canadian.

The clever drawings are for most part skits on



E IS THE ENERGY SHOWN BY THE STAFF, TO ATTEND TO THE MATRON WHEN SHE'S ON THE "STRAFE."

the members of Voluntary Aid Detachments, but neither the Matron nor the Sisters have escaped ridicule. As a medicine ball on the fly-leaf announced that the contents are "not to be taken seriously," this may be legitimate, but we could wish that the authors had also paid a passing tribute to the splendid work done by these highly skilled officers. Thus, "E is the Energy shown by the staff to attend to the Matron when she's on the 'strafe,'" might well be balanced by an

incident equally typical and true of another facet of the dæmon!

"H is our Hospital, never mind where, of course it's the best in the land, we are there." Very smiling they look, the brave fellows, one walking with a crutch, and the other a Scotchie with his arm in a sling—but we should like to readjust that sling.

"K are the Kits that the store-keeper packs, in nice little white little neat little sacks." Very orderly she looks, and the miscellaneous kit cannot be easy to pack.

"L is perhaps one of our favourite sketches. "L are the lads who, by playing the game, have made the word 'Anzac' a glorious name." Indeed they have.

"N are the Nurses the right sort of wenches, to look after the lads who are back from the trenches." The wench depicted as waiting on the wounded hero is, however, a V.A.D., not a trained nurse.

"V is the Visitor. "Cover my head and take her away from the foot of my bed." Well, we must say we agree with Tommy Atkins, so far as this particular "gargoyle" is concerned.

"Z is the Zeal which inspires every one, to make their own hospital second to none," and the V.A.D. is polishing very hard to achieve this end.

The book is sure to be popular, and deservedly so; it would be a most acceptable Christmas gift. The cost is 3s. 6d., and we advise our readers to secure a copy forthwith. From the pretty cover of red, white, and blue, on a grey background, to the last page they will get, in amusement full value for their money.

A memorial to the late Miss Edith Cavell, who was partly educated at Peterborough, is to be unveiled in the cathedral there on Saturday.

APPOINTMENTS.

SISTER.

Borough Isolation Hospital, Crewe.—Miss Maiste Wilson has been appointed Sister. She was trained at the Warneford General Hospital (Leamington), and in fever nursing at the Canterbury Fever Hospital, and has had the position of Charge Nurse, Senior Sister and Sister at the Birkenhead Fever Hospital, Middlesbrough Fever Hospital, and Sittingbourne and Milton Joint Hospital, respectively.

NIGHT SISTER.

West Bromwich and District Hospital.—Miss E. M. Connell has been appointed Night Sister. She was trained at the Northampton General Hospital, has been Staff Nurse at Merton Hospital, has done private nursing, and has had experience at Hlomslov Hospital.

HEALTH VISITOR.

Nurse Crumbleholme, of Preston, has been appointed Lady Health Visitor, at Blackpool. She was one of Lady Paget's party who fought typhus fever in Serbia last year, and was taken prisoner by the Bulgarians. She volunteered for further service in the Balkans, but, as she had not fully recovered from a serious illness, which she contracted while a prisoner, she could not obtain the necessary medical sanction.

ORDERED ABROAD.

Miss Ethel Gray, R.R.C., who has been Matron of the Australian Hospital at Harfield Park, Uxbridge, since it opened, has had orders to proceed to France. We understand that some of the Sisters of the New Zealand Nursing Service are also under orders for service there.

We regret that, in our announcement of the marriage of Miss E. H. Ashford, last week, the name of the bridegroom should have been given as Dr. David Priestley Smith. Miss Ashford has married Mr. Priestley Smith, Consulting Ophthalmic Surgeon to the Queen's Hospital, Birmingham; and Emeritus Professor of Ophthalmology at the Birmingham University.

A number of women are "mentioned in despatches" by General Sir Archibald Murray, Commander-in-Chief in Egypt, for distinguished services rendered between June 1st and September 30th last. They are:—

Mrs. Phillips, Miss Smythe, the Dowager Countess of Carnarvon, Lady Douglas, Lady Ruffer, Lady Howard de Walden, Mrs. Heron, Mrs. Moss, Lady Cheetham, Mrs. Borton, the Hon. Lady Graham, Mrs. Walrod, the Hon. Mrs. Hopkinson, Mrs. Chisholm, Mrs. Beard, and Mme. Sinadino.

Among the nurses mentioned are: Principal Matron (temp. Matron in Chief) S. E. Orani, R.R.C., Matron E. C. Cheetham, Matron R. Osborne, Sister (acting Matron) M. L. Potter, Sister (acting Matron) K. F. G. Skinner, Sister (acting Matron) A. Weir, Staff Nurse (acting Matron) M. Willes, Sister (acting Matron) M. E. Smith, and Staff Nurse (acting Matron) G. Hughes.

THE SOCIETY FOR STATE REGISTRATION OF TRAINED NURSES.

There will be a meeting of the Executive Committee at 431, Oxford Street, London, W., on Friday, December 15th, at 4 p.m., when matters of importance will be discussed. It is to be hoped members will make every effort to be present.

IRISH NURSES' ASSOCIATION.

An Executive Meeting of the Irish Nurses' Association was held on the 2nd inst., Miss Ramsden presiding. Three new members were elected to the Association.

The Statement issued under the authority of the Central Committee for the State Registration of Nurses was read, and unanimous approval of it was expressed.

THE COLLEGE OF NURSING.

Mr. Arthur Stanley, M.P., spoke to a meeting of nurses from the various Liverpool hospitals, in the out-patient hall of the Royal Infirmary, on the subject of the College of Nursing (on November 24th. Mr. H. Wade Deacon (Chairman of the Royal Infirmary) presided.

Mr. Stanley said every one agreed that this was the right moment to organize the nursing profession, and the College of Nursing was necessary even if there were no State Registration concerned. The College was pledged to proceed with the attempt to get State Registration. Replying to certain criticisms against the College, he said whereas formerly the great training schools of nurses were opposed to registration, they were now supporters of it, and for that reason they had had so many matrons on the Council. Next year, however, the whole of the Council would disappear, and their successors would be elected by the nurses actually on the register.

This, we presume, is incorrectly reported as the nominated Council rules until 1918—when one-third of its members must retire, but are eligible for re-election. So that it is almost impossible ever to remove these nominated persons, who are attempting to govern the nursing profession without its consent.

Mr. Stanley will speak at Newcastle-on-Tyne on December 8th.

LUCKY LOO.

Lucky Loo, she had ten pennies,

She took them to the fair.

And nine she spent to peep in a tent

And see what wasn't there.

She finally made her way to the Pole, where we come to the clever finale:

And there she found the bear and his wife,

So she laid the cloth for two;

'Twas neat and nice, on a block of ice,

And the dinner was—Lucky Loo.

—From *Tales in Rhyme and Colour*,

by Florence Harrison.

CERTIFICATION OF SCOTTISH NURSES.

On 7th November and subsequent days, the Local Government Board held an examination for the certification of trained sick nurses and of trained fever nurses. Two hundred and forty-seven candidates presented themselves for examination. The examination was held at Glasgow, Edinburgh, Dundee, and Aberdeen. The examiners were Professor Glaister, The University, Glasgow; Dr. Chalmers, Medical Officer of Health, Glasgow; Dr. John Gordon, Aberdeen; and Dr. Richard, Medical Officer of Govan Poorhouse, who were assisted in the practical part of the examination by Miss Clark, Matron of King's Cross Hospital, Dundee; and by Miss Campbell, Matron of the Victoria Infirmary, Glasgow. The subjects were—Elementary Anatomy and Physiology; Hygiene and Dietetics; Medical and Surgical Nursing; Midwifery (for Poor Law and General Trained Nurses only); and Infectious Diseases (for Fever Trained Nurses only). The following candidates have now completed the examination, and are entitled to the certificate of efficiency granted by the Local Government Board:—

Certificate in General Training.—Winifred M. S. Anderson, Aileen M. Beecher, Gertrude Birney, Catherine Bruce, Rebecca M. Cameron, Julietta G. Coltart, Gretta Dower, Mary Eggie, Sara K. Fallow, Anna B. Fletcher, Nora Flynn, Mary Kinnaird, Christina C. Lawson, Winifred E. Le Coutour, Alexina Martin, Margaret MacColl, Evelyn D. McGhee, Mary Mackay, Edith Neale, Jane G. Neil, Nora O'Gorman, Daisy O'Halloran, Jessie A. Pirie, Helen J. Randal, Annie D. Ross, Mary M. Sayers, Alice Scott, Annie F. B. C. Smith, Isabelle Smith, Henrietta Stewart, Janet S. B. Urquhart, Jean C. White, Jenny W. Wright, Alice Harris, Elizabeth R. Sinclair, Agnes Wightman, Annabella Craig, Mary L. W. Hall, Grace B. Smart, Madelenie J. Butter, Margaret Cumming.

Certificate in Fever Training.—Nelly Bird, Catherine R. Carmichael, Catherine Johnston, Emma J. Lascelles, Lily Martin, Jean M. McCaull, Christian M. Combie, Elsie Robertson, Catherine R. Stephen, Annie M. Whyte, Mary M. Bann, Alice M. Calder, Margaret H. Davison, Margaret Drummond, Georgina Edward, Margaret S. Falconer, Bessy A. Inglis, Harriet W. Jeffrey, Janet T. Jolly, Marie F. Lawrence, Margaret H. Muir, Jean H. Myles, Jessie Mackay, Edith M'Phee, Marie J. Watt, Minnie M. Boyd, Margaret G. K. Alexander, Dorothea S. Matthews, Anna E. B. Reid, Hannah Robertson, Lily Sim, Alice Wheatley.

PRESENTATION.

Nurse Burrell, who has held the position of Queen's Nurse at Stonehaven, and has now resigned, has been presented by Provost Greig, and Mr. Hamilton, hon. treasurer of the Nursing Association, with a sum of money subscribed as a token of the high esteem in which she is held by the community.

LEAGUE OF ST. JOHN'S HOUSE NURSES.

A General Meeting of the League of St. John's House Nurses was held at St. John's House, 12, Queen's Square, on November 22nd, at 3.0 p.m. The President, the Sister Superior, was in the chair.

The President was unanimously returned to office; Miss M. Breay, appointed Vice-President, and Miss A. Sagnor, Hon. Secretary.

The following members were elected to serve on the Executive Committee for the ensuing year.—Miss L. Baker, Miss M. Burr, Miss E. E. Chaplin, Miss A. E. Davis, Miss E. Frisby, Miss S. Masters, Miss M. A. Priece, Miss M. Richardson, Miss K. Walker, Miss F. Waugh.

Miss H. Hawkins was appointed a delegate of the League on the National Council of Trained Nurses.

Miss Seignior read an interesting paper on the National Mission; and then, after an interval for tea, a short service was held in the chapel, when an address was given by the Rev. E. F. Russell. It was, he said, an innovation, and at St. John's House they were not fond of innovations. They met to discuss their professional affairs and for social intercourse, and it was well that they also should meet in the chapel—the ark which they had carried with them, which had been taken down and rebuilt stone for stone, and which for many of them had sacred memories.

A POPULAR CLUB.

The Homes and Residential Clubs for Nurses are legion. One of those which steadily holds its own in the favour of nurses and attracts an increasing clientele, is the Kensington Gardens Nurses' Club, 56 and 57, Kensington Gardens Square, W. Some of the reasons no doubt being that the charges are extremely moderate, the Principal (Miss Bertha Cave) makes the comfort of her guests her personal concern, and also sets an example of courtesy which is reflected in the domestic staff.

EXTRA QUALIFICATIONS.

A qualification in massage is desired by most nurses. At the Manchester Training College of Massage, Electricity and Swedish Remedial Exercises, 15, Piccadilly, Manchester, established in 1900, candidates are prepared by certificated teachers for the examinations of the National Association of Trained Masseuses and Masseurs, Ltd., in a six months' course. The Principal is Mrs. French, of whom a correspondent writes, "She has for thirty years been the leader in massage for Manchester, and to her we owe the advance of massage in Lancashire."

A course in dispensing is valuable for all trained nurses, and especially for those who contemplate working in cottage hospitals where a knowledge of dispensing is often a condition of appointment. At the Westminster College for Lady Dispensers, 112, St. George's Road, Southwark, of which the Secretary is Mr. J. E. Walden, nurses can be trained in this special branch.

NURSING ECHOES.

The King has sent £10 to the Hospital for Sick Children, Great Ormond Street, and £5 each to the Cheyne Hospital for Sick and Incurable Children, Cheyne Walk, and the Alexandra Hospital for Children with Hip Disease, Queen Square, Bloomsbury, towards Christmas entertainments for the children.

Let all who can follow His Majesty's good example. The chickabiddies must be made happy at all costs.

In spite of the great demands upon the time and energies of nurses at present, the members of the Nurses' Needlework Guild in connection

needlework was on view in the Committee room upstairs. The garments included warm petticoats, chemises, combinations, sleeping suits, boys' knickers, vests, hug-me-tights, warm woollen crossovers, stockings, cosy knitted jackets, scarves, shirts, tam-o'-shanters, caps, fascinating little garments of every description for baby, pinafores, stockings—in fact, everything that a Sister longs to have in her store cupboard so that patients leaving the comfort of a hospital ward may be warmly clad.

As soon as the last guests had left, the garments were packed up and distributed to the following hospitals:—St. Mary's, Brompton, City of London Lying-in, Clapham Maternity, Metropolitan, Prince of Wales (Tottenham),



S. & G.

By courtesy of *The Queen*.

THE DRAWING-ROOM: IMPERIAL NURSES' CLUB.

with the Nurses' Co-operation, 22, Langham Street, W., were able to contribute 700 garments for the Christmas gifts of the Guild to London Hospitals, and much admiration was expressed at the Annual Needlework Show on December 1st. On the resignation of Miss Laura Baker, Hon. Secretary of the Guild, of the position of Home Sister at the Howard de Walden Home, Miss Hoadley, Lady Superintendent of the Nurses' Co-operation, undertook the duties of Hon. Secretary of the Guild, and this year the Annual Show and At Home took place at 22, Langham Street, the guests being received by Miss Hoadley. Tea was served in the Lady Superintendent's Office, and the

St. John's (Lewisham), West Ham, West London, East End Mothers' Home, Nazareth House, and the Holy Cross District.

The nineteenth annual report expresses the warm appreciation of the growth and prosperity of the Guild under Miss Baker.

When one begins housekeeping, it is quite marvellous what a number of things are necessary, uninteresting things, such as pots and pans, so that not infrequently little luxuries cannot be acquired. Thus, at the Imperial Nurses' Club, 137, Ebury Street, S.W., there must be all sorts of gifts which would be appreciated—such as comfy cushions, cider-

down quilts, footstools, blotters, writing materials, waste-paper baskets, tea-cosies, scented soap, eau-de-cologne, hot-water tins and india-rubber bottles, looking-glasses, toilet sets, pin-cushions, pins, needles, and sundries of all kinds, which cost much money in bulk, but as Christmas gifts would not be a great strain on individual purses. We hear that crowds of nurses have paid a visit of inspection to the Club daily during the past week, and as they were greatly pleased with the arrangements, they will no doubt become members. The bedrooms have of course been full—which is not surprising at the cost of 1s. 6d. a night. A tariff is to be arranged as economically as possible—a 1s. 3d. lunch will be served at one

workhouse infirmary when she noticed approaching a little group of smiling grannies. With a cheery word the inspector was passing on, when she noticed they were curtsying to her with great *empresment*, and stopped to ask them what they wanted. Imagine how touched and amused she was when the spokeswoman said: "We wish to thank you. You are the lady who recommended four years ago that we should have warm drawers. We wish to thank you." Wonderful old dears! We wonder how many of us remember little kindnesses for *four years!*

One of the duties the Commandant-in-Chief is anxious that V.A.D.s should undertake is



S. & G.

By courtesy of *The Queen*.

A BEDROOM: IMPERIAL NURSES' CLUB.

o'clock daily—and other refreshments according to the tariff. The subscription for trained nurses is 10s. 6d., and for nurses in training 7s. 6d. annually, so that at present prices a large membership will be required. An appeal for £5,000 to meet initial expenses is being made. Christmas gifts should be sent to the Hon. Lady Superintendent, Miss Mayers.

Those of us who have come into intimate touch with the very poor are often lost in admiration at their sincere gratitude, loyalty, and unselfishness. We heard a pretty little story the other day. One of our Government Nursing Inspectors was making a tour of a country

the shaving of officers, and we believe certain Matrons have been approached to have short-time probationers taught the barber's art. Barber surgeons were the progenitors of the great surgeons of to-day. The barber V.A.D. may therefore fill a gap in the future. Let us hope, considering the shortage of officers, that "safety" razors will be provided before the V.A.D.s take these helpless ones by the beard.

We are glad to see that the Public Health and Housing Committee of the Hampshire County Council have recommended that the salaries of the County Nurses be increased as from September 30th to £100 per annum. An

increase of salaries should certainly be made in the case of district, school, and other nurses who pay their own expenses of board, lodging, and washing, and are heavily hit by the increase in the cost of living.

The annual meeting of the Glasgow and West of Scotland Co-operation of Trained Nurses was held last week in the Charing Cross Halls, Glasgow. At the present there are 100 nurses on the roll. Over 80 are on war service, which has meant financial sacrifice both to the nurses and the home, the remuneration for military nursing being considerably less than a nurse could earn on the private staff of the Co-operation. Professor Glaister moved the adoption of the report, and Dr. David Newman, who seconded, pointed out that while quite 50 per cent. of the nurses were on war service, the staff had been fully maintained, both as to numbers and quality. Mrs. James W. Napier and Mr. A. A. Hagart Speirs, of Elderslie, were appointed Vice-Presidents, Mrs. Hall was elected a member of the Executive Committee, and Nurses Powell, Graham, A. C. Mitchell, and McInnes were also appointed members of the Committee in the place of nurses who retired in rotation.

A VOTIVE OFFERING.

When Love came down at Christmas, He came into the body of a little Child, who all these nineteen hundred years since has held out His hands to minister to the helpless little ones of the world. Christmas is the festival of the children, God bless them, and especially of the slum babes, for He who was born in a stable gives the warmest place in His heart to those for whom Christmas brings scant fare, and on whom Father Christmas drops no toys.

These waifs know no jealousy or envy. They stray away into the nearest thoroughfare of shops, and enjoy the sight of fascinating dolls, popguns, and picture books, designed for more fortunate children. They press grubby faces against the plate-glass of confectioners, and grow round-eyed as they contemplate the joys within. "Oo'er, Billy, ain't they pretty?" "I'd 'ave that one, which 'ud you 'ave?" They are none of them for you, slum babies, they are for the children of your betters, to whom you must order yourselves lowly and reverently. If you go to Sunday school regularly, you may, if people are generous, get a slab of stodge cake for your Christmas treat,

and a pair of warm mittens for your little blue fingers.

In a slummiest of slums, the parson had erected a crèche in a corner of his church, where the figure of the Infant Saviour, watched by His gentle mother and the shepherds, were lit by little twinkling lights, and decorated with holly and flowers. It was a source of unending fascination to his slum babies, who sat quiet and absorbed while he explained to them its meaning. "His Mummy was too poor to buy Him any toys," he ended. And a little girl, hugging a dirty legless woolly lamb, added to herself, "I 'spects 'is Daddy was at the war."

The church is emptied now of these poorly clad little figures, and the lights turned out, all save those twinkling over the crib.

The door slowly opens and re-admits the tousled little figure of the child hugging the lamb, and she steals up to the crib.

"I've bringed you my lickie lamb, Baby Jesus, and I'd like to mind you sometimes if yer muvver will let me when she's busy, and if I get a scarf at the treat I'll ask my muvver if I may bring it round."

She stole out as silently as she had come, and disappeared into the darkness of the streets.

"Where're you bin to, Lizzie, and what yer done with yer lamb?"

"Loosed it, muvver," said the child, complacently.

"I've a good mind to knock your 'ead off," said the woman dispassionately; "go in and get yer tea."

And the twinkling lights in the big church lit up the figure of the Baby Jesus, with the dirty little toy lying in His outstretched arms.

H. H.

NATIONAL UNION OF TRAINED NURSES.

The National Union has done very useful work during the war, in acting as a medium between nurses requiring employment and institutions and others requiring nurses. Just now we are informed that several cases have come to the knowledge of the Union of the needs of elderly nurses over fifty who find great difficulty in obtaining employment, but who, though not strong enough for active hospital work, are quite capable of useful attention in private cases and who are willing to meet those who are unable to afford full fees. We hear so much of the shortage of nurses, that surely, with some readjustment, there should be work for all trustworthy nurses. Miss Eden, the Hon. Secretary of the Union, will be pleased to give information concerning these nurses, upon application.

Miss P. L. Guillemard, Voluntary Aid Detachment, Nursing Service, is reported in Tuesday's casualty list to have died.

DADDY TEN.

By JESSIE CARGILL BIGG.

The little old man in the end bed of the ward with bandaged eyes, heard the cruel verdict in silence. Except for the tightening of his thin lips, and the faint flush that crept into his cheeks, there was nothing to make the house surgeon, believe that the loss of Daddy's sight was the calamity it might have been to some patients.

He reflected as he stood at the bedside that the old man was over seventy and getting his pension.

His wife was nearing the same age, but a capable daughter earned sufficient to keep them both in comparative comfort. It is true that Daddy had fully made up his mind that he would regain his sight after the operation. The doctors had warned him not to raise his hopes as he might be disappointed, but Daddy refused to be anything but optimistic. He told the nurses that the bandages would be taken off on Christmas Day, so that he could see his wife.

The house surgeon found Daddy's silence distinctly disconcerting. He fidgeted with his stethoscope and vainly endeavoured to think of something appropriate to say under the melancholy circumstances.

"I suppose you ought to be thankful that you have got to your age without this happening sooner," he remarked, brusquely.

"It'll cut up the old girl," quavered Daddy.

"She'll get over it," said the house surgeon soothingly.

"Bein' Christmas time, it'll be 'arder for 'er," persisted Daddy.

"Well, you try and be as cheertal as you can, and don't spoil Christmas for her," replied the doctor.

"It won't be no good when she gets to know as my sight's gone. I shouldn't wonder if she gets an 'eart attack right away."

"My advice to you is to keep the news from her till the next day, if you can; the bandages will be off."

He was gone before Daddy had framed a suitable reply.

But as the old man lay and pondered over the situation, he saw the wisdom of the advice.

He told Sister about it when she settled him up for the night.

"I just got to bluff 'er for once so as she can be 'appy on Christmas Day," he explained.

On the afternoon of Christmas Day, Daddy's wife came tottering up the ward to see him. Bent almost double with rheumatism and with a nervous jerk of the head that kept the little bead flowers in her bonnet in a constant state of tremor, Eliza looked a great deal older than she was. There was a great joy beaming out of her faded blue eyes.

She did not speak to Daddy Ten at first; she just sat and held his hand in hers in an ecstasy of happiness that needed no words.

It was Daddy who broke the silence. "You're lookin' ten years younger, mother."

"Oh, John! 'Ow much can you see of me dearie?"

"All the best part of you, mother."

"I'll believe it when you tell me wot colour my blouse is, lovey."

"Why, green, of course," said Daddy, with a fear clutching at his heart.

She looked disappointed. "I'm too far away for you to see that it is blue, John." She stooped over him, and Daddy touched her sleeve caressingly.

Then he gave a forced laugh. "'Ave you bin an' forgot as I'm colour blind, mother?" he asked, slyly.

"FOR THESE AND ALL HIS MERCIES."

Bunchy sat in a corner of the ward, arrayed in her best cap and a bow of pink ribbon at her neck.

"Pink suits me complexion," she said. "I allus looked well in pink."

Bunchy was the nickname by which old Jan Bunch was known in the ward, and the ward was in one of our large mental hospitals. Bunchy was one of the "*Les Aliénés*," a term by which the French describe those that are afflicted in mind, and which is so far removed from our own harsh word *lunatic*. Indeed, one could not associate such a term with little old Bunchy, whose only apparent weakness was that she saw everything *color de rose*. The occasion that had called for Bunchy's best cap was no less a festival than Christmas Day.

She sat in her corner by the fire counting up her blessings, sometimes to herself, sometimes to a cronny or chance visitor.

"Very nice everything, I'm sure," she said, as her eyes wandered over the elaborate paper decorations; "them poppies is so natural, you could fancy they was growing! Very clever, our nurses is, I'm sure. Nurse Lily dressed up last night for a bit of fun. There are some as don't admire her; but I thought she looked beautiful with 'er hair down and a shepherd's crook in 'er 'and. Oh, yes, we had a lovely dinner served up beautiful and 'ot, with a nice piece of fat. We didn't 'ave no light round the pudden; you couldn't expect it in these sort o' places. Besides, the poor gals might 'ave burnt their fingers. I wropped up a piece o' mine in me 'ankercher for my friend when she comes."

"Yes, the service in chapel was very nice. Textes all round the walls, and the choir sang 'andsome, I'm sure. The minister spoke beautiful from Lamentations, or some such book; but I forget."

"Yes, to night we're going to 'ave a tancy dance. A young man on the other side is a bit partial to me, though I got my own young man in Roosa."

Three hours later, Bunchy put on her striped unbleached nightgown and dragged her skinny old figure into bed.

"Wonderful comfortable bed!" she murmured, "and plenty o' blankets; and I kept a peppermint lozenge for the wind!"

PROFESSIONAL REVIEW.

HOME CARE OF CONSUMPTIVES.*

The home care of consumptives is a question of very urgent importance, for a large number of phthisical cases must, of necessity, be treated at home, and the conditions under which such treatment is carried out are a very large factor in the ultimate result. A book on this subject therefore, by Mr. Roy L. French, M.A., former

Secretary of the Kentucky Tuberculosis Commission, is of great interest. The author is a social worker, who has been engaged both in educational and executive work in the campaign against tuberculosis. The book is primarily written, from the point of view of the social worker, for patients, tuberculosis workers, visiting nurses, teachers, ministers, and clubs interested in the health problems of their localities, and also in the hope that those doctors who realise most keenly the necessity of the patient's intelligent co-operation in the details of treatment will place the book in the hands of the family.

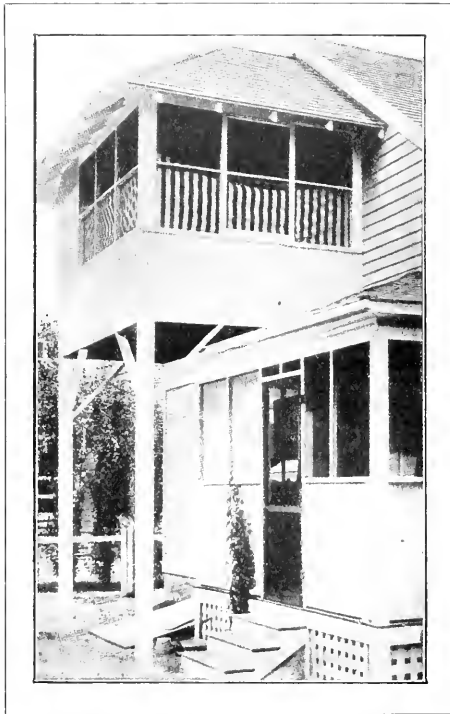
The first message of the book is *Hope*. No longer when a doctor pronounces a case to be consumption is it equivalent to pronouncing the death warrant. We read, "Nature fights steadily with you and not against you. Almost everyone is at some time infected with tuberculosis. Most of us never know that we have been infected because the germs are quietly killed or walled up in the body. It is only when a particularly severe infection occurs, or when we are repeatedly infected while in a run-down condition that an active tuberculosis process develops. When we

are in poor physical condition as a result of overwork, loss of sleep, lack of proper food, worry, vicious habit, or an attack of some other disease, then the germs of tuberculosis previously implanted in the body get their opportunity to develop."

"Some years ago," we read, "people talked about 'curing' tuberculosis. Now we speak of 'arresting' the disease. Tuberculosis, a chronic disease, runs over a long period. In practically all cases of improvement the symptoms will almost wholly disappear, and the patient

will feel reasonably well although the infection still lingers in the body." A consumptive may become well enough to work without being physically healed. The important thing is that he should strictly follow out the rules laid down by his doctor. He "must bring to his task the enthusiasm and concentration displayed by the average American in playing base ball or making a fortune. Nature lays down the laws of the game. If you follow the rules, and play hard and courageously, you have a good chance to win. If you break the rules, you are sure to lose."

What is tuberculosis? The chapter on "The soil and the seed" explains this intelligibly to the average person. "Burn or boil some kernels (or seed) of wheat, or cover them with strong acids and their life is destroyed. Put them in a suitable granary and life will not grow and produce a crop of their own kind. Plant them in fertile soil and give them sunshine, warmth and moisture and they will grow. An analogy is then drawn between the growth of the germs of tuberculosis and the kernels of wheat, and the principal symptoms of tuberculosis are detailed, of the lungs (phthisis), of the glands (scrofula), and of the bones and joints, the methods of infection and development, also the conditions



A TEMPORARY PORCH, WELL BUILT, NOT TOO EXPENSIVE AND IN GOOD TASTE.

* Messrs. G. P. Putnam's Sons, 24, Bedford Street, Strand, W.C. 5s. net.

affecting predisposition, resistance and immunity.

On fighting tuberculosis at home the advice given is "employ the most competent physician of your locality, give him your confidence, and co-operate with him heartily."

A word of warning is given as to the avoidance of patent medicines advertised as cures or remedies for tuberculosis, and in regard to change of climate, it is satisfactory to those who cannot afford to move to a different part of the country to read that "change of climate is not now considered an essential part in the treatment of tuberculosis," but as to the house, stress is laid on the point that "if you must take treatment in your own home, make up your mind that it is likely to be a campaign of one, two, or three years rather than a short battle, and take account of all your resources and surroundings in preparation for the struggle. If the house you live in is not suitable, move to another one. The special points that are desirable are then detailed, a chapter is devoted to the room for a consumptive, and the fact that flies may carry the germs of disease from place to place is emphasised. Personal cleanliness—washing the hands before and after each meal, cleansing the teeth two or three times daily, the use of cloths or paper napkins which can be burned, instead of handkerchiefs, are insisted on. The importance of warm, cleansing baths two or three times a week is pointed out.

Of supreme importance to a consumptive is fresh air, and the question of "sleeping porches" is therefore a very important one. Various patent devices may be purchased to attach to the exterior of a house over any window and serve as a sleeping porch, and one of a good type is here reproduced. If one is to be built it should be at the south-west or south-east side of the house preferably in an angle and on the second story level. For rest in the open air in the daytime a porch or roof may be available that is not suited for a sleeping porch. Such a roof is shown in our second illustration; in this way with the minimum of expense a maximum of fresh air will be secured. Just now when soldiers are returning

from the front incapacitated by tuberculosis a knowledge of the best methods of home treatment is of special importance. We commend this book to the attention of all those who select the libraries of nurses' homes and clubs, and also to social workers.

THE INSTITUTE OF MASSAGE AND REMEDIAL GYMNASTICS.

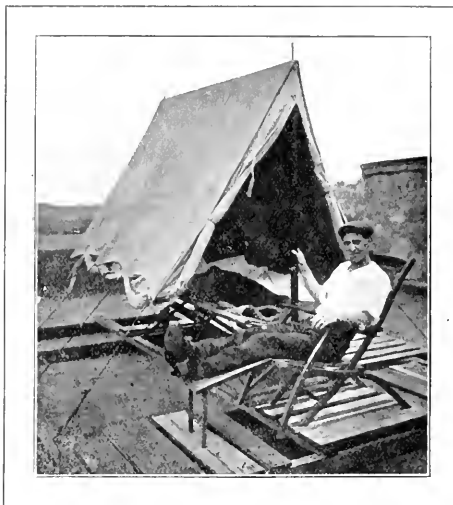
We have received from Dr. A. E. Barclay, Hon. Secretary of the Institute of Massage and Remedial Exercises, 71, King Street, Manchester, a statement of the aims and objects of the Institute, in which it is stated that for some time past it

has been felt that it would be greatly to the advantage of the medical profession and massage generally, if a widely representative society were established, which would have a board of management elected annually, upon which charitable institutions and the medical profession would be represented.

With this object in view, the Institute of Massage and Remedial Gymnastics has been founded. It has the licence of the Board of Trade to dispense with the word "Limited," as part of its title, and is therefore incorporated, with limited liability, as a legally constituted body. The Articles of Association provide for:—

- (a) A properly constituted Board of Examiners, who shall be members of the medical profession, and such other qualified persons as may be thought necessary to provide for the examination of candidates and the granting of certificates.
- (b) Centres in all large towns wheresoever there are candidates prepared for examination, and Local Committees on which matrons of hospitals and others will sit.

A National Health Fair for the promotion of the work of the Institute of Hygiene was opened on Monday last at the Institute in Devonshire Street, W., by the Lord Mayor of London.



CITY DWELLERS CAN OFTEN USE FLAT ROOFS.
From the "Journal of the Outdoor Life."

CHRISTMAS GIFTS.

This year our Christmas gifts will be planned largely for the benefit of those who are actively engaged in naval and military service, for those engaged in auxiliary work, and for those who in hospitals are repairing the ravages of war, lighting the path through the Valley of the Shadow. Therefore it is particularly appropriate to look for suitable offerings in the pages of a journal devoted to hospitals and nurses, and to the needs of those to whom comforts and sustaining foods are of the first importance. Whether we are looking for hospital supplies and equipments, for nourishing foods, for new uniforms for the regular naval and military nursing services, and their auxiliaries, for dainty and useful first-aid equipment, for warm travelling coats, for books which will help our nurse friends in their professional work, we can turn with confidence to the pages of this JOURNAL and find all that we need. —

WHERE TO GO FOR CHRISTMAS GIFTS.

COMMEMORATIVE MEDALS

In days to come medals which have been struck to commemorate striking events during the great war will be eagerly sought after, and we commend to the attention of our readers the many interesting medals which have been

struck and are procurable from Messrs. Spink & Son, Ltd., 17 and 18, Piccadilly, London, W., Medalists to H.M. the King. We reproduce the medal designed by Admiral Prince Louis of Battenberg to commemorate the Naval Victory off Jutland Bank on May 31st of the present year, bearing the Union Jack and the White Ensign, the staffs crossed in front of a trident, and bearing the legend, "To the glorious memory of those who fell that day." The medals are struck in two sizes, one having a diameter of $1\frac{1}{4}$ inches, in white metal at 1s.; in bronze 5s.; in solid silver at 15s.; and 18 carat gold at £11 10s. The smaller size, suitable for wearing on a bracelet or watch chain, costs, in solid silver, 3s. 6d. They are sold for the benefit of Naval orphanages. The firm are issuing a set of medals in fancy card boxes for Christmas presents at 7s. 6d. complete, which should form a popular gift. Especially interesting

to nurses is the medal struck in commemoration of Edith Cavell.

THE HOSPITALS & GENERAL CONTRACTS CO., LTD.

To give even a survey of everything supplied by the Hospitals & General Contracts Co., Ltd., 10-25, Mortimer Street, is manifestly impossible, for as their name implies, they touch every department of hospital life. And whether nurses and midwives need uniform for their own personal use, or supplies for themselves, or for the institutions or patients whom they serve, they will find that the firm can either supply or procure for them the necessity of the moment. Their nurses' uniform department is increasingly appreciated.

MESSRS. E. & R. GARROULD.

Nurses are always sure of finding at Messrs. E. & R. Garrould's, 150, Edgware Road, W., every requisite not only for the institutions in which they work but for their personal use. The popularity of the firm with nurses is due not only to the value of the goods supplied, but also to the convenient way in which they are arranged and

brought to their notice. Then their Red Cross Catalogue circulates far and wide, and those who are unable to visit the Nurses Salon will find that the numerous illustrations help them to make a satisfactory selection. The firm is also publishing a Yank Tide Catalogue,



Obverse.

MEDAL TO COMMEMORATE
JUTLAND BANK,

Reverse.

THE NAVAL VICTORY OFF
31st MAY, 1916.

which reminds us that in the Christmas Bazaar a most fascinating array of toys and gifts of every kind are to be found at most moderate prices, and, light though many purses are this year, most of them will contain enough to make the children's Christmas a happy one.

THE MEDICAL SUPPLY ASSOCIATION.

The Medical Supply Association, 107-185, Gray's Inn Road, W.C., have large stocks of invalid and nurses' requisites, both at their central establishment and also in their branches in Edinburgh, Glasgow, Dublin, Sheffield, Cardiff and Bristol. A visit to the firm will demonstrate that many useful gifts could here be selected, from a clinical thermometer to the equipment of a ward.

MESSRS. BURROUGHS, WELLCOME & Co.

The "Tabloid" Brand First-Aid No. 708 supplied by Messrs Burroughs, Wellcome & Co.

Snown Hill Buildings, E.C., specially designed for the use of private and district nurses would be a welcome Christmas gift. The case is supplied in rex red, royal blue or imperial green enamelled metal, or in aluminised metal, fitted with a selection of compressed bandages and dressing, Vaporole Aromatic Ammonia, Vaporole Iodine Tincture, and numerous other things likely to be needed in emergency. The price is 6s. 6d. A Tabloid Brand Medicine Pocket Case in black japanned metal for personal use on Active Service, price 7s. 6d., would be a welcome gift to many.

SANATOGEN.

It is very satisfactory to those who, in pre-war days, used Sanatogen as a tonic and restorative to know that they can once more do so with a clear conscience, as the business of the German firm has now been wound up, and it has been purchased by a group of business men of whom Lord Rhondda is the head. Sanatogen can therefore usefully be included in our gifts to institutions whose aim it is to fortify the nervous energies which have been impaired by the strain and stress of war.

MESSRS. A. E. BRAID & CO., LTD.

At the establishment of Messrs. A. E. Braid & Co., 30, Gower Place, Gower Street, W.C. (opposite University College), nurses would do well to note the "Sterling Seamless Pure Rubber Gloves," for which the firm is sole agent in the United Kingdom. They are made in Canada, and the purity of the rubber may be gauged from the fact that they are perfectly clear when held to the light, while the fingers can be stretched as far apart from one another as desired without splitting. For private nurses especially these gloves would be a welcome gift. Another speciality of this firm is Osmique Dressing, which has an osmotic action upon wounds by which the outflow of lymph is increased. In addition to the usual surgical instruments, dressings, aseptic hospital furniture, &c., the firm make a feature of nurses' and students' requisites.

MESSRS. SOUTHALL BROS. & BARCLAY, LTD.

Those nurses who attended the Conference of the National Council of Trained Nurses in Birmingham in 1914, and availed themselves of the invitation to visit the works of Messrs. Southall Bros. & Barclay at Charford Mills, understand the extent and the perfection of the department for surgical dressings maintained by this noted firm which has been established for more than sixty years. No more acceptable gifts could be made to hospitals at home and abroad than the cotton wool, gauzes, lint, bandages, &c., produced under conditions in which every care is exercised.

THE STUDINGTON COAT.

The present is an opportune moment for fathers and mothers and generous aunts to give presents of warm outdoor coats, which in this bitter weather must be considered a necessity, not a luxury. We advise those so generously disposed,

and also nurses who desire to acquire these indispensable articles for themselves, to pay a visit to Messrs. Studl & Millington, 31, Conduit Street, Bond Street, W., and inspect their noted "Studington Coat." Made in exclusive colourings and designs, and absolutely weatherproof, it costs from 3½ guineas and is a most desirable possession.

SCOTT'S NURSES' HAT DEPARTMENT.

Nurses will do well to note that the noted firm of Scott's, Ltd., hatters, 1, Old Bond Street, Piccadilly, W., are the appointed hatters to the Territorial Force Nursing Service, the British Red Cross Society, the Order of St. John of Jerusalem, &c. A large stock of these hats are always ready, and an admirable illustrated booklet, showing clearly the different designs and prices, will be forwarded post free to any address on application, or the different samples may be seen in the firm's showrooms.

CADBURY'S CHOCOLATE.

The many varieties of Cadbury's Chocolate and Cocoa are always a most acceptable gift, and this year the great Bourville firm are devoting their attention to lines which are likely to prove of exceptional importance at the present time. Thus Dairy Milk Chocolate is packed in air tight tins which can safely be sent to Egypt, Salomea, Mesopotamia, and British East Africa, and their despatch is facilitated by their being enclosed in a printed wrapper with space for the name, rank, and regimental number of the recipient. Cadbury's Mexican Chocolate can be sent in the same way. Another welcome variety is Cadbury's Chocolate Biscuits, and again chocolate in small packets or boxes for the pocket.

For beverages there are cocoa essence, cocoa and milk powder, Bourville Cocoa, and Breakfast Chocolate, all delectable and delicious, as well as highly nutritious.

HORLICK'S MALTED MILK TABLETS.

A very useful and welcome gift to men on active service, and in large quantities to Field and Base Hospitals, is Horlick's Ration of Malted Milk Tablets. Eighty of these compressed tablets are supplied in a tin weighing 7 ozs., and the value and comfort of the tablets, to the wounded has been amply proved.

PROFESSIONAL LITERATURE.

To the book lover there is no more welcome gift than a new book.

MESSRS. G. P. PUTNAM'S.

The books published by Messrs. G. P. Putnam's, 24, Bedford Street, Strand, afford a most attractive selection at most moderate cost. In connection with the war, "Field Hospital and Flying Column" and "The People Who Run," by Miss Violetta Thurstan, in their pretty wrappers, would, together or separately, form a charming present, the text book on "Practical Nursing," by Miss Maxwell and Miss Pope, is an admirable com-

pendium of information, and Mrs Dock's "Materna Medica" and other important and authoritative books bear witness to the high standing of their respective authors.

MESSRS. H. K. LEWIS & CO., LTD.

Most popular publishers with nurses are Messrs. H. K. Lewis & Co., of 136, Gower Street, W.C., who will send a complete list of their nursing books free on application as well as specimen charts. Special mention may be made of the "Lectures on Tuberculosis to Nurses," based on a course delivered to Queen's Nurses by Mr. Oliver Bruce, and "Lectures on Medical Electricity to Nurses," by Dr. J. Delpratt Harris.

SOME VALUABLE DISINFECTANTS.

The value and indispensability of good disinfectants needs no emphasis to nurses, but unless they are thoroughly dependable they are worse than useless. In the first ranks are—

SANITAS.

Sanitas in various forms is supplied by the Sanitas Co., Ltd., Locksley Street, Limehouse, E. The best known is "Sanitas Fluid," both a germicide and an oxidant, "Sanitas Sulphur Fumigating Candles," and the powders and soaps supplied by the firm are much appreciated.

LISTERINE

Listerine is a well known antiseptic valuable for dressing superficial wounds, and, both for ordinary use and especially in illness, it is a delightful and useful mouth wash. The proprietors are the Lambert Pharmacal Co., St. Louis, and it is held in well-deserved repute on this side of the Atlantic.

LYCRYL

Lycryl is an all-British Lysol supplied by Eucryl, Ltd., 61-63, Lant Street, Southwark, a guarantee as to quality. It is especially useful in removing mucus accumulations and grease.

SPHAGNOL.

Sphagnol, supplied by Peat Products (Sphagnol), Ltd., 18, Upper Thames Street, E.C., is a preparation prepared by the calcination of peat. It may be incorporated in soap, ointment, or a toilet cream, and has been very successfully used in the treatment of trench sores, and face wounds.

TONIC WINES.

WINOX.

A wine which, taken under medical direction, may prove a tonic of considerable benefit is "Winox," supplied by the firm of that name, 95, London Wall, E.C. It is a combination of unfermented grape juice with specially fermented wine and extracts of malt and beet.

WINCARNIS.

Wincarnis is a tonic wine supplied by Coleman & Co., Ltd., of Wincarnis Works, Norwich. It is claimed that the upbuilding of the system which is the secondary effect of this wine follows on the primary effect of stimulation before this has worn off.]

BOOK OF THE WEEK.

"MR. BRITLING SEES IT THROUGH."

There can be no denying that Mr. Britling was in a sense distinguished. He was in the "Who's Who" of two Continents. In the last few years he had grown with some rapidity into a writer recognised and welcomed by the more cultivated sections of the American public, and even known to a select circle of British readers.

Mr. Direck had come over from America to invite Mr. Britling, as a representative thinker, to cross the Atlantic and lecture to a Massachusetts Society for the Study of Contemporary Thought, of which he was the rather over-salaried secretary.

This remarkably clever book sets itself to describe the effect of the war, from the moment it was declared, on the house of Mr. Britling, and on the little village in which he lived.

Every page is alive, and so packed with incident and character study, both grave and gay, that it would be a well-nigh hopeless task to touch on even a small part of its many-sided interests and infinite variety, or to give any real impression of the true value of the book in a short notice such as this.

The arrival of Mr. Direck at Matchings Easy, the country house of Mr. Britling, is, so to speak, the "kick off."

Mr. Britling met his guest at the station in a car, which he perceived almost at once that his host was driving for the first, second, or at the extremest, the third time in his life, and after somewhat alarming experiences he got through the gateposts of his very agreeable garden. His family welcomed his safe return, visitor and all, with undisguised relief and admiration. A small boy appeared at the corner of the house and then disappeared hastily again.

"Daddy's got back all right at last," they heard him shouting to unseen hearers.

The masterly description of this pleasant English home in which the American finds himself launched is one of the many good things of the story.

Mr. Britling was married for the second time. His wife, Edith, was "a tall, freckled woman, with pretty, bright brown hair and pre-occupied brown eyes." She was the mother of two little boys.

Mr. Britling's first wife, Mary, had been the love of his life, and the seventeen-year-old Hugh was the legacy she had left him.

Like all truly pleasant houses, the company at the Britlings' was not confined to the immediate family circle, and around the long, narrow table under the big sycamores, which was spread with the many pleasant things which can make tea time so agreeable, were gathered a casual company "Auntie," whose hooked nose was attributed in some remote manner to the Duke of Wellington; an Indian young gentleman, whom Mr. Direck alluded to in the phrasing of his countrymen as the

* By H. G. Wells. Cassell & Co., Ltd., London.

"coloured gentleman"; pretty, vital Cissie Cornel, whom he at once fell in love with, and her sister, Letty, married to Teddie and the owner of the erect and attentive baby sitting up in a perambulator. There was also the young German, Herr Heinrich, the tutor of the younger boys.

And this pleasant rally in these pleasant surroundings was Mr. Dreck's first introduction to English society just before there was any talk of war in the summer of 1914.

And then the progress of the war and its effect on these individuals each and singly are described in a way that for sheer cleverness and understanding insight can only be described as marvellous. It is in reality a cameo of what has been enacted in thousands of happy homes and in hundreds of pleasant villages since war was declared.

It is a gradual unfolding of the deep and terrible issues which are involved in the strife of nations, and the unwilling conviction of a powerful mind like that of Mr. Britling, who was the most cheerful of optimists, that the unbridled passions of men are neither more nor less than hell let loose.

The recall of Herr Heinrich for military duty was the first personal note of the Britling household.

The German boy, who had been happy in this pleasant home, had to leave much of his personal belongings behind.

"He hasn't packed at all," said Mrs. Britling to her husband. "Just come and peep at his room, it's—touching."

"It was more than touching; in its minute and absurd way it was symbolical and prophetic; it was the miniature of one small life uprooted."

Then came the enlisting of young Hugh, who wrote such delightfully interesting descriptions of his little Cockney cad friend, and other most human things, and then the dread telegram that told of his death.

Mr. Britling started at the telegram. He had an absurd conviction that it ought to be a sixpenny one.

Then came the news of Letty's adored young husband, Teddy, being wounded and missing, and the girl's determination in some way to wreak vengeance on the hated enemy. In her case there also came the joy of his safe return.

There also came the news of the death of Herr Heinrich, and the necessity of sending home his violin. "I must write a letter to the old father and mother," said Mr. Britling. "In all this pitiful storm of witless hate—surely there may be one greeting—not hateful."

"From my blackness to yours," said Mr. Britling aloud.

It is with the fruitless attempt to write this letter that the book closes.

"Perhaps I had better just send the fiddle," said Mr. Britling.

"No, I must write to them plainly. About God as I have found Him. As He has found me."

"Far away towards the church came the sound of some early worker whetting a scythe." II. II.

COMING EVENTS.

December 12th.—New Hospital for Women, Easton Road, W.C., Celebration of Jubilee. Chair, Lady Hall. 2.45 p.m.

December 13th.—Central Midwives Board Examination. London, Birmingham, Bristol, Liverpool.

December 15th.—Society for the State Registration of Trained Nurses. Meeting Executive Committee. 4 p.m.

WORD FOR THE WEEK.

"Remove from us arrogance and tebleness, give us courage and loyalty, tranquility and self-control, that we may accomplish that which Thou givest us to do, and endure that which Thou givest us to bear."

From the Form of Intercession.

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.

AN UNCONSTITUTIONAL PROTEST!

To the Editor of THE BRITISH JOURNAL OF NURSING.

The Royal British Nurses' Association
10A, Orchard Street,
London, W.
27th November, 1910.

MADAM.—The Royal British Nurses' Association desires to state publicly that it is not in agreement with several of the statements published in the communication of the Central Committee for the State Registration of Trained Nurses, concerning the negotiations between that Committee and the College of Nursing, Ltd. As the Royal British Nurses' Association is one of the constituent societies of the Central Committee, it deems it necessary to make its protest public.

At a meeting of the Executive Committee of the Central Committee, called to consider the communication referred to, the representatives of the Royal British Nurses' Association protested against its being sent to the press, on the ground that it is inexpedient that negotiations be broken off between the Central Committee and the College of Nursing, Ltd., and that it is contrary to the best interests of trained nurses that the communication should be published.

We are, Madam,

Yours very truly,

W. BIZLY THORNE, M.D.

Vice Chairman and Chairman of Committee.

COMYNS, BERKELY, M.C. (Cantab.).

Honorary Treasurer.

CONSTANCE CAMPBELL THOMSON,

Nurse Honorary Secretary.

HERBERT J. PATTERSON, M.C. (Cantab.).

Medical Honorary Secretary.

In issuing their protest against the decisions of the Central Committee for State Registration of Nurses, the Hon. Officers of the Royal British Nurses' Association, acting in the name of their Association, which is affiliated in the Central Committee, are acting in an entirely unconstitutional manner, and we hope that our readers will realise that the "protest" is an expression of the opinion of the four signatories and nothing more. As the initiator and first member of the R.B.N.A., I disapprove of their policy and their protest, concerning which the members of the Association have never been consulted.

At the meeting of the Central Committee on October 21st, it reaffirmed its determination to amend its own Nurses' Registration Bill, and to issue a "Statement" to the nursing profession and the public concerning the negotiations which for months had taken place between it and the College of Nursing, Ltd., and which had not resulted in agreement on a Conjoint Bill. The Central Committee referred the drafting of the Statement to its Executive Committee, which has carried out its directions. Whether the hon. officers of the R.B.N.A. approve of it or not is not the question; the Statement records facts, and their attempt to obstruct the considered opinion of the Central Committee and its directions to its Executive will not influence the question at issue—the determination of the Central Committee to protect the rights of trained nurses in any Bill for their registration which it supports.

Dr. Bezly Thorne and Mr. Comyns Berkeley, R.B.N.A. delegates on the Central Committee, have accepted office on the College of Nursing, Ltd., as a Vice-President and as Hon. Treasurer, respectively; they are therefore jointly responsible for the College Bill, of which the Central Committee does not approve. Their position is anomalous, and for the harmonious conduct of business they should retire from one organization or the other. The Nurses' organizations grouped in the Central Committee strongly object to the constitution of the College of Nursing, Ltd., and to the constitution of its Scottish Board, and they can agree to no Bill which does not protect the nursing profession as a whole from government by employers and hospital officials, and they strongly deprecate the attempt of the officers of the R.B.N.A. to over rule the considered opinion and overwhelming vote of the Central Committee—a policy which they intend to meet with uncompromising opposition.

The medical hon. officers of the R.B.N.A. have always been out of touch and sympathy with progressive nursing thought—which attitude produced revolution in its ranks twenty years ago—since which time the educated and intelligent minority of the nursing profession have organized their own self governing associations as trained nurses all over the world have done, and intend to form and express their opinions on their own professional affairs. It is a pity the hon. officers of the R.B.N.A. have not realized this fact.—Ed.]

GRATEFUL FOR THE "STATEMENT."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I beg to thank you for placing the Registration Case, up-to-date, so plainly before us in last week's issue. As you are aware, we nurses have very little time to study documents, and many of us are most grateful for the "Statement." Unless the benefits the Central Committee are fighting for are inserted in our Bill, we are better as we are. Please also believe that we most strongly object to the cowardly personal attacks made upon you in the "anti" registrar on papers, because you prefer to stand out against powerful persons, who are no more in favour of real State Registration now than they were before; and journals which blow hot and cold on registration, with such bare-faced eponymy, cannot expect to exercise influence with sensible nurses.

Yours sincerely,

JEAN MACINTYRE.

Glasgow.

We have received a large number of letters this week to the same effect, for which many thanks.—Ed.]

PAPER SUPPLY RESTRICTIONS.

To ensure obtaining THE BRITISH JOURNAL OF NURSING every week you must absolutely give a definite order to a newsagent, or order it from 431, Oxford Street, London, W.

SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES, 431, OXFORD STREET, LONDON, W.

Trained nurses who approve of the organisation of nursing by a General Nursing Council on which trained nurses have direct and adequate representation, and which will maintain the three years' standard before registration, should join the above Society.

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, and getting their friends to do likewise. Only the most reliable firms are accepted by the management as advertisers.

OUR PRIZE COMPETITIONS.

December 16th.—What is anaemia? Why is diet an essential part of its treatment?

December 23rd.—What is leprosy? What progress has been made in its treatment?

December 30th.—What diseases may be conveyed by carriers, and how do they carry typhoid?

As we go to press we learn that the first examination for the certificate of the Central Midwives Board for Scotland took place recently in Edinburgh, Glasgow, Dundee and Aberdeen simultaneously. Seventy-seven candidates entered for the examination, and 69 were successful in passing.

The Midwife.

TRANSFUSION OF BLOOD IN AN OBSTETRICAL CASE.*

By A. R. Young, Baltimore, Maryland.

I was called to Mrs. A., an obstetrical patient, at 8.30 one morning. On reaching her, I found that the membrane had ruptured the previous evening with no pain. An hour after my arrival the pains started, an hour apart, and were very slight until 6.30 p.m., when they became more severe, at half-hour intervals.

A local bath and enema were given. At 10 p.m., the pains became very severe, five and ten minutes apart, but with no progress. The patient's pulse was 110; at 4.30 a.m., 112. She seemed nervous and unable to use her pains. Morphine sulphate, gr. $\frac{1}{4}$, was given by the doctor, who remained at the house all night. Two vaginal examinations were made during the night. At 9.30 a.m., the patient had a hard chill, pains five minutes apart, but not so severe. Another vaginal examination showed the cervix to be dilated to the size of a silver dollar. At 8.30 the temperature was 100.2; pulse, 122; respiration, 24. At 8.10 a second doctor had been called; at 8.45 an anaesthetic was given; the pulse at 9 a.m. was 145 and very weak. Strychnine sulphate, gr. one-thirtieth, was given by hypodermic.

At 9.05 high forceps were applied and at 9.20 the child was delivered, living, without injury, weighing 8 lbs. The patient's pulse became very rapid and at 9.30 the placenta was expressed, bimaniually; ergot was given by hypodermic, $\mathcal{M}lx$, hemorrhage was profuse. The uterus was packed, the legs were banded, the bed elevated, and external heat applied. Atropine sulphate, gr. one-hundredth morphine sulphate, gr. $\frac{1}{4}$ by hypodermic, and black coffee 1 pint, by rectum, were given. At 10.15 the patient had ergot $\mathcal{M}xxx$, and the doctors left, as the patient's pulse was stronger and they thought she would be all right.

At 10.30 the pulse became very weak, the rate was 170 with poor volume. There was marked pallor and extreme thirst. The doctor was called. Strychnine sulphate, gr. one-fortieth, and whisky were ordered, given by hypodermic. Saline solution was given by the Murphy method; black coffee, $\mathfrak{z}iii$ by mouth.

At 11, ergot $\mathcal{M}xxx$ was given by hypodermic. The pulse became stronger, rate 170, fairly good volume. At noon the rate was 172. Strychnine sulphate, gr. one-thirtieth, was given by mouth. At 1 p.m. the pulse was 170, egg and milk with whisky were given. The patient vomited ten minutes after taking this. At 2 p.m. the temperature was 98; pulse, 174; respiration, 30. Ergot,

$\mathcal{M}xxx$ and 'quinine, gr. ii, were given by mouth. At 3 p.m. strychnine gr. one-thirtieth, was given; the pulse was very weak.

At 5 p.m. three doctors were called in consultation, and blood transfusion was advised, as it was thought there might be a rupture of the uterus. At 6.30, Mrs. A. was removed to a hospital, and at 8.30 transfusion was started, her pulse being 104. The blood was given by Mr. A. and a direct transfusion was the mode of procedure. Blood was sent over to the patient for five minutes, during which time she picked up sufficiently to allow the packs in her uterus to be removed by the obstetrician in order to discover the cause of the damage, during the manipulations. The transfusion was temporarily discontinued. The pack having been removed without bleeding, it was immediately seen that the cause of hemorrhage was a bad tear through one side of the cervix.

A trachelorrhaphy and perineorrhaphy were therefore hurriedly done, during the course of which the patient was given more blood for six or seven minutes in order to still further re-uscitate her; the total amount being about 400 cc. She would have been given more, but in conditions such as this, where there is a big raw surface, and where a raised blood pressure might cause renewed bleeding by forcing out of the uterine veins the little life-saving thrombi, it was considered wise to give no more blood than was absolutely required to tide the patient over her difficulties.

During the transfusion the blueness left Mrs. A.'s lips, her face changed from a deathly pallor to a line of life, her breathing became easier and her pulse began to steady itself. She was taken from the operating room, with pulse 130, and in fairly good condition. She was given 500 cc. of saline solution, Murphy method, water was given copiously during the night, she slept at intervals, her pulse running from 124 to 130, temperature 99.8 to 100.2, due to reaction.

During the first 72 hours the temperature ran from 100 to 100.8 the pulse 124 to 130. The first week the temperature ran 99.8 to 100.4, pulse 108 to 120. During the second week the temperature and pulse were becoming normal.

In spite of all she had gone through there was no infection, and at the end of three weeks, Mrs. A. and her baby left the hospital in good condition.

RECIPROCHY OF TREATMENT.

The importance of provision for reciprocity of treatment in the Midwives Act for England and Wales is apparent, now that the Scottish Midwives Act has been passed. That Act gives power to the Board to grant its certificate to a woman trained and certified as a midwife in any other part of His Majesty's Dominions which admits to its register midwives certified under the Scottish

* From *The American Journal of Nursing*.

Act. But, as the Report of the Work of the Central Midwives Board, just published, points out, as the English Act contains no power of reciprocity of treatment, the Scottish Board is unable to grant its certificate to the holder of an English certificate. Consequently, an English midwife who desires to practise in Scotland must pass the examination of the Scottish Board and *vice versa*. This is a hardship which we hope an amending Bill may speedily remove.

COVERING UNCERTIFIED MIDWIVES.

During the winter session of the General Medical Council held in London last week, the President, Sir Donald MacAlister, reported that the Local Government Board had taken up the question of the scarcity of certified midwives in certain districts, and had issued regulations for subsidizing local authorities and organizations, undertaking to increase the supply, and for providing grants towards the remuneration of practitioners, who could do much to further in their own districts local schemes in support of the action of the Local Government Board. He also referred to the charges to be heard during the session against certain practitioners in connection with the alleged "covering" of women acting without qualifications as midwives. A draft notice was considered and approved, drawing the attention of medical practitioners to the fact that certain practitioners, by issuing certificates, notifications, or other documents of a kindred character, knowingly enabled uncertified women, on pretence that they were under their direction, to attend women in childbirth, contrary to the law. Notice was given that any registered medical practitioner, who is proved to have so offended, will be liable to have his name removed from the Medical Register.

Sir Francis Champneys spoke of the necessity for securing such administration of the Midwives Act as would give the benefit that it was intended to afford, and Dr. Newsholme said that "covering" of the practice of uncertified women by medical men should no longer be permitted. The Local Government Board had promised to give one-half of the total payment which was made by the local authority in obtaining municipal and county midwives where they were required, and where an adequate supply did not exist at the present time. They had also promised one-half of the fee where doctors were summoned in emergencies by midwives. There was no power to compel the local authorities to act, but they were waking up to the necessity of action.

Nurses and midwives who have occasion to use barley water as a diluent of milk should note that "Fawcett's Natural Process Barley" is made only from bright Yorkshire barley, and there is no chemical bleaching. It is sold everywhere in half-pound packets, the headquarters being Fawcett's Pearl Barley Mills, Castleford, Yorkshire.

NOURISHING FOODS FOR MOTHERS AND BABIES.

The nation is slowly awakening to the primary necessity of conserving the life of every infant and of so rearing it that it shall become an able-bodied, self-supporting citizen. To do this, not only must the infant be nourished from its birth, but in the prenatal period the health of the mother must be built up.

ALLENBURYS' FOODS.

A firm whose name is a household word is Messrs. Allen & Hanburys', 37, Lombard Street, E.C., and their foods for infants are used with the best results. Allenburys' Diet is most suitable for nursing mothers, helping to improve the quality and quantity of the milk.

FRY'S MALTED COCOA.

In this connection we must emphasise the value of Fry's Malted Cocoa, a combination of Fry's Cocoa and Allen & Hanburys' Extract of Malt.

BENGER'S FOOD.

Benger's Food (Otter Works, Manchester) is a food which is used with much advantage when a substitute for natural feeding has to be employed. It carefully prepared according to the formula given by Messrs. Benger, it partially digests the casein contained in the milk, preventing the formation of large curds, and enabling the stomach to complete the digestion.

VIROL.

Virol (Virol, Ltd., 152 106, Old Street, E.C.) is taken by nursing mothers with the best results, and it is found that, through the mother, it is invaluable to the child, both in the ante-natal period and in the critical first year of infancy.

THE "AGRIPPA" BAND TEAT AND VALVE.

If a baby is fed by hand, not only the food used is important, but the teat employed on the feeding bottle should be most carefully selected—not only must it fit securely over the bottle, without danger of slipping, with the consequent wetting of the infant with the contents of the bottle, but the shape of the teat must also be considered, for permanent malformation of the mouth may readily result from the employment of an unsuitable teat.

The "Agrippa" Band Teat, patented and manufactured by Messrs. J. G. Ingram & Son, Hackney Wick, London, will be found most satisfactory in use. It is sufficiently elastic to allow of its being fitted to any bottle, yet once in place grips it absolutely securely, while the shape has been the subject of much expert consideration.

The same firm supplies a hot-water bottle, the "Eclipse," fitted with a stopper which cannot leak, and made of the best quality rubber. Well protected, besides being useful for all general purposes, it is invaluable just now for tucking into the cot to keep baby warm and cosy.

The mattress should be protected by "Satinette" sheeting supplied by the same firm.

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EDITORIAL.

NURSERY SCHOOLS.

The National Council of Women of Great Britain and Ireland, which last week held its annual meeting in London, passed a number of resolutions bearing on social subjects of current interest. Of these, next to the resolution on Women's Suffrage, none in our opinion, was more important than that bearing on the care of children under five years of age in nursery schools, proposed by Mrs. Salmond on behalf of the Fabian Women's Group, and supported by the Parents' National Educational Union, the Women's Industrial Council, the Women's Freedom League, and a number of branches of the Union. The resolution was:—

That in the opinion of this Council it is a national disaster to close the schools to children under five, unless steps are at the same time taken to provide an adequate number of nursery schools under trained and educated supervision.

It is suggested that, as a war economy, schools shall be closed to children under five, and if this is done throughout the country the result will be that many young children who at present are under care and discipline while their mothers are out at work, will grow up to the age of five without the supervision which is essential both to their physical and moral welfare.

While it may be a debatable point whether the public elementary school is the best place for children under five years of age there is no question that under our present industrial conditions, when so many mothers of young children are compelled to go out to work daily in order to support, or help to support, those dependent upon them, centres should be provided where these children can be left during the mother's absence from home, with the assurance that they will be well cared for,

and to meet this need the establishment of the nursery school, whether as an extension of the work of the Education Department, or as an independent unit, appears to be the best solution. Otherwise, these little children during the all important early years of their lives when habits are formed, and when suitable feeding makes a life-long difference to the constitution of the child, will be left largely unsupervised, or at best in the care of an elder sister or kindly neighbour.

Everyone at the present time is impressed with the importance of conserving child life, the wastage of war is appalling, and every life is of importance to the State.

But medical officers testify that when children of five come under their supervision for the first time, at that age many defects have assumed a permanent character which, if taken in hand sooner could have been remedied. In nursery schools these defects would come under observation and could be referred to the proper authorities for treatment.

While it is undesirable that any pressure should be put on children under five years from an educational point of view, we know how much has been done under the Kindergarten and Montessori systems to enable them to assimilate knowledge unconsciously. Thus the latter system which originated with an Italian medical woman, Dottresse Montessori, allows the child the liberty which is necessary for his natural development, and by means of a carefully thought-out set of didactic materials enables him to carry on the work of self-education.

One of the most remarkable effects of this system is its effect on character. It is well known that children who are supervised and occupied are happy, while those who are uncontrolled too often grow up undisciplined and discontented.

OUR PRIZE COMPETITION.

WHAT IS ANEMIA? WHY IS DIET AN ESSENTIAL PART OF ITS TREATMENT?

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, 14, Gillespie Crescent, Edinburgh.

PRIZE PAPER.

Anæmia is a word signifying a condition of the blood in which there is a deficiency in quantity of the red corpuscles or in quality of the substance hæmoglobin in these cells. When the cause is due to some obscure disorder of the blood-making and blood-destroying tissues, it is called primary anæmia; diseases such as pernicious anæmia, chlorosis, and leukaemia are of this class. When the cause is known, preventable, and easily yielding to treatment, such as the result of hæmorrhage, breathing vitiated air, or due to auto-intoxication, it is termed secondary anæmia, and is much the commoner form generally met with.

Secondary anæmia, or "bloodlessness," as it is incorrectly but frequently termed by the patient and her friends, may be due to many causes. It may be due to prolonged overwork, and insufficient or indigestible food, producing a debilitated condition, also to digestive troubles and chronic constipation; breathing vitiated air, as in some factories, and sleeping in overcrowded, ill-ventilated rooms, is another potent cause. Loss of blood, or hæmorrhage, is a cause which may be very serious in its issue, more especially if there are repeated small losses of blood, as in hæmorrhoids. The presence of intestinal parasites is a cause noted in young children. Anæmia is also produced by the active toxin in the infectious fevers caused by bacteria. The symptoms of anæmia are generally manifested by pallor of the skin and mucous membranes, shortness of breath on exertion, indigestion or pain after eating, headache, loss of appetite, constipation, and loss of strength. In some cases the outward appearance and colouring of the patient may be deceptive to the untrained eye: thus, a patient may have palpitation and other symptoms, but remain fat and red-cheeked; also some healthy people have a peculiar pallor, which is their ordinary complexion. The pallor of anæmia, being of a waxen description, should not be confused with such. The dangers of non-treatment of an anæmic condition are, besides rendering the patient unfit for work, and leading to complications in the functions of the body,

that dilatation of the heart may be increased, and become a permanent condition.

The main points of treatment are:—Rest, to assist the recuperative powers; fresh air and sunshine in abundance, to recharge the blood with oxygen; iron tonics, so that the blood may be directly improved, and to stimulate the appetite; laxatives when necessary to remove the constipation and auto-intoxication caused by it; and lastly, and perhaps the most important factor in treatment, *i.e.*, suitable food. The diet should be rich in iron and mineral salts, which in anæmia are lacking in normal quantity and quality, and at the same time the diet should include those foods which are also laxative in character. Thus milk, eggs, raw beef juices, green vegetables, fresh fruits, oatmeal, wheaten bread, prunes, and such-like materials are especially suitable.

As is generally known, the blood supplies material for nutrition of the tissues of various kinds, also carrying oxygen in the red cells for oxidation purposes. The blood material requires constant replenishing of all its constituents to keep up the standard demanded by the bodily needs for the purpose, especially in the young, to help in building up and restoring the blood substance, which is being constantly deprived of its oxygen and nutriment by the actions of respiration and of the alimentary canal.

The results of unsuitable diet, causing the "poorness" of blood, are that organs of the body are ill-nourished, and do their work badly, leading to a train of symptoms of ill-health and disorders.

Warmth is important, especially in young children, when the circulation is poor, and woollen clothing should be worn next the skin.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. M. G. Bielby, Miss M. Pritt, Miss K. Kohler, Miss L. Oakes, Miss S. Simpson, Miss M. Mackenzie, Miss J. Dawes, Miss P. O'Brien.

Miss Simpson writes that the diet should be as generous as possible; milk, eggs, beef-tea, meat juice, or raw beef minced up finely will be largely depended on. The administration of bone marrow has been attended with some success. This is given to further the formation of the red corpuscles which are being destroyed.

QUESTION FOR NEXT WEEK.

What is leprosy? What progress has been made in its treatment?

NURSING AND THE WAR.

His Majesty held an investiture at Buckingham Palace on December 6th, at which Miss Annie Wilson, acting-matron of the Army Nursing Service, was decorated with the Royal Red Cross of the First Class.

Sister Janet Frewin, Queen Alexandra's Imperial Nursing Service, and Miss Margery Burn, Nursing Staff Universities' Mission to Central Africa, were decorated by the King last Saturday, with the Royal Red Cross (second class).

Sister A'druenna Tupper, Canadian Nursing Service, on whom the King recently conferred the Royal Red Cross (2nd Class), comes from Bridgewater, Nova Scotia. She graduated from the General Hospital, Concord, New Haven, and has an excellent nursing record both in England and France. Both her husband and father are dead.

Two of the three British Red Cross nurses who were decorated by the King at the same time, are attached to Graylingwell War Hospital, at Chichester. The recipients are Mrs. André, wife of Mr. J. E. F. André, a medical practitioner of Sidlesham, and Miss Wallington.

The War Office announces that it has been decided to increase the pay of all members of Queen Alexandra's Imperial Military Nursing Service Reserve and the Territorial Force Nursing Service, who, having completed twelve months' service, are willing to sign an undertaking for general Army service for as long as required.

The pay of V.A.D. and special probationers in military hospitals staffed by Queen Alexandra's Imperial Nursing Service or the Territorial Nursing Service will also, after they have completed six months' approved service, be raised from £20 to £22 10s. per annum, and, provided they are willing to sign an undertaking for general Army service for so long as necessary, they will be eligible for further half-yearly increments of £2 10s. up to a maximum of £30 per annum.

In addition, the board and washing allowance of all the above classes has been raised by 4s. a week.

This is very good news so far as skilled nurses are concerned, as the decreasing of allowances has been the cause of much dissatisfaction. Personally, we are of opinion that V.A.D. probationers are already well paid for their unskilled work. They will, at £30 per annum, be paid the salary of many highly experienced certificated hospital Sisters.

The risks run by nurses working in infectious hospitals, and the good work done by them, often passes unnoticed, partly, no doubt, because it is hidden away from the public view, and we are therefore glad to give prominence to the recognition received by Sister Willans, of the City Hospital, Walker Gate, Newcastle-on-Tyne, for her devoted care of cases of cerebro-spinal meningitis. The hospital has been used by the military authorities for their infectious cases since shortly after the declaration of war, and Sister Willans has had charge of the ward for patients suffering from cerebro-spinal meningitis. During this period over 100 certified cases, besides many carriers, contact, and "query" cases, have passed through her hands.

Dr. Kerr, M.O.H. for Newcastle, has received a letter from the Colonel commanding the Northern troops, stating that Sister Willans' work has been brought to his notice from more than one source, and that many patients who have recovered owe their lives to her skill and devoted attention, given without regard to personal danger and fatigue.

At a full meeting of the Sanitary Committee, Sister Willans was warmly congratulated on this recognition of the work she has accomplished, and the Committee

presented her with a testimonial and the sum of five pounds. Her salary has also been increased to the ward sisters' maximum.

It is reported that the Supply of Nurses Committee have, in their interim report to the War Office, recommended the establishment of a central hostel where young women, anxious to undertake nursing work under a contract during the war, but without hospital experience, can live, receiving lectures in the hostel, and, if possible, attending for daily work as probationers in civil hospitals and infirmaries.

The hospital has received the favourable consideration of the War Office, who hope, with the



SISTER WILLANS,
CITY HOSPITAL, NEWCASTLE-ON-TYNE.

co-operation of the British Red Cross Society, to arrange the details of the scheme at an early date.

What the nursing profession wants to know is what are the recommendations of the Committee concerning trained nurses. The War Office has atoned for its mistake in depriving them of allowances, and has wisely raised salaries, but there is the vital question of professional responsibility in Military Auxiliary Hospitals. Is the Committee going to recommend the abolition of the untrained Commandant or not? It is vital to the organisation of military nursing on a sound basis, and if it is shirked, no real reform is possible.

We note that a Sunday paper asks the question, "When is a Matron not a Matron?" and replies as follows:—

"Every woman who has known what it is to work hard and take a pride in her profession will sympathise with the trained nurses in the auxiliary hospitals who have had to suffer so much at the hands of the great ladies who run (and pay for) these hospitals.

"One of the nursing journals has been expressing itself very strongly once more on the injustice of the entirely untrained taking the titles which should be sacred to the profession.

"If a rich woman has her house accepted as an auxiliary hospital by the military authorities there seems to be nothing to prevent her from calling herself 'matron' and ruling it as she will, although she may not know the difference between a poultice and a fomentation.

"Apparently the War Office cannot afford to do away with these voluntarily-supported hospitals and meanwhile dare not offend their wealthy and generous 'matrons' by insisting that every hospital should have a fully qualified matron in supreme command."

Nurse Agnes Mann, who is at present on military hospital service at Salonika, has been awarded the Cross of Charity, a Serbian decoration. She is the daughter of Mrs. Mann, 12, Southerford Road, Inverurie, and was with Lady Paget's unit in Serbia, and for some months was a prisoner in the Bulgarians' hands. She left with one of the Scottish Women's Hospital units for Serbia, and was transferred to Lady Paget's unit.

The Joint War Committee of the British Red Cross Society and the Order of St. John of Jerusalem has offered to the Queen of Italy, as a Christmas gift £10,000 worth of hospital and medical stores for the use of the Italian wounded. Her Majesty has appointed the Duke of Fragnito to consult with the official of the Joint War Committee as to the most acceptable gifts, and the Duke, accompanied by medical and other experts, is now on his way to London for this purpose. Queen Elena, when expressing her appreciation of the gift, suggested that the stores should directly

benefit those who have suffered mutilation in the war.

FRENCH FLAG NURSING CORPS.

Mrs. K. E. Kiero Watson, Matron of the Anglo-French Hospitals Committee (British Red Cross and Order of St. John), has intimated to the Committee of the Corps:—"I am authorised to say that the following suggestion has been submitted to the Director-General Army Medical Service and has received his approval:—

"That before any nurse holding a certificate of three years' general training is accepted under the Anglo-French Committee, and given an Anglo-French certificate for work with the Allies, she must have applied to the War Office for the Army Nursing Service, and hold a memorandum from the War Office saying that she is not accepted or not required at present, and therefore is free to take up other work for not less than three months."

We cannot imagine any responsible Committee being satisfied to engage these "ticket-of-leave" nurses for serious professional work with our Allies. Naturally the War Office will engage all those whose credentials are of the best, and, as we have said before, only the best nurses are eligible for service with the F.F.N.C., so that the new "suggestion" is calculated to curtail the fine international work of the Corps which is so warmly appreciated by our French Allies, and proves lack of sympathy with individual initiative for their relief in those who frame such stultifying "suggestions."

The following is the latest instruction received from the Anglo-French Hospitals Committee:—

"In reference to the memorandum recently issued to the effect that all trained nurses wishing to work under the Anglo-French Committee must first put their services at the disposal of the War Office for enrolment for the Army Nursing Service Reserve if required, it has now been arranged that, instead of personally applying to the Matron-in-Chief at the War Office, they should apply to the Matron of the Anglo-French Committee, 83, Pall Mall, S.W., who will apply for the necessary sanction from the War Office."

Quite a number of intelligent trained nurses will not offer their services to the War Office because they will not sign the present agreement, which places their professional reputation, and consequently their power of earning a living, at the mercy of the officials. Several cases have been brought to our notice recently, one in particular, in which the nurses on the Reserve have grave cause for complaint, but apparently no redress. The wording of this agreement needs drastic revision and that speedily. We are glad to hear that Miss Nina Boyle and Miss Beatrice Kent have drawn the attention of the Chairman of the Nurses' Supply Committee to this "little bit of Bochimism."

PRACTICAL POINTS.

THE FOREARM LEVER WALKING STICK CRUTCH.

Every nurse who has had experience of a patient on crutches knows the many drawbacks of the old type of crutch. In the first place the infirmity of the patient is most conspicuous, and in the second the shape of the crutch, with its head in the arm pit, leaves much to be desired. The pressure compresses the large nerves and may lead to troublesome paralysis, and the

This crutch consists of an almost horizontal handle, which is grasped in the palm of the hand, and of a slightly sloped spring which supports the forearm from the wrist to the elbow, where the arm hangs naturally. The greater part of the weight of the body bears on the hand and the wrist, while the forearm resting upon the spring and the elbow, which fits into the semi-bracelet, play rather an accessory part.

The use of this crutch not only abolishes pressure on the armpit with the risk of paralysis of the arms, but also compels the active effort of hand, forearm, arm and shoulder, and is thus an excellent exercise for the upper limb.

The wounded lower limb, on its part, functions as much as its strength allows it, and it is claimed that with this new appliance it is possible to move about much more quickly and dexterously than with an ordinary crutch, and half a dozen miles or more may be covered without fatigue. Also that stairs, buses, and trams form no obstacles for the patient equipped with this invention.

The Forearm Lever Walking Stick Crutch has been patented in France and Great Britain, and is supplied by the Stick Crutch Fund, Central House, Kingsway.

A fund, recognised by the War Office and registered by the London County Council, has been formed for the purchase of the new stick crutch (*cannes béquilles*) for gratuitous distribution to crippled sailors and soldiers, and funds are needed to carry on the good work. Donations



THE FOREARM LEVER WALKING STICK CRUTCH.

may be sent to the Hon. Secretary at the offices, crossed "Crutch Fund." The crutches are used at the King George Hospital, Queen Mary's Hospital, Roehampton, and many other hospitals.

The accompanying illustrations of the "Forearm Lever Walking Stick Crutch," for which we are indebted to Captain Claremont, R.N., Stick Crutch Fund, show a very great advance on any crutch previously on the market. It is the clever invention of a French engineer, M. Sch'ick, of Nancy, who had the ingenious idea of doing away with the arm-pit leverage and replacing it by a support for the forearm and hand. The Walking Stick Crutch, which has the approval of eminent medical authorities, is the result.

On December 12th a collection was made for the fund in the theatres and music halls, the leading ladies in each theatre arranging their own collection, a thing that has never been done before, even for the Red Cross.

A practical demonstration of the value of the walking stick crutch was given at the recent Health Fair at the Institute of Hygiene, Devonshire St., W., where it attracted much attention.

CARE OF THE WOUNDED.

A very pleasant evening was spent at King Albert Hospital, Store Street, W.C.—the hospital for Belgian wounded—on Wednesday in last week. It was the feast of St. Nicholas, always a day made much of in Belgium, and Father Christmas dispensed his largesse from a platform decorated with the Belgian national colours with great *empressement*. The room also was hung with festoons carried out in the same red, yellow, and black, which made a most effective decoration. It was crowded with patients, visitors, and nurses, for the hospital has been a training school for Belgian nurses. We say "has been," because it is about to be closed, and the patients distributed amongst other hospitals, the reason being that the two years for which Messrs Bourne & Hollingsworth lent the premises are now terminated, and they are anxious to re-enter into possession for their employees. The genial Matron, Miss E. M. Roberts, wearing the Royal Red Cross, and the Order of St. John of Jerusalem, was, of course, a delightful hostess, and let us hope that for a time at least—While a clever conjuror was performing magic, and giving his explanations in French, appealing to his audience to help him out when he got into difficulties, which they did in high good humour—they forgot the tribulations of their heroic country. A concert, concluding with the Belgian National Anthem, was thoroughly enjoyed, and everyone agreed that the evening was a delightful one.

The doctors and nurses of the Scottish Women's Hospitals have been doing grand work with the retreating Roumanian armies. When the German advance began they refused to leave the wounded, 2,000 of whom were pouring into the field hospital every twelve hours. They have been working right in the firing line, as stretcher bearers, dressers, and orderlies as well as nurses, rendering first aid in the trenches, and carrying the wounded to the field dressing station. They have now arrived at Odessa.

MEDAL FOR VALOUR.

A telegram from Rome states that the Medal for Valour has been conferred on Countess Helena Gleichen and Miss Nina Hollings, both belonging to the British X-ray section at the Italian front.

The *Bulletin* gives the following reason for conferring the decorations:—They gave their useful and valuable work for the Italian wounded on the Isonzo front, going willingly wherever called, even crossing zones under artillery fire, and being on several occasions a target for the enemy. They showed courage, intrepidity, and contempt of danger, always accomplishing their duty with equal self-sacrifice, lofty courage, and devotion.

The Irish Nurses' Association gratefully acknowledge the receipt of £2 from an anonymous donor.

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals:—

Red Cross Hospital, Streatham.—Mrs. A. Hudson, Miss E. Gale.

Mil. Hosp., Vateley.—Miss A. F. Flood.

The Castle V.A.D. Hosp., Sherborne.—Miss L. E. Watkins.

V.A.D. Hosp., Seaton.—Miss L. E. Hoperott.

Red Cross Hosp., Cirencester.—Miss D. H. Windsor.

Boultham V.A.D. Hosp., Lincoln.—Miss L. E. Davis.

The Gt. Hermitage, Higham.—Miss C. E. Evans.

V.A.D. Hosp., Shoichan.—Miss M. E. Crocker.

V.A.D. Hosp., Burnham-on-Crouch.—Miss G. Green.

Hillsboro' Red Cross Hospital, Harlow.—Miss J. Smith-Melland.

Newton Monell Hosp., Barton.—Miss E. A. Manley.

Contrahe Park Hosp., Tondy, Aberkenfig.—Miss E. M. Clark, Miss L. J. Kidney.

Fund Wood, Barnsley.—Miss A. Wood.

Beechwood Red Cross Hosp., Hereford.—Miss B. Clipstone.

V.A.D., Newton Abbott.—Miss E. Barnard.

V.A.D., Northwood, Middlesex.—Miss L. D. S. Parsons.

Battenhall V.A.D., Worcester.—Miss K. Horsell.

St. Dunstan's, Regent's Park.—Miss A. Cope.

Aux. Mil. Hosp., Golder's Green.—Miss S. M. Crawford.

Wilderness Hosp., Seal, Sevenoaks.—Miss D. Wallis.

Northwood Hosp., Cowes, Isle of Wight.—Miss F. Stearman.

Hosp. Facial Injuries, Norfolk Street.—Miss C. H. England.

Tolland Royal, Salisbury.—Miss D. Steele.

The Hill Mil. Hosp., Lower Bourne, Farnham.—Miss C. Chappell.

St. Michael's V.A.D., Brampton.—Miss L. Huggins.

Kingswood School V.A.D., Bath.—Miss A. Sim.

Uffculme V.A.D., Birmingham.—Miss M. Alexandre.

V.A.D., Bedale, Yorks.—Miss G. Owen, Miss D. Noad.

Aux. Hosp., Bitterne, Southampton.—Miss G. Webb.

ABROAD.

Scottish Women's Hosp..—Miss M. E. Baughan (dispenser), Miss G. Hogg (Sister), Miss N. G. Wall (Sister), Miss D. I. Enesley (bacteriologist), Miss A. K. Earl (Sister), Miss M. G. Welch (Sister), Miss H. M. Cullock (Sister), Miss E. Upton (Sister).

Wounded Allies.—Miss Boyle, Miss Waller, Mrs. Aldridge, Mrs. Sanderson (not trained nurses).

Boulogne.—Miss McInnes.

MY FIRST WARD.

HINTS TO V.A.D.S WILLING TO TRAIN.

My dream was to come true. After having waited for a year as an accepted candidate for training I was now to enter one of the largest hospitals in London.

I had received previous training in a small hospital and had since worked in fever hospitals, sanatoriums and infirmaries. I had done district work in the East end of London and in remote country villages. I held my C.M.B. certificate, and there had fallen to my share a fair amount of private nursing. Evidently the Sister in charge of the preliminary training home, where I had spent the last six months, had heard all about me, and very difficult had it been to live through the veiled scorn she had meted out to me. All that was over now. I had passed my examinations with honour. I had had a short holiday, and was actually to begin my hospital life.

When I arrived, the blinds were drawn in the wards and the lights were turned low. I remember thinking how early it was for the patients to be settled for the night. I was taken to the nurses' home, shown my room, and left to unpack. When I had finished I went to bed and slept soundly.

I was awakened early by the sun shining into my room. It was early spring. I rose, feeling light-hearted and determined. I was going to be the best probationer ever known. No one would hear me speak of my previous experience; I would do nothing until I had been shown the hospital way. There would be difficulties no doubt, but at any rate I could do as I was told, and I knew I could be good to the patients. If my previous experience had taught me nothing else, so far as general training goes, it had taught me to understand the people with whom I had to deal. This was a great asset. Of technical knowledge I had very little, but, as I did not profess any, that did not matter. I was there to be taught.

I had just fastened my stiff collar and cuffs, and had looked at myself in the glass for the last time to see that my cap was quite straight, when a probationer who had been in hospital two months came to take me down to breakfast. What a delightful meal it was! How quickly we were served with steaming hot coffee, bacon, and brown crisp rolls! I wondered how it was all managed. Afterwards she took me to the ward and began at once to instruct me in my various duties. She told me how to sweep in the best and quickest way, and taught me to find dust in all the odd corners. To this day I am grateful to that probationer.

When Sister came into the ward two hours after our entrance I was formally introduced to her. Imagine my surprise when she shook hands with me. I blessed her for it then, and I bless her for it now. I felt at home and welcomed at once, and no subsequent trials have driven the feeling away.

During the very first day I had the pleasure of walking round the ward when the physician paid

his visit. My previous experience helped me here. I could take an intelligent interest in all he said. By the end of the day I knew every patient, what they were suffering from, and how they were being treated.

I had thought much more menial work would fall to my share than proved to be the case. For a week I swept and dusted. Then Sister said to me:

"Have you had any training before?"

"Yes, a little," I answered.

I think she thought I was reluctant to talk of it and did not question me further. But I felt her watching me more closely afterwards. I shall never forget that Sister. She ruled by love and love alone. I realised this the first time I heard her read the hospital prayer.

At the end of a week I was allowed to take temperatures and give medicines. With someone to help me I could make thirteen beds in twenty-five minutes. And when I could wash a patient all over in fifteen minutes I felt I had achieved something. I learnt, after a time, to work much faster. I, who had previously been accustomed to do the details of my work in a leisurely way, could now in an emergency do such things as the changing of bed clothes, the "taking in" of a new patient, or the "sending out" of an old one in a very short time.

"I have still five minutes," I soon used to say to myself. "I can do this and that and something else." The use of time quickly became a fine art.

I was told that the ward was an easy one. I have found out since that it was. It held thirteen patients, and for these we had three nurses. I have worked much harder since.

My first impressions have carried me through many trying times; they have helped me to see the good in all I have had to do. I must say it: Everything went smoothly, quietly and evenly. It was in such a way as this that some day I hoped to manage a ward of my own.

CLARA EVERITT.

NEW RESIDENTIAL CLUB.

Mrs. Northwood (née Beardsley), who, before her marriage was a member of the Registered Nurses' Society, is, with Miss Simpson, shortly opening a Residential Club for Nurses and other lady workers, at 6, Nottingham Place, W., in addition to her popular house in Devonshire Street. The house is being furnished by Maple, and Mrs. Northwood has brought her practical experience as a private nurse to bear on its arrangements. There is to be a gas stove with hob in the bedrooms, with a penny-in-the-slot meter, and only the difficulty of getting the work done has compelled her to reluctantly defer—for the present—having hot and cold water laid on in every room. In the dining room, the meals will be served at small tables, a plan always appreciated by nurses. We wish all success to the new club, which is open to ladies visiting London, and to those who desire temporary quarters while taking up some special branch of study.

THE COLLEGE OF NURSING.

LORD KNUTSFORD OPPOSES THE COLLEGE.

It is reported that Lord Knutsford has circularised nurses trained at the London Hospital, and advised them not to register and join the College of Nursing! This is a little surprising, as the statement had gone far afield that Lord Knutsford was amongst the converted. It is also surprising, because the College Council has arranged a special portal through which London Hospital nurses may enter in—"all on their lone"—admitting to registration in Class 2 those nurses who hold a two years' certificate followed by two years' practice as a nurse. The London Hospital standard is also provided for during the three years' term of grace in the College Bill. This privileged treatment is unjust and calculated to undermine the three years' standard of training—to which nurses in other large hospitals have to conform—and gives the protection of the College to a system of compulsory private nursing for gain during a nurse's third year at the London Hospital, which is—both from an educational and economic standard—radically wrong.

We recently met a very progressive London Hospital nurse, who criticised these concessions of the College to her training school. "Many London Hospital nurses are," she said, "in favour of State Registration, because they hope by Act of Parliament to secure, as a right, the third year's training in the wards, which is now only granted at the discretion of the Matron—who is at liberty to send them out private nursing with a two years' certificate only. Now the College of Nursing is perpetuating this bad system, and is going to shackle us with the short term training, and leave us to be exploited for years. Moreover, we object to being registered as 'second class' as provided in the College conditions." We gave this nurse a copy of the Bill drafted by the Central Committee—which contains none of the conditions to which she objects.

WHERE WERE THE MATRONS?

Again we have to enquire, "Where were the Matrons?" When a deputation of the Medico-Psychological Association, together with the Acting Secretary of the Asylum Workers' Association, was received by Mr. Arthur Stanley and Sir Cooper Pery, of the College of Nursing, to discuss the Registration of Nurses, it is not reported that any of the Matrons were present. These deputations concerning our professional affairs should, in our opinion, be received by the Council of the College and not by the Hon. Officers alone—who do not include any trained nurses amongst their number. This is the result of the lack of direct representation of the nursing profession on a body which presumes to attempt to govern it without consent. We note in this connection that the *Poor Law Workers' Journal* calls our criticism of these conferences concerning our affairs—at

which we are excluded from expressing an opinion—an "unsubstantial complaint," and states that the recent interview between the representatives of the Poor Law Unions' Association and the Hon. Officers of the College "was not held in order that the Matrons on the Council . . . might state their opinions, but in order that the views of the Poor Law Unions' Association on the question of nursing in Poor Law Hospitals could be explained." Exactly. These views concerned the work of thousands of Poor Law Nurses—and our contention is that the Matrons, especially those of Poor Law Infirmarys, who have accepted nomination on the College Council, should take part in such discussions. If they do not do so, the Poor Law Nurses' point of view is excluded from consideration, and the position of the Matrons on the College Council is a dangerous sinecure—so far as the nursing profession is concerned. Let us hope that, under the new dispensation in which Labour is to have an effective voice, the right of women workers to discuss and control their own affairs will be conceded.

AN APPLE OF DISCORD IN IRELAND.

The primary mistake made by the promoters of the College of Nursing was to ignore the Trained Nurses' Organizations, the majority of which had been working for State Organization for years, and the Irish Nurses' Association has not yet forgotten that an English lady trained at the London Hospital, now a matron in Dublin was invited by Miss Swift to attend a meeting in London to "represent Ireland"! A *faux pas* the lady in question did not commit.

But the high-handed methods of the College still continue, and it has been for some time in communication with the medical colleges, and hospital committees in Dublin, inviting them to form an Irish Board, presumably on the lines of the Scottish Board, the constitution of which is designed to control certificated nurses, and deprive them of professional and economic independence. Unfortunately, there is a little clique of matrons in Dublin, trained at St. Thomas' Hospital and elsewhere in England, who have systematically opposed the demand of Irish nurses for a system of self-governing legislation, and these ladies have formed a small committee to support the College policy of "control by employers." A meeting will be held in Dublin in the New Year to place the aims of the College before the audience. Miss Harriet Reed, of Ivanhoe Nursing Home, who has the matter in hand, states in a letter to the press, that "there will be ample opportunity given for questions and open discussion." We may hope the Irish nurses will not only ask questions, but insist upon intelligent replies—which are usually not forthcoming from "College" advocates.

Miss K. Kearns notifies that an Irish Nurses' League is to be formed, presumably in opposition to the Irish Nurses' Association, which has done all the pioneer work of organizing Irish nurses, and working and paying for their State Registra-

tion campaign. We always feared the College policy would be a veritable "apple of discord" in the nursing profession, and indeed it is proving to be so.

"Faugh-a-Ballagh," who writes abusively of the I.N.A. in the *Irish Times*, is evidently perturbed about loaves and fishes; she ends her letter, "There is a possibility that nurses not on the register of the College of Nursing will be debarred from obtaining positions in Great Britain and the Colonies." This threat is we believe, being used as an inducement to influence nurses to register—and it is just this dangerous and unjustifiable tyranny in high places which nurses should fight for all they are worth. It spells serfdom and nothing short of it.

LIONS AND LAMBS.

The Rev. J. Shaw stated at a recent meeting of the Epsom Board of Guardians that the College Bill had been withdrawn (it has never yet been introduced) and "that there was no chance of a Bill being considered for a long time yet, and, further, that there must be an agreed Bill, one agreed to by all the responsible nursing authorities in existence. Until there was agreement the Government would not even look at a Bill."

That was a pronouncement by the now defunct "Wait and See" Government. A policy as ridiculous as if it had determined never to enact any industrial legislation until all the lions and lambs in the universe were snoozing side by side—or in other words, until every capitalist had dictated how labour might be permitted to breathe. Let us hope we have heard the last of such futile feebleness so far as working women are concerned. The duty of the State is to protect the lambs from the lions.

PROFESSIONALLY DEFUNCT.

Sir Henry Burdett, the most virulent anti-registrationist of them all, has, considering his age, shown remarkable agility in having turned a complete somersault on this question, and he is now posing in his hospital journals as in favour of a form of legislation for nurses, which he has anathematised for thirty years. It is a matter of no importance which policy he forswears for the time being—the villain in the piece is always Mrs. Bedford Fenwick. We usually waste no time in reading the commercial nursing press, but in recent weeks, Sir Henry Burdett, a veritable *Bombastes Furioso*, has, in his advocacy of his pet scheme, the College of Nursing, Limited, made himself more ridiculous than usual when dealing with the organization of the nursing profession, of which he knows nothing and cares less. He informs his credulous readers—and no doubt the wish is father to the misstatement—that Mrs. Bedford Fenwick is professionally defunct, and "has withdrawn herself from co-operation in the difficult work of organizing the nursing profession, enlarging its outlook, increasing its democratic character, and providing the surest opportunities for education and advance-

ment in life for the maximum number of British nurses, and has left the field open and free to its cultivation by the able women who constitute a large proportion of the Council of the College of Nursing."

The truth is that Mrs. Bedford Fenwick has "withdrawn herself" from no work which she considers will benefit the nursing profession, through sound self-governing organisation and just legislation, and she intends to support in the future, as she has in the past, methods by which such advancement can alone be attained, but she is neither to be deluded into supporting a form of organisation and legislation calculated to lead the rank and file into an economic bog, nor to be bullied by irresponsible turncoats in the Press or out of it.

The piteous picture as presented by Sir Henry Burdett of Mrs. Bedford Fenwick repudiated "by her sisters in the nursing world, after all their consideration and forbearance extended to her" and after "strong remonstrances against her unconstitutional and uncalled-for policy," being led into the wilderness and there left to "sow dissension" in unproductive places, would have drawn tears from a crocodile if it had not caused such irresistible mirth throughout the nursing world.

THE NATIONAL UNION OF TRAINED NURSES.

A USEFUL PAMPHLET.

A very useful pamphlet on "Nurses' Salaries: With notes on the Economic Conditions in the Nursing Profession," has been issued by the National Union of Trained Nurses, and may be obtained from the Secretary, N.U.T.N., 49, Marsham Street, S.W., price 2½d., including postage, or 2s. a dozen, post free. The pamphlet states that, in response to the constant complaint of shortage of nurses, it seems advisable to have a short summary of the advantages and disadvantages of the nursing profession from an economic point of view. Amongst the reasons assigned for this shortage, particularly of educated women, are (1) The hard life, (2) Poor food and lack of comfort, (3) The poor prospects. Also it is to be noted that many contracts with probationers are very one-sided documents, giving all the advantages to the hospitals. The statements are supported by statistics compiled by the Union during the last two years.

NEW APPOINTMENTS.

F. I. Hospital, Chitnote, Dorset.—Miss B. Bentham, Sister-in-Charge.

V. A. Hospital, Exeter.—Miss M. E. Smyth, Sister.

Meath Home, Godalming.—Miss G. E. Crockford, Charge Nurse.

V. A. Hospital, Sawyncombe, Henley-on-Thames.—Miss K. Williams, Sister.

APPOINTMENTS.

LADY-SUPERINTENDENT.

Royal Derby and Derbyshire Nursing and Sanitary Association.—Miss Laura Pugh has been appointed Lady Superintendent. She was trained at the Prince of Wales' Hospital, Tottenham, and has had experience of district and private nursing. She is a certified midwife, and holds the certificate of the Royal Sanitary Institute.

MATRON.

Grimsby and District Hospital, Grimsby.—Miss Helen C. Ashley has been appointed Matron. She was trained at the Royal Infirmary, Liverpool, and the Jessop Hospital, Sheffield. She subsequently held the positions of Theatre Sister and Assistant Matron at the Royal Infirmary, Halifax. She has also had experience of private nursing, and is a certified midwife.

ASSISTANT MATRON.

Hôpital de l'Océan, La Panne.—Miss McInnes has been appointed Assistant Matron. She was trained at the Western Infirmary, Glasgow, and was for four years Home Sister at the Royal Infirmary, Liverpool, and has recently been Night Sister at the Endsleigh Palace Hospital for Officers, London, W.C.

SUPERINTENDENT NURSE.

Bromley House Infirmary, Bromley-le-Bow.—Miss Mary Coyne has been appointed Superintendent Nurse. She was trained at the Preston Union Infirmary, and has been Sister at the Aston Union Infirmary and the Nottingham Union Infirmary, Superintendent Nurse at Staines and at Nantwich Union Infirmaries, and Assistant Matron at Warneford Hospital, Leamington.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Alice Hulme is appointed to Herts. C.N.A. as Assistant Superintendent, Health Visitor, School and Tuberculosis Nurse, and Inspector of Midwives. Miss Hulme received general training at the General Infirmary, Chester; District Training at Cambridge; Midwifery Training at St. Mary's Hospital, Manchester, and holds the C.M.B. certificate.

Miss Alice Biddlecombe is appointed to Cheltenham; Miss Gertrude Butterworth to Southall Norwood; Miss Carrie Geddlith to Brigg; Miss Daisy E. Gibbons to Farnham Royal; Miss Eva McIlroy to Forest Town; Miss Margaret M. Roberts to Appleby; Mrs. Edith M. Sorrell to Horbury; Miss Mary Stanley to Southborough; Miss Alice M. Tilby to Aston Clinton.

At the annual meeting of the Halifax King Edward VII Memorial District Nursing Association on Saturday the Hon. Arthur Stanley, M.P., who was announced to speak on the College of Nursing, sent a telegram regretting his inability to be present owing to a mishap on the railway.

PRIZES.

The Lady Mayoress of Bristol, Mrs. Barclay Baron, presented the prizes to the nursing staff at the Bristol General Hospital recently, when Mr. Herbert M. Baker, Chairman and Treasurer of the Institution, presided. He tendered the thanks of the Committee to the nursing staff for their work during the past year.

The Lady Mayoress then presented the prizes and certificates to the following nurses:—

Silver Medallists: Laurie Bird and Dorothy Houlston.

Certificates of Efficiency: Marjorie Wyatt and Lucy Bere.

Surgical Nursing: 1st, Dorothy Houlston; 2nd, Edith Richards.

Medical Nursing: 1st, Elinor Cooper; 2nd, Kathleen Logan.

Anatomy: 1st, Mabel Walton; 2nd, Winifred Morgan.

Physiology: 1st, Winifred Morgan; 2nd, Dorothy Davies.

Practical Nursing: 1st, Clare Wood; 2nd, Edith Cornock.

Nurse Culverwell Memorial Prize: Laurie Bird.

Mr. George Wills, President of the Hospital, spoke in high terms of the work of the Matron, Miss Densham, and said he hoped the hospital would continue to be a place of comfort to all who sought its aid.

WEDDING BELLS.

The marriage has taken place of Ex-Sergeant A. E. Wilson, D.C.M., Wilts Regiment, of Exeter, and Miss C. A. Copeland, of South Shields. The bridegroom won the D.C.M. for his work in connecting telephones at Loos under a heavy fire, in the course of which he received injuries which resulted in the amputation of one leg and of the second below the knee. His wife was a nurse at the Edmonton Military Hospital, to which he was admitted for treatment; and we congratulate her upon taking charge of this valiant bridegroom, and wish them both every happiness.

MENTAL NURSES AND REGISTRATION.

The Central Executive Committee of the Asylum Workers' Association has had under consideration the Nurses Registration Bill, and agreed that the Executive Committee should continue to guard the interests of mental nurses "and oppose any Bill not containing provisions for their adequate representation." This does not appear a very "live" policy. To get a just Bill through Parliament costs some thousands of pounds in propaganda, which so far has been paid by the Society for State Registration of Trained Nurses and other societies associated in the Central Committee for State Registration. We think if the mental nurses are to benefit by State Registration they should help to work and pay for it.

NURSING ECHOES.

Since our last issue the political Bastille has fallen, a bloodless revolution has taken place, and a new Government has kissed hands and is butting into the war. The British lion is out of his net at last, and personally we feel as if we had escaped from under a leather bed. The whole nation has given a great gasp of relief, and the question to be solved by one and all is, "How can I help to win the war?" Nothing else really matters, and trained nurses have a great part to play. Let us play up for all we are worth.

A meeting of the Society for State Registration of Trained Nurses is to take place on Friday. Then we can make a start, ranging ourselves, for the good of our country, in the great army of workers, who for the first time have direct representation in the Government as such. The workers now have their own Minister of Labour, and a splendid man he is. The women of this country will never forget the lack of consideration with which they were treated under a mis-named Liberal Administration. The "Cat and Mouse Act" sounded its death-knell; we know with what patience and tenacity of purpose the little mouse has nibbled at that tricky knot of prejudice which strangled our liberties under the "wait and see" system. As we have said, the British lion is out of his net at last. Let the nations hear him roar! He has masqueraded as a sucking dove too long.

The Council of Queen Victoria's Jubilee Institute recently met at the offices of the Institute, 58, Victoria Street, London, S.W., under the presidency of Mr. W. G. Rathbone, when it was reported that 652 Queen's Nurses had left their posts under the Institute to nurse the wounded, and that there has been an increasing demand for the services of the district nurses in connection with the development of public health work. The estimated expenditure for 1917 exceeds the probable income by some £1,700.

Queen's Nurses are in great request for foreign service—they have proved themselves so adaptable and managing. The reports of the work of those in the French Flag Nursing Corps have been excellent, and their resignations have always been received with regret.

At the quarterly court held at the London Hospital, a very interesting report was received. It was stated that Sir George Frampton, the famous sculptor, had generously

presented a plaster cast of the bust, exhibited last summer at the Royal Academy, of Nurse Edith Cavell, who was trained at the London Hospital. This would be placed in the sitting-room of the Nurses' Home which they were building in memory of Miss Cavell. After January 1st they would be compelled to make further changes in carrying on the work, as all their house physicians and house surgeons would have been called up, and they had almost come to the end of their fourth and fifth year students—men who were permitted by the War Office to complete their studies and become qualified doctors. It had been decided to increase the salaries of the nurses. This would entail a cost of £3,013 a year, but in view of all the circumstances, the committee considered that the expenditure was justified.

This last item is indeed good news. Certificated nurses have in the past received very slender salaries. The standard of pay at St. Bartholomew's Hospital should now be aimed at by other hospitals.

The memorial to Edith Cavell in Peterborough Cathedral, where she worshipped as a girl, was unveiled and dedicated by the Dean of Peterborough on Saturday last. It consists of an oval medallion of Irish marble, designed by Mr. Temple Moore, bearing a carved portrait of the nurse surrounded by a laurel wreath. The following is the inscription:—

"In thankful remembrance of the Christian example of Edith Louisa Cavell, who devoted her life to nursing the sick, and for helping Belgian, French, and British soldiers to escape was, on October 12th, 1915, put to death by Germans at Brussels, where she had nursed their wounded. This tablet was placed here by the teachers, pupils, and friends of her old school in Laurel Court, Peterborough."

The Dean, in unveiling the medallion, said that the nurse who as a girl worshipped in the Cathedral set a noble example to the boys and girls who worshipped there to-day.

At the conclusion of the address, Goss' anthem, "I heard a voice from Heaven," was beautifully sung by the choir.

Mr. R. C. Temple, chairman of the Council of the Edith Cavell Homes of Rest for Nurses, sends a letter to the Press, in which he writes:

It may interest your readers to learn that from time to time letters are received at the offices of the Edith Cavell Homes of Rest for Nurses from officers and men in both Services who have benefited from the ministrations of nurses in our hospitals, expressing their

gratitude, and a desire to give what financial help they can to the Homes.

The following extracts from letters are typical examples:—

A blinded officer, who has been left by the war with nothing in the world but the small Government pension attaching to the total loss of sight, writes:—"Hearty congratulations and best wishes for the complete success of your splendid work, the Edith Cavell Homes of Rest for Nurses. Enclosed please find 'my widow's mite,' and I trust the whole Army will respond to your appeal. Again wishing you every success in this noble cause."

From another officer:—"I beg to enclose cheque for the benefit of the Edith Cavell Homes of Rest for Nurses. I have myself had a good deal of experience of the nursing sisters' unremitting care and kindness, both during this war and that in South Africa, and I trust the Homes will prove a real benefit to these magnificent women."

A sergeant, R.A.M.C., sends all he can spare, with the following pathetic little letter:—"A soldier invalided from overseas forwards the enclosed donation in aid of the above-named institution with intense gratitude."

May I be permitted to hope, concludes the writer, that such expressions of kindly remembrance as these may induce some of your readers to remember the cause of the nurses whose work has called forth such gratitude."

A correspondent writes:—"Through the kindness and consideration of Sister D., who looks after me in my solitary old age, I have had the opportunity of making the acquaintance of my blind *protégée*, Nurse N., who has been staying at my house for the last few days, and I can conscientiously say that I have never seen a case more deserving of all the help she can get.

"Besides her almost total blindness, Nurse N. is a great sufferer from sciatica and other ailments, all of which she bears with the most admirable Christian fortitude and cheerfulness which, considering her poverty and suffering, are a noble example to everyone. She has returned to her home at Southend to-day, but I thought you would like to know that she is worthy of all your sympathy and of any further assistance that can be got for her."

We have to thank Sister D. and her most kind patient for the sympathy extended to the invalid nurse to whom the letter refers. Our readers have generously contributed 6s. a week for a year to make it possible for her to keep

her little home together, and if anyone would like to add a little Christmas Box, we shall have great pleasure in forwarding it to her.

We commend to the notice of those who are interested in the past history of Poor Relief a brochure by Mr. H. E. Wilkes, solicitor and clerk to the Stowmarket Board of Guardians, Suffolk, issued by the Suffolk Branch of the National Poor Law Officers' Association, and sold for the benefit of the Benevolent and Orphan Fund.

"The ancients," says the author, "credited (or debited) nearly every evil to the will of the Lord, war and plague and earthquakes and disease and famine and poverty. . . . So when typhus slew her daughter the village wile imitated Job."

Fur hottens we takt o' my darter as died of the fever at tall.

And I thow t' twar the will o' the Lord, but Miss Annie she said it wur draams.

"That view makes a world of difference, for you can alter the drains; you cannot change the will of the Lord or a law of nature. Where our forefathers used to call in the priest and order the coffin, we send for the doctor, the sanitary inspector, and the builder. Prevention is better than cure, and cure better than resignation, and even more religious. So modern thinkers and reformers begin to regard poverty as they regard smallpox or war. They consider it is in a large measure an avoidable or remediable evil, due to human sin or human folly; and they are not satisfied merely to relieve the poor, they desire to prevent poverty or cure it."

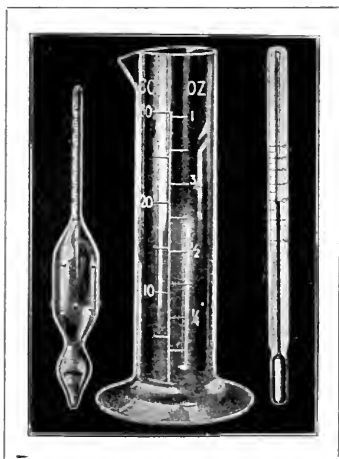
Amongst the items in ancient accounts, "Beer for the nusses" was a very common and rather expensive one.

The old records of the Stowmarket Guardians show that the discipline enforced was strict. Children over twelve, guilty of disrespectful behaviour, were condemned to wear a jacket with yellow sleeves, and to lose one meal every day. "Persons convicted of lying" were set on stools in the most public place in the dining-room, and papers placed on their breasts bearing the words "Infamous Liar," and an inmate begging from a visitor was placed in the stocks. Even the nurses going out without the leave of the Governor or Matron were "severely punished," but how is not recorded. The booklet, price 6½d., may be obtained from Mr. Oliver C. Jones (Master of the Workhouse), Lattice Barn, Ipswich; it cannot fail to be of interest to poor law nurses.

PRACTICAL APPLIANCES.

NEW APPARATUS FOR THE DETERMINATION OF THE CORRECT SPECIFIC GRAVITY OF URINE.

"That the determination of specific gravity is one of the most important urinary tests has long been maintained by the more advanced and painstaking men in the medical profession," says *The Modern Hospital*. "Until quite recently, however, they did not have at their disposal really scientific apparatus to make tests of which they were absolutely sure as to their accuracy; but such an apparatus has been devised and put on the market under the trade name of the Tycos Urinometer, which instrument was described in this journal in May, 1914, page 310. Recently, another urin-



A NEW URINOMETER.

ometer of similar type has been perfected by the same manufacturers, which is intended for determination of specific gravity of small quantities of urine, the capacity of the jar allowing the determination of amounts as low as 25 cc. The urinometer jar is of very fine, tough, and especially clear glass, nicely finished and accurately graduated, and has a scale extending from 1,000 to 1,035 in 10-degree graduations. It is standardized for urine at a temperature of 77 degrees Fahrenheit with hand-written scale. The body of the urinometer has little glass points projecting from its surface, so as to prevent the instrument from adhering to the sides of the jar. With the urinometer and the urinometer jar is furnished a correction thermometer, which, instead of registering degrees, registers the correction to be added to or subtracted from the specific gravity reading, depending on the temperature of the urine.

"The method of using the instrument is as

follows—Take the condensed reading in the usual way, then place the correction thermometer in the urine and note the point of the scale on a level with the indicating column. If this figure is above the point of standardization (77 degrees), the figure is added to the specific gravity reading, and, if below, the zero figure is subtracted from the specific gravity reading."

THE PROBLEM OF GONORRHEA.

Dr. Townley Clarkson was prevented by illness from delivering his lecture on the above subject, at the Institute of Hygiene, Devonshire Street, W., recently, and Dr. Murray Leslie kindly consented to give the lecture from his notes. He began by emphasising the point that gonorrhœa was the main cause of sterility in men and women.

It was, he said, a very ancient disease, and was found among the ancient Japanese in 900 B.C.

In the man its results were inflammation of the genital organs, from them, extending to the bladder and kidneys, the coccus found its way into the blood stream, causing acute gonorrhœal rheumatism.

In the woman the progress of the disease was both upwards and downwards; it resulted in sterility, invalidism and possible death.

It was a source of great danger to little girls, who might easily contract it from towels or utensils used by infected persons.

It was essential that parents should gain the confidence of their children, so that at a suitable age they could be given a clean knowledge of clean things. Both adults and adolescents should have the opportunity of hearing wise and temperate talks on this subject by men and women.

The soldiers in camp were being so instructed, and it was highly desirable that bodies of young women in factories and similar places should have the same instruction.

The lecture contained the strong words of Sir James Paget, that he would as soon advocate lying, theft, or any other thing forbidden by God as unchastity.

It was the considered opinion of a number of medical men that a pure, chaste life was of benefit from a mental, moral and physical aspect.

Dr. Townley Clarkson was of opinion that the only argument against impurity of any value was from the standpoint of Christianity.

Nurses' work was opening out in this direction, and many women would consult them who would not consult a medical man.

We congratulate nurses who had the advantage of listening to this frank statement of facts from so able an authority.

A PROTECTION AGAINST VERMIN.

We all know how clothes are ruined by careless washing and disinfecting, and how necessary for the health of the troops it is that their garments should be as clean and hygienic as possible, and we are therefore pleased to make known a leaflet

with directions for making soldier's shirts, caps, and mufflers, etc., proof against vermin. There is a considerable amount of testimony as to the efficacy of steeping under-garments intended for soldiers in a strong solution of Lysol. Practical tests were carried out some little time ago by the bacteriologist attached to the Robert Walton Goslet Research Fund, Hôpital Militaire, V.R., 76, with the object of rendering clothes antiseptic, and thus lessening the infection to an open wound. The experiment proved that the use of a Cresylic preparation, such as Lysol, was to be highly recommended. Copies of the leaflet can be had free from F.E.B.W., 33, Old Devonshire Road, Balham, S.W.

BOOK OF THE WEEK. "TROOPER BLUEGUM AT THE DARDANELLES." *

The Author's Preface tells us that Trooper Bluegum is a native of Sydney—a trained journalist who gave up a literary position to enlist as a trooper and serve at the front. "It was just before Christmas, close on five months after war was declared, that the Expeditionary Force sailed from Sydney. Nearly the whole of Trooper Bluegum's descriptions of the operations in the Anzac sphere were written in dug-outs in the intervals of the fighting, often with shells screaming overhead, shrapnel bursting, and bullets flying around him.

"While, in its inception and progress, this greatest breach of the world's peace has exhibited a section of mankind as hardly at all removed from fiends incarnate, it has also shown men inspired by the highest virtues and striving for the loftiest ideals; and it has produced women only a little lower than the angels. Thus we seem to see in all its naked deformity, as well as in its majesty and beauty, the very soul of nations."

Trooper Bluegum starts his narration from the moment when he underwent the riding test prior to being drafted into the Australian Light Horse. He successfully passed the test, took the oath, and became "a soldier of the King."

"It was not ours to go with the first lot of heroes to take part in the Great War. Most of us had waited till the Germans got within cannon shot of Paris; then we 'butted in.'

"We of the Light Horse started with many things in our favour. We reckoned we could ride as well as, if not better than, any body of men in the world, for we could ride almost as soon as we could walk." In Egypt, though the boys were "spoiling for a fight," he allows that they much enjoyed their sojourn there.

"Oh, those Egyptian nights! Fine and fair, clear and cloudless, with the moon pure silver. The huge date palms stand out sharply from a star-spangled sky that somehow has a tint of green in its blue. I will never forget those

Egyptian nights . . . and one girl of girls. . . . We danced. Her blue eyes laughed into mine And the world has never been the same since."

In spite of these delights, when the announcement came that the Light Horse were to make ready, you could have heard the cheering miles away. "The residents of Maladi, when they heard it, thought that peace had been declared. It was a wrench to leave our horses behind us, the dear old horses we had petted and loved; but when we saw our fellows coming back with their wounds upon them—when we listened to their wonderful landing in Gallipoli, and of the wild charge they made up the frowning hill, all of us to a man begged to be sent to the front as infantry!"

The graphic though lighthearted descriptions of that awful landing are typical of that cheerful and splendid body of our overseas men. " 'Bah!' he exclaimed, as he lit his cigarette, 'the Turks can't shoot for nuts! But the German machine guns are the devil, and the shrapnel is no picnic.' His arm was in a sling and his leg was bandaged from hip to ankle, but he was proud as Punch and as chirpy as a gamecock. 'Say, what do you think of 'Big Lizzie'?' asked another blood-bespattered Cornstork. 'Ain't she the dizzy limit?' This was the affectionate way the fellows alluded to the super-Dreadnought, *Queen Elizabeth*." The word to evacuate fell upon these brave men like a bomb, but they knew how to obey orders. "The only kick was for the honour for being the last to leave. It didn't seem right to clear out and leave Australia's dead behind us. Some of the boys voiced the thought of many, 'Tread softly and don't let them hear us deserting them!'" The story of that great get-away is told with brevity and force. "As we swing away our last thought is not concerned with the bitterness of defeat; we think of our comrades quietly sleeping on Anzac. They showed the world that Australians could live and die like Britishers."

This chronicle of deathless heroism needs no comment to recommend it. Those who fail to read it will miss an inspiration. H. H.

WORD FOR THE WEEK.

When night falls dark we creep
In silence to our dead;
We dig a few feet deep
And leave them there to sleep—
But blood at night is red,
Yes, even at night,
And a dead man's face is white,
And I dry my hands, that are also trained to kill,
And I look at the stars—for the stars are beautiful
still.

By Leslie Coulson.

COMING EVENTS.

December 15th.—Society for the State Registration of Trained Nurses. Meeting Executive Committee, 431, Oxford Street, London, W. 4 p.m.

* By Oliver Hogue Melrose, 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.

COERCION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The Committee of this hospital is paying the guineas for the trained nurses to join the College. I object to its constitution, and do not wish to sign the agreement which I gather from your paper, deprives me of all power of self-defence. But I ask you, what will be the position of those nurses who refuse to join? All our future depends upon the good word of our Matron, and, although she was very bitter against State Registration in the past, she is using what I consider undue influence to make the whole staff sign the form. This is going on all over the country—the nurses are told nothing of the non-representative nature of the College Council, or its absolute power over the members. We are treated exactly like a flock of sheep, and there seems no protection for us when Committee, Matron, Medical Staff, and Secretary are all helping to herd us into the pound. I seriously think of resigning, and trying to get work where one can have freedom of conscience.

Yours truly,

A STAFF NURSE.

[Never adopt any course contrary to your convictions. No well-trained nurse need be out of work at the present time.—ED.]

AS IT SHOULD BE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—As I hear complaints from friends in various hospitals that they are being made to join the College, I think it is only just to our management to state that at "Bart's" we are being left free to do as we choose. Many of us prefer to wait and see what sort of Registration Bill is passed before we subscribe to it.

Yours truly,

A MEMBER OF BART'S LEAGUE.

["Wait and See" policy is lacking in grit. Study the two Nurses' Registration Bills now and help to get a just one through Parliament. When a Bill has been passed, it will be too late.—ED.]

IGNORANT INTERFERENCE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Our untrained Commandant began at once about the College of Nursing as soon as I came to this Red Cross hospital, and wanted to know if I was a member. I told her it was not her business. She then said she would pay the guinea if I would join. I then asked her a few questions about its rules and regulations, and she was bound to own *she had never seen them*. I took

upon myself to expostulate with the lady for her ignorant interference—but a straw shows which way the wind blows!

Yours sincerely,

THREE YEARS' CERT.

[We have received many letters on the College question much in the same strain as those published. We fear the liberty of hospital nurses is being greatly interfered with in this connection.—ED.]

ECONOMIC DETAILS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In reference to the letter in a recent issue, under the heading of "Economic Details," I should like to show the other side, of which your correspondent fails to make mention.

It seems absurd to talk of nurses receiving "much higher emoluments." How can this be so when a nurse has still clothing to buy, such as shoes and stockings, not to mention the greater part of her uniform? All these things are greatly increased in price, and the £1 5s. or £1 a month that she may be earning does not (as we all know) go as far as half that sum would have done in pre-war days. If anyone suffers, surely it is the nurses whose food is far below the usual standard both in quantity and quality.

Even in peace time a nurse's food is never anything but the plainest. When war broke out and prices went up, the food in hospital became poorer and scantier, evidently with a view to managing the dietary on the same sum as before.

I do not think we are under any misapprehension as regards "economic details."

Yours truly,

A HOSPITAL NURSE.

REPLIES.

Miss C. P., Manchester.—We are obliged for your suggestion. Speakers on "State Registration from the Nurses' Point of View" have been offered, and in a number of instances refused by Matrons. Thus the nursing staff are prevented from hearing both sides of the Nursing College controversy.

OUR PRIZE COMPETITIONS.

December 23rd.—What is leprosy? What progress has been made in its treatment?

December 30th.—What diseases may be conveyed by carriers, and how do they carry typhoid?

THE CENTRAL COMMITTEE FOR THE STATE REGISTRATION OF NURSES.

Copies of the "Statement," issued under the authority of the Central Committee for the State Registration of Nurses, in its negotiations with the College of Nursing, Limited, can be procured from 431, Oxford Street, London, W., price one penny.

Copies of the amended Bill approved by the Central Committee from the same address, price 2d.

The Midwife.

CENTRAL MIDWIVES BOARD FOR SCOTLAND.

As we notified last week, the first examination for the Certificate of the Central Midwives Board for Scotland took place recently in Edinburgh, Glasgow, Dundee, and Aberdeen simultaneously. Seventy-seven candidates entered for the examination, and sixty-nine were successful in passing.

In the centres where a small number of candidates appeared the examination was completed in one day. The written examinations took place in the forenoon, and the orals were held in the afternoon.

The following were the successful candidates:—Mrs. M. Crockart, Mrs. M. Tonner, Mrs. M. Savage, Mrs. S. Brown, Miss A. B. W. Lang, Miss A. M. Roberts, Miss F. R. Bamber, Mrs. M. Bryce, Mrs. A. Muirhead, Miss M. M. Adam, Mrs. H. Y. Platt, Miss D. Mackay, Miss B. Fraser, Miss J. K. Petrie, Miss B. Anderson, Mrs. M. W. G. Nelson, Miss E. J. Fleming, Mrs. J. K. McIntyre, Mrs. S. Hamilton, Mrs. M. B. Malcolm, Mrs. E. Lewis, Miss J. M. Currie, Mrs. A. Giffen, Mrs. H. Montgomery, Mrs. C. A. Swandells, Mrs. H. W. Hepburn, Miss M. Jacobs, Miss R. Thomson, Mrs. M. Reid, Miss M. Gilmour, Miss A. Dempster, Mrs. H. McCluskey, Mrs. E. Mann, Miss F. M. McLean, Mrs. M. A. McKeown, Mrs. A. Steele, Miss J. Matheson, Mrs. E. Orr, Mrs. E. Patterson, Mrs. M. M. Armstrong, Mrs. E. Kinnear, Mrs. M. Findlay, Mrs. F. Rhodes, Mrs. M. Fuary, Mrs. A. Couper, Mrs. E. Black, Mrs. C. A. Miller, Mrs. M. S. Andrew, Mrs. E. Roddy, Mrs. J. R. Steele, Mrs. A. Monagle, Mrs. M. Needham, Mrs. M. G. Macfarlane, Miss A. Dart, Mrs. I. D. Watson, Mrs. S. Cairns, Mrs. G. G. Wei, Mrs. M. M. Kay, Mrs. E. M. Wilson, Mrs. J. Moore, Miss J. L. Thomson, Mrs. E. B. Boyle, Mrs. M. McDickon, Miss Alice Robb, Miss I. Skadle, Miss F. F. Henderson, Mrs. C. Brown, Mrs. I. Fotheringham, Miss I. M. Moses.

It will be observed what a large proportion of these successful candidates are married women, 47 out of 69, i.e., just over two-thirds.

EXAMINATION PAPER.

The following is the examination paper set by the Central Midwives Board for Scotland, at its examination on October 30th:—

1. How would you diagnose a breech presentation? What are the dangers (a) for mother, (b) for child? Describe how you would manage a breech case.

2. Describe the midwife's duties to the mother during the third stage of (a) a normal labour and (b) a labour complicated by hæmorrhage.

3. What are the differences between the mother's and cow's milk? In what way can cow's milk be modified for the feeding of the infant?

4. What is a crossbirth or transverse presentation, and how would you diagnose the condition?

5. What symptoms, during the later weeks of pregnancy, should be regarded as premonitory of an attack of convulsions? What treatment should be adopted?

6. Give fully the treatment of the following conditions:—(a) asphyxia pallida; (b) ophthalmia neonatorum

THE REPORT OF THE CENTRAL MIDWIVES BOARD.

From the report of the Central Midwives Board (England) to which we referred last week, we learn that on March 31st, 1916, the Midwives' Roll contained the names of 40,513 women, an increase of 1,644. Of the total number 21,014 have passed the Board's examination and 9,529 have been admitted in virtue of prior certification under Section 2 of the Midwives Act. The trained midwives are consequently 30,543, and the untrained 9,970, the respective proportions being 75.4 per cent. and 24.6 per cent. The percentage of trained midwives who practice as such is relatively small, and may be estimated at less than 22.1 per cent. of those on the Roll. Of the untrained midwives it is probable that about 53.5 are in practice, though frequently to a small extent only. Although the number of names appearing on the Midwives Roll increases annually the proportion of practising midwives diminishes. This diminution is actual as well as relative.

In the Midwives Roll a dagger is prefixed to the name of every woman appearing in the list who has notified her intention to practise. The total number of practising midwives is ascertained to be 12,087, of whom 6,754, or 55.8 per cent., are trained and 5,333, or 44.1 per cent., untrained.

At a recent meeting of the L.C.C. it was agreed that the Commissioner of Police of the Metropolis be asked to arrange for messages summoning medical aid in cases of urgency when required by certified midwives to be telephoned by the station police on the understanding that in rendering this service the police will be free from liability in respect of medical fees. It is understood that the Commissioner is willing to sanction the arrangement.

The North Islington Maternity Centre and School for Mothers is doing good work amongst the mothers of that poor district; each week there is one ante-natal and seven post-natal consultations, at which the mothers and babies are seen by the doctors, advice given, and babies weighed, &c. The staff consists of three doctors, five trained nurses, and a number of voluntary workers.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS BEDFORD FENWICK

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Vol. LVII.

EDITORIAL.

KEEP CHEERFUL.

Carry on! Carry on!

Fight the good light and true;

Believe in your mission, greet life with a cheer:

There's big work to do, and that's why you are
here.

Carry on! Carry on!

Let the world be the better for you;

And at last when you die, let this be your cry:

Carry on, my soul! Carry on!

—Rhymes of a Red Cross Man,

ROBERT W. SERVICE.

The shadow of war lies chill across the Christmas season. Nevertheless, the words of Sir William Robertson, "Keep cheerful," should be in the hearts, and on the lips, of all of us, for private troubles must now, more than ever, be secondary to public duty, and our public duty is to turn a brave and smiling face to the world, to inspire others with courage and fortitude, and this we cannot do if we are depressed and despondent. To "greet life with a cheer" is a contribution to the public welfare which all of us can make, and it is no small one, indeed it may rise to the standard of heroism. Listen to what Ralph Waldo Emerson says of heroes—

"That which takes my fancy most in the heroic class is the good humour and hilarity they exhibit. It is a height to which common duty can very well attain, to suffer and to dare with solemnity. But these rare souls set opinion, success, and life at so cheap a rate that they will not soothe their enemies by petitions, or the show of sorrow, but wear their own habitual greatness . . . The great will not condescend to take anything seriously; all must be as gay as the song of a canary . . . Simple hearts put all the history and customs of this world behind them, and play their own game in innocent defiance of the Blue-Laws of the world; and such would appear,

could we see the human race assembled in vision, like little children frolicking together, though to the eyes of mankind at large they wear a stately and solemn garb of works and influences."

To achieve cheerfulness and gaiety of heart is, therefore, no small thing, and should take its place as one of the virtues which we set before ourselves for attainment.

When we are members of a large community, the duty of cheerfulness is doubly incumbent upon us, for there is nothing more infectious than depression. Probably all of us can call to mind some nurse whose presence seemed to act as a wet blanket on those around her—laughter died away, and the most buoyant amongst us felt it difficult to keep up our spirits. She might be the incarnation of most of the virtues, but we felt we would gladly barter all the rest if she would cultivate the grace of cheerfulness.

And we can recollect others—not perhaps very wise or brilliant—who, because of their sunny dispositions, were beloved by colleagues and patients alike. Children turned to them as flowers to the sun. The wards in which they worked seemed infected with their own gaiety. And yet that gaiety by no means signified freedom from trouble, but only that they had learnt the truth of the noble words of Robert W. Service (the Canadian Kipling)—

And so in the strife of the battle of life

It's easy to fight when you're winning;

It's easy to slave, and starve, and be brave

When the dawn of success is beginning.

But the man who can meet despair and defeat

With a cheer, there's the man of God's choosing;

The man who can fight to Heaven's own height

Is the man who can fight when he's losing.

To all our readers, and very specially to all such brave souls, we wish a happy Christmas.

OUR PRIZE COMPETITION.

WHAT IS LEPROSY? WHAT PROGRESS HAS BEEN MADE IN ITS TREATMENT?

We have pleasure in awarding the prize this week to Miss Bessie Grey Johnson, Baldwin's Park, Bexley, Kent.

PRIZE PAPER.

Leprosy is a chronic, infectious, endemic disease, characterised by nodular lesions of the skin, nerve trunks, and mucous membranes, caused by the bacillus lepræ, which effects an entrance by the nasal and upper respiratory passages, mouth, abraded skin, or genital organs.

Recently the bacilli have been found in mosquitoes, so there is a possibility of transmission by insects.

The disease begins with malaise, fever, and lesions of the skin and mucous membranes, first showing themselves as brownish red spots on the trunk and limbs, ranging from half an inch to three inches in diameter, which sometimes fade when the pyrexia subsides, leaving pigmented stains or white spots, or they may soften and break through the skin, leaving indolent discharging ulcers, which may eat deeply into the parts beneath.

Great deformity is produced on the face; the cheeks, nose, ear-lobes, eye brows and lids becoming thickened. Nervous symptoms often co-exist with the above condition, causing anaesthesia to touch and pain. The muscles become atrophied, deformity of the hand, wrist, and foot resulting.

Leprosy is usually contracted in early life (not infancy) or in early middle life, and affects males more than females; it is not congenital, and heredity seems to share little in its recurrence.

Cases are only seen in England in people who have lived in countries where leprosy is common—e.g., West and East Indies, China, North-East Africa, Burmah, and Central America, &c. It is also more common in Norway than in any other European country.

Until recent years the sole treatment was directed to sanitary control, administered in some countries under barbaric restrictions and methods.

The disease is practically incurable, but it may be hoped, with the research constantly going on, that it will not always remain so. Hospitals and asylums are now provided by the different Governments, where strict hygienic regulations are enforced, so far as *habit* and *diet* are concerned, and much good has resulted.

Chaulmoogra oil is used extensively, and may be given in pill form, combined with arsenic or strychnine, or in liquid form, beginning with five minims and increasing to three or four hundred minims daily.

Vaccines prepared from the streptothrix have been used with promising results.

Weekly injections of nastin with benzoyl-chloride cause diminution of the nodular growths.

N.B.—Nastin is a neutral fat isolated from streptothrix which has a bacteriolytic effect on the lepra bacilli.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Lois Oakes, Miss C. G. Cheately, Miss P. O'Brien, Miss M. Mackenzie, Miss B. James.

Miss Lois Oakes writes that leprosy can be nursed in an ordinary hospital with no more risk to attendants than in the case of tuberculosis.

QUESTION FOR NEXT WEEK.

What diseases may be conveyed by carriers, and how do they carry typhoid?

MAL DE TANK.

In a "Londoner's Diary," which appears in the *Evening Standard*, it is written:—

"I have just met a member of the crew of a 'Tank.' He has been invalided home—not with sea-sickness, but with a special variety which must be associated with his calling.

"He tells me that his particular 'earth-ship' had an exceptionally rough voyage the last time he was aboard. The waves of trench which rose to meet them were successfully negotiated, but the process, to those inside, was not exactly 'armchair' sailing.

"Anyhow, my friend was so tossed about that he can only compare the after-effects to a bad attack of jaundice, and his subsequent week in a base hospital left him in such a condition that he was sent home to recuperate.

"He speaks of the sense of security enjoyed by those within a 'Tank,' and of the steps taken to ensure against bruises, in padding the body from heel to crown.

"Talking this morning to a civilian who has had a ride in a 'Tank' over a rough experimental course, the experience was described as 'like a voyage in a very small ship in a very big sea.'"

The war has revealed several new diseases, but "Mal de Tank" is the very latest. Let us hope that the occupants of tanks will, like sailors, become seasoned.

NURSING AND THE WAR.

On Saturday His Majesty the King invested, at Buckingham Palace, Sister Vida McLean, of the New Zealand Nursing Service, with the Royal Red Cross (second class).

Not a few of the patients from the Antipodes

Extraordinary disclosures of German harshness and brutality are made by a Russian Red Cross nurse, who has just returned from imprisonment in Germany, says a Central News Petrograd message.

The nurse was one of several captured near Lake Narotch in April last and taken to the German headquarters. Afterwards they were shown the Russian wounded.

"It was a horrible picture," the nurse states. "In a wooden shed on the bare ground, which was covered only with sawdust, there were regular rows of our wounded, and amongst them were several men who had died from their injuries. We told the German doctor that it was impossible for us to work amongst this dirty sawdust, but he shrugged his shoulders impatiently, and remarked, 'Soldiers do not need antiseptics. Besides, we are at war.'

Toward evening we obtained permission to bandage the wounded in a tent which had been set apart for German wounded.

"In one of the field hospitals our wounded were lying and dying without assistance. Some of them had been unbandaged for four days and even simple wounds resulted in gangrene and death. Complicated fractures of the legs and feet were treated by tying two sticks over the wounded men's boots. In this manner those who remained alive were taken to Vilna or Kovno.

"Subsequently, we were taken to a concentration camp in Germany. Here there was a hospital for 2,000 men. Outwardly there was great cleanliness and order, but inside there was a chaotic condition of affairs. The bandaging material supplied to us was terribly dirty.

"After a time, my sister and I were accused of conducting an anti-German agitation, and we



RETURNING FROM THE STEWARD'S STORES.
HELPING NURSE—A SNOW-TIME IMPRESSION.

in Military Hospitals in this country have never seen snow before. By the kindness of the Editor of the *Third London General Hospital Gazette* we are able to publish the accompanying illustration of a snow-time impression, the sketch for which was made by L. Cpl. W. R. S. Stott.

were transferred to a camp for civil prisoners, our Red Cross badges being torn from our dresses. Here both food and accommodation were dreadful. We had a wooden bed with a dirty bag filled with sawdust, and a thin counterpane, but no linen. My sister was seized with erysipelas owing to the filthy surroundings.

"When tired of idleness, we asked to be allowed to work in the camp hospital for Russian wounded. The commandant adopted a Napoleonic attitude, crossed his arms over his chest, stared at us from head to foot, and remarked: 'Ah, I understand. You wish to go to men.'

"In face of this insulting remark there was nothing for us but to leave the room."

The *Poll Mall Gazette* says:—"From inquiries made among the exchanged prisoners from Germany, who landed in England last Saturday, the treatment of the British wounded in the German war hospitals does not appear to indicate neglect on the part of the German medical authorities, although the feeding of the patients was somewhat poor and, owing to hostility, the women nurses were a source of irritation to the prisoners." One private who had been an inmate of the Military Hospital at Nürnberg in Bavaria states that "So far as I could judge, the doctors did their duty, and so did the men attendants. But the female nurses were cruel. One, in particular, whose business it was to remove the bandages from my right hand, tore the lint off one day, removing the raw flesh by her brutality." French and Russian prisoners were not hated so much as the English.

Further news has now been received at headquarters of the members of the London unit of the Scottish Women's Hospital, who have been nursing the wounded in the Dobruđa. When the unit first arrived at Medjedia, the whole 75 were given a large room to camp in. They began work next day in a barrack where the patients poured in continually, ambulances running between the hospital and the firing line, and they set up a camp as close to the firing line as possible, being attached to the Serbian Field Hospital, where they were subjected daily to bombing from aeroplanes, and, on one occasion, to heavy bombardment. Some idea of the conditions may be estimated when it is remembered that there are no roads—just tracks across the plains, sodden with rain. After many adventures they arrived at Braila. There they found the Field Hospital and transport which had remained with the first Serbian Division and which had suffered very severely.

They speak highly of the work of the Serbian orderlies, who seemed oblivious to the cold, lack of food, and discomfort and worked night and day. Part of the unit was asked to help in a Roumanian Hospital of 8,000 beds, to which only seven medical men were attached. Then the Roumanian Hospital Staff and equipment began to arrive,

so the members moved on to Odessa. Until the Serbian division require their services again Dr. Inglis has agreed to help the Russian wounded. The best comment on the value of their work is that the Russian military authorities have recommended the whole unit for medals.

FRENCH FLAG NURSING CORPS.

At a recent meeting the Committee passed hearty votes of thanks to Mrs. Kerr-Lawson, the Lady Superintendent of Queen Mary's Hostel for War Nurses, 40, Bedford Place, Bloomsbury, W.C., for her invariable and great kindness to members of the Corps, many of whom have enjoyed a delightful rest there when passing through London; and to Queen Alexandra's Relief Fund for Nurses, which has made generous grants to members of the Corps during illness contracted on duty. Both the Committee and the Sisters thoroughly appreciate the help so kindly provided by both institutions.

A Sister writes from Toul: "You will, I know, be glad to hear we are all happy in our work. Our 'Med Chef' is so very kind to us, and has done everything he possibly can to make us comfortable and improve the standing of trained nurses. He was a great eye specialist in Paris before the war; we receive all the eye cases, and it is a great privilege to watch his delicate operations for the removal of *éclats* and foreign bodies from the eye—the more so as he very kindly explains all the most difficult and interesting operations. We have some very pathetic cases, who need nursing like children. Yet they are very brave and cheerful, and everyone does their best to make them forget the 'darkness.'"

OUR ROLL OF HONOUR.

A memorial service was held on Sunday morning in the chapel of the Canadian Hospital at Hillingdon House, Uxbridge, for Sister A'druenna Tupper, of the Canadian Nursing Service—a relative of the late Sir Charles Tupper—who, we regret to record, died last week after two days' illness. Sister Tupper, who had been twice to the front, received the Royal Red Cross from the King as recently as December 2nd. She was taken ill very soon afterwards with pneumonia, and passed away at the Sisters' Quarters of the above hospital. She was buried with military honours in the cemetery at Uxbridge.

The London Committee of the French Red Cross is sending a motor convoy to the Balkans. It will consist of 15 motor ambulances, 1 repair van and 1 tonning car, driven by 25 voluntary British drivers, under the command of Major Lyon-Clarke. The cars and their equipment are the gift of Sir Lucas E. Ralli, and will bear his name.

CARE OF THE WOUNDED.

The members of the Scottish Women's Hospital are wonderful people; they are always in the thick of the fight. The picture shows two of a unit washing up outside their hospital in Serbia.

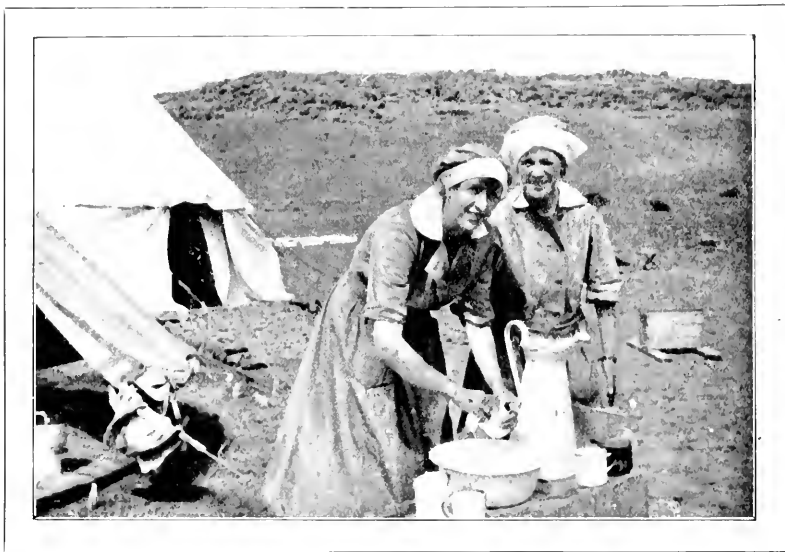
The King has been pleased to award the Distinguished Conduct Medal to the following men in recognition of their distinguished service and devotion to duty during the spring and summer of last year in the Prisoners of War Camp at Gardlegen, Germany:—

No. 12672 Pte. W. T. D. Bristow, R.A.M.C. (formerly Royal Fusiliers).

S.W. Their Majesties' expressed their high approval of the hospital.

It is very sad to learn that of the British prisoners sent from Germany to Chateau d'Oex, and Müren in Switzerland, many are in a very critical condition, and that there are several cases of tuberculosis. The treatment of defenceless prisoners by the Germans is one of their greatest crimes, and one for which we hope they will be very severely punished when "squaring up" time comes.

Listen to this enquiry from a Sister in England: "Is it right that German prisoners should be provided with better food than their guards, because here they are, and that young Society



WASHING UP IN SERBIA.

No. 12673 Pte. L. J. Simpson, R.A.M.C. (formerly Royal Fusiliers).

A new chapel, erected at St. Dunstan's Hostel for Blinded Soldiers, was dedicated last week by the Bishop of London.

It was announced that the Archbishop of Canterbury had forwarded with a message wishing the Hostel success a donation of £135 from the English Cathedral at Shanghai.

On Thursday in last week the King and Queen paid an hour's visit to the Freemasons' War Hospital and Masonic Nursing Home in Fulham Road,

women should drive up constantly with luxuries for the prisoners? It appears to me a scandal, and if I were in authority not one should they have—all should be sent to our own ill-used and starved prisoners. Cleanliness, good plain food, hygienic surroundings I would provide, but I would stamp out all this sentimental nonsense; but men allow anything when pretty, well-dressed women are the offenders.

Over 900 physicians, surgeons, and students of the London Hospital are serving with the forces, 110 members of the lay staff are with the Colours, and 172 trained nurses have been sent to the various fighting fronts.

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals:—

- Moorfield Hosp., Glossop.*—Mrs. L. Stephens.
Maxillo Hosp., Kevington.—Miss M. C. Parminter.
The Cecils, Worthing.—Miss F. Dormer.
Percy House Schools, Isleworth.—Miss A. M. Bacon.
King's Weston Hosp., Bristol.—Miss G. Webb.
Arnott Hill Annexe Hosp., Daybrook.—Miss E. Palmer.
Red Cross Hosp., Kensing, Kent.—Miss E. D'Arvey.
Everby Annexe Hosp., Sleaford.—Mrs. B. Gillingham.
Mostyn Convalescent Hosp., Pentrefrynnon, Holywell.—Miss M. W. Macmillan.
Highbury Red Cross Hosp., Moseley.—Miss M. Owen.
Normanhurst V.A.D., Battle.—Miss L. Cronack.
Red Cross Hosp., Earl's Colne, Essex.—Miss D. L. Cartwright.
Auxiliary Military Hosp., Accrington.—Miss W. Wise.
V.A.D. Hosp., Honiton.—Miss E. W. Brudenell.
Rust Hall Yel. Hosp., Tunbridge Wells.—Miss G. G. Laird, Miss H. Russell, Miss M. Fotheringham.
Hornsey Auxiliary Military Hosp., Crouch Hill.—Mrs. V. Westcott.
Red Cross Hosp., Saffron Walden.—Miss G. R. Macpherson.
V.A.D. Hosp., Seaton.—Mrs. N. Barton.
Kingston and Maldon Hosp.—Miss O. E. Robins.
Red Cross Hospital, Studley Court, Stoubridge.—Miss J. O'Shea.
Town Hall, Burton-on-Trent.—Miss B. Noonan.
Relief Hosp., Brankmere, Southsea.—Miss C. Parsons.
Latchfold, Warrington.—Miss L. Macgregor.
Loversall Hall Hosp., Doncaster.—Miss A. Moses.
Gatcombe House, Newport.—Miss I. MacKelligan.
Red Cross Hosp., Chippenham.—Miss E. Lenton.
Red Cross Hosp., Avenue, Hove.—Miss J. Simpson.
Red Cross Hosp., Alton.—Miss L. Blackwell.
Red Cross Hosp., Teakelbury.—Miss E. Shipsey.
V.A.D., Bridlington.—Miss E. A. Crummack.
Oaklands Red Cross Hosp., Clevedon.—Miss K. A. Skinner.

AEROD.

- Italy.*—Miss A. E. Farrar.
Boulogne Headquarters.—Miss A. Hungerford, Nurse Sec.
Brigade Hosp.—Miss C. Warner.
La Panne.—Mrs. L. Ritchie.
No. 1 Red Cross Hosp., Syrian Egypt.—Miss J. Gibb.
Scottish Women's Hosp., Salonika.—Miss H. McCulloch.
ORDERLIES—Miss N. G. Wall, Miss G. K. Earl, Miss M. A. Mitchell, Miss E. Upton.

SOCIETY FOR STATE REGISTRATION OF TRAINED NURSES.

A meeting of the Executive Committee of the Society was held at 431, Oxford Street, London, W., on Friday, December 15th. Mrs. Fenwick was in the chair.

The meeting was called to decide upon the course to be pursued to effect the reform for which the Society was founded.

APPROVAL OF POLICY OF THE CENTRAL COMMITTEE.

Copies of the Bill, as amended by the Central Committee for the State Registration of Nurses, and the "Statement" authorised by it on the negotiations with the College of Nursing, Limited, were presented, and the Committee expressed by Resolution its approval of the policy of the Central Committee in amending its Bill so as to incorporate the fundamental principles for which the Society had worked so long, and to which the Council of the College of Nursing, Limited, would not agree: (1) An independent General Nursing Council in which the trained nurses were directly represented from the passing of the Act, so that they might help to make the Rules and Regulations to which they had to conform; (2) An *open* term of grace for three years (not pre-arranged by the self-elected College Council) in which nurses in practice and of good character could secure registration without further examination; and (3) that after the expiration of the said term of three years' grace, only trained nurses with *not less than three years' training* under a definite curriculum prescribed by the Council in the wards of a hospital or hospitals (which includes Poor-Law Infirmaries) and after such examination as the Council may prescribe—shall be eligible for registration.

Thus the Central Committee's Bill secures (1) Direct representation for the medical and nursing professions on the Provisional as well as the Permanent Council.

The College Bill does *not* provide for this professional right.

(2) That the Rules and Regulations for registration during the term of grace shall be agreed to by the nurses' direct representatives.

This the College Bill prevents.

(3) That no nurse shall be registered after the term of grace who has not passed through three years' training in a hospital, or in hospitals (to provide for reciprocal training), and has passed a central examination.

The College Bill secures no *hospital* training, or examination; thus persons other than *hospital* nurses may be registered, and the examination of privileged institutions may be accepted.

These are the three cardinal principles at issue between the Central Committee and the College, and those who have studied the question of Nurses' Registration realise that unless they are incorporated in the Bill, there is neither educational nor economic security for trained nurses, or protection for the

public. The Committee directed that its expression of hearty approval of the policy of the Central Committee, as expressed in the amended Bill and in the "Statement," be forwarded to the Hon. Secretaries to be brought before its next meeting.

UNCONSTITUTIONAL CONDUCT OF HON. OFFICERS OF THE ROYAL BRITISH NURSES' ASSOCIATION.

The Committee also adopted a resolution of protest against the unconstitutional action of the Hon. Officers of the Royal British Nurses' Association, delegates on the Central Committee, in sending to the Press a protest in the name of the members of the R.B.N.A., who had not been consulted, concerning the considered decision of the Central Committee to amend its own Bill and make public its reasons for so doing, which it agreed to by a majority of twenty to two. The Committee expressed the opinion that, as two of the Hon. Officers of the R.B.N.A. had accepted office in the College of Nursing, Limited, their conduct was not unbiassed, and that their position was untenable, and calculated to disturb the harmony and impede the conduct of business on the Central Committee.

It was directed that the resolution be sent to the Hon. Secretaries of the Central Committee, and to the Secretary of the Royal British Nurses' Association.

THE WINTER'S WORK.

The President submitted proposals for furthering the work of the Society which were agreed to.

NEW MEMBERS.

The President reported that it was the opinion of several members of the Society that the names and qualifications of new members should not be published. The Committee agreed that at the present crisis it should not be done.

Twenty-five new members were then elected.

MARGARET BREAY,
Hon. Secretary.

THE BRITISH MEDICAL ASSOCIATION AND REGISTRATION.

In the Report of the Medico-Political Committee of the British Medical Association, Dr. Cox, the Medical Secretary, states, under the heading of the "British Medical Association and Registration":—

State Registration of Trained Nurses.

The Committee, under the instructions of the Annual Representative Meeting and Council, is carefully watching the above question, having regard to the action of the College of Nursing, and is at a time in close co-operation with the various nursing bodies represented on the Central Committee for the State Registration of Trained Nurses. Failing agreement with the College of Nursing as to a Bill, the Central Committee, with the co-operation of the Association, will introduce its own bill.

THE SCOTTISH NURSES' ASSOCIATION.

A meeting of the Scottish Nurses' Association was held in Glasgow on December 11th, when Miss Rae was in the chair.

The Statement issued under the authority of the Central Committee for the State Registration of Nurses was read by the Secretary and met with unanimous approval.

Fourteen new applicants were admitted to membership.

THE COLLEGE OF NURSING, LTD.

In reply to an Irish correspondent in the *Lancet*, December 9th, stating that "the chief objection taken by Irish nurses to the new College of Nursing, Ltd., is professional rather than national, and rests on the fact that membership of the College is open not merely to trained nurses but to those practising any branch of nursing, such as mental nursing or massage and that the latter are to have equal voice with fully trained members in the government of the College," the following reply appears in the issue of the *Lancet* of December 10th:—

IRISH NURSES AND THE COLLEGE OF NURSING, LTD.

To the Editor of *The Lancet*.

SIR—I am at a loss to understand how your Irish correspondent has ascertained "the fact that membership of the College is open not merely to trained nurses but to those practising any branch of nursing, such as mental nursing or massage, and that the latter are to have equal voice with fully trained members in the government of the College."

On reference to the Memorandum and Articles of Association it will be seen that membership of the College is strictly limited to nurses who possess a certificate of proficiency in *general* nursing (medical and surgical), and it is the members who govern the College. Obviously, however, a college which aims at becoming the headquarters of the nursing profession in all its branches must have power to grant certificates in any special branches, but such certificates do not carry membership, nor do they entitle the holder to a place on the Register.

I am, Sir, yours faithfully,

M. S. RUNDLE,

Secretary.

Vere Street, W., December 11th, 1910.

With all due deference to the Secretary of the College, who presumably knows the provisions of its Memorandum and Articles of Association, membership of the College is not "strictly limited to nurses who possess a certificate of proficiency in *general* nursing"; it is not even limited to nurses at all!

According to the Article defining "Members":

5. The seven laymen who founded the College are members.
6. Any person, lay, medical or nursing

appointed to be a member of the Council " shall by virtue of such appointment become forthwith a member of the College." Every person on a Local Board is *ipso facto* a member of the College, and any person (not necessarily a thoroughly trained nurse) " qualified under Section 1 of the Memorandum of Association may be placed upon the Register and become a member of the College by a single payment of one pound and one shilling."

So that the statement made by the Secretary that " membership of the College is strictly limited to nurses who possess a certificate of proficiency in *general* nursing (medical and surgical) " is not an accurate statement of fact, and is, in our opinion, calculated to mislead the nursing profession.

That the College intends to grant certificates to specialists in all branches of nursing is a very serious confession, as it at once cuts at the very root of professional efficiency and the one portal standard. The fact is that the College intends to examine V.A.D. nurses and " control the organisation," and this it cannot do without certifying them and placing these untrained women on a roll, if not on the " general Register," a proceeding which will confuse them in the public mind with thoroughly trained registered nurses.

The Voluntary Aid Detachments have their own well-defined organisation, and trained nurses should not be made responsible for their " nurses " any more than for their cooks.

The General Medical Council does not recognise male orderlies as an integral part of the medical profession; why, therefore, should a General Nursing Council be made responsible for women untrained in a professional sense?

LORD AMPHILL GOES TO THE FRONT.

Members of the Central Committee for the State Registration of Nurses, and of its constituent societies, will learn with interest that its Chairman, Lieut.-Colonel Lord Amptill, has now gone abroad with his regiment. Lord Amptill, since the beginning of the war, has served his country with the utmost patriotism, and the constituent societies will wish their Chairman success and a safe return.

KING EDWARD'S HOSPITAL FUND.

King Edward's Hospital Fund for London is able this year to distribute no less than £170,000 to the hospitals and homes it helps to keep in being. This is £30,000 more than last year's total, and £12,000 more than the previous record achieved in the years just before the war.

It is to be deplored that, at the present crisis, naturalised Germans are permitted to give huge sums to this and other charities.

We are glad to hear that Miss Haughton, Matron of Guy's Hospital, is now progressing towards recovery. For the time being Miss Hogg is acting as Deputy Matron.

APPOINTMENTS.

MATRON.

Hooker Isolation Hospital, High Wycombe.—Miss M. G. Fisher has been appointed Matron. She has held the positions of Night Superintendent and Sister at the Fever Hospital, Blackburn, and of Senior Sister and deputy-Matron of the Moss Side Hospital, Lytham.

ASSISTANT MATRON.

Hospital for Epilepsy and Paralysis, Maida Vale.—Miss Gertrude Matthews has been appointed Assistant Matron. She was trained at the Royal Victoria Hospital, Belfast, where she subsequently held the position of Massage Sister. She has also held similar positions at the National Hospital, Queen Square, W.C., and at the Royal Infirmary, Leicester, and been Sister of a ward at the Royal National Orthopaedic Hospital, Great Portland Street, W.

SISTER.

Royal Hamadryad Seamen's Hospital, Cardiff Docks.—Miss Mackenzie has been appointed Sister. She was trained at the Norfolk and Norwich Hospital, and has been Sister-in-Charge of No. 1 Auxiliary Hospital, Eccles; Sister-in-Charge of an auxiliary hospital at Badleigh; and Matron of the Devonport Nursing Home, Ryde, Isle of Wight.

CHARGE NURSE.

Baby, Wigston and Cadby Joint Hospital for Infectious Diseases.—Miss A. Ferrell has been appointed Charge Nurse. She was trained at the Brook Hospital, Shooter's Hill, and has recently been on the staff of the Isolation Hospital, Leicester.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Theresa S. Brooks is appointed to Gloucester D.N.A. as Assistant Superintendent. She received general training at St. Thomas's Hospital, district training at the Metropolitan D.N.A., midwifery training at the General Lying-In Hospital, York Road, S.E., and has the C.M.B. certificate. She has since held several appointments under the Institute.

Miss Elizabeth Brooks is appointed to Newton Heath; Miss Ella M. Marwood, to Lancaster; Miss Sarah A. Moody, to Liverpool (West); Miss Ada E. Richards, to New Mills.

EXAMINATION FOR THE ROLL OF QUEEN'S NURSES.

December 14th, 1916.

1. What are the common sanitary defects you are likely to find in (a) The yard or area; (b) The bedrooms; (c) The living-rooms of a patient's house?
2. What instructions would you give to a mother who has to wean an infant four months old (a) For herself; (b) For the infant?
3. How would you prepare in a working man's house for an abdominal section (1) At short notice; (2) Knowing a few days beforehand?

4. How would you treat a child suffering from shock following severe burn, pending the arrival of the doctor?

5. Give the cause and symptoms of Phlogmasia Alba Polens, white-leg, and the nursing treatment of such a case in an artisan's dwelling.

6. What do you know of Schools for Mothers and Infant Consultations? How may a nurse assist the work they do? What should be the proper functions of the district nurse, the certified midwife, and the health visitor?

FEVER NURSES' ASSOCIATION.

At a meeting of the Executive and Education Committees held on Monday, the 4th inst.—

(1) The Derby Isolation Hospital and the Colchester Borough Hospital were approved as Hospitals for the training of nurses under the Association's regulations.

(2) The following nurses, who have recently passed the Association's examination, were elected members of the Association:

Birmingham City Hospital, Little Broom, &c.—Mary Hopkins, Ethel Lugg, Florie Roberts, Ellen Walsh.

Brighton Sanatorium—D. E. Stevens, M. A. Stock.

Creighton Borough Hospital—Ada B. Berry, Clara Little, Margaret O'Grady, C. E. Reid, C. B. Whitehouse.

Tijon Isolation Hospital, H. M. Moss, I. M. Upratt.

Joyce Green Hospital, Duffry—Rose J. Cumming.

Norwich City Hospital—E. A. Eastick, E. M. Litherbarrow, M. E. B. Nash, M. E. O'Farrell, M. C. Raggio, Kathleen Swift.

Newcastle City Hospital—E. K. Lewens, J. Robson, M. E. Wilkinson, Catherine May.

Paisley Hospital—K. B. Bernard, Mary Fullarton, Wilhelmina MacBain.

Plariston Hospital—Kathleen Bland, F. S. Charlton, Charlotte L. Elwood, Elizabeth Gall, Ruby Gormley, Amy Jarratt, Margaret Mahgan, Elsie Pell, H. G. Radcliffe, T. V. Tucker.

Sheffield City Hospital—Helen Barker, Lois Hayes, M. P. Morgan, Martha Walls, M. E. Wickenden.

Walthamstow Isolation Hospital—S. E. Ramsay.

Willesden Isolation Hospital—J. B. Findlay, E. M. Paul.

Wimbledon Isolation Hospital—Isabella J. Malcolm.

(3) Miss Isobel Forsyth, Matron of the Bford Isolation Hospital, was elected a Matron member, and

(4) Nurse L. M. French of the North Western Hospital, Hampstead, was elected a member as she had recently passed the examination of the Metropolitan Asylums Board.

H. A. BRYSON, Secretary.

NURSING ECHOES.

We are glad to hear that Parliament will be prorogued, and not adjourned over Christmas. This means that everything will be wiped on the political slate, and we shall begin a new session in the New Year. Let us hope, therefore, that not only war legislation, but social legislation long overdue, will be framed and wisely enacted by degrees.

We are glad to hear from various sources that the children in hospitals are to have the usual merry time. Christmas trees, gifts, and family visitors are all to help to make these sick little ones as cheery as possible. Committees have arranged that as little as to be spent on ward decoration as possible, and entertainments will not this year be on the usual lavish scale in the majority of institutions. With so many dear ones at the front real happiness is out of the question. Cheerful, yes—but lappy, no.

Still they come. Another *League Notes*: this time the organ of the St. Bartholomew's Hospital, Rochester, Nurses' League. It opens with a list of members, and contains a "Foreword" by Mr. John Bailey, which contains the following paragraph, with which we heartily agree:—

"I will specify," he writes, "two of the directions in which I hope progress may be made.

The first is the standard of general education. In this respect I should like to see Nurses up to the level of ordinary High School Mistresses. If it could be understood that after a certain date, say three years hence, all applicants for probation would have to produce a certificate of their having passed the Senior Oxford or Cambridge Examination, or the equivalent, would-be members of the profession would begin at once to qualify in this way, and a great uplift would be given to the nursing world."

Members of the League are reminded that Badges of the Hospital may be obtained from the Matron by all Nurses holding the certificate of the Hospital.

We hope members of the League will give the editor active support in the conduct of their journal, and thus make it a profit and a pleasure.

A great number of nurses are warmly in favour of the Memorial Statue which, through the influence of the *Daily Telegraph*, is to be

erected on the island site beyond the church of St. Martin-in-the-Fields, and are proud that so distinguished a member of their profession will represent it in marble, to remind those who pass by to what heights of heroism it is possible for a woman to attain when love of humanity and love of country inspire standards of conduct.

We are glad to learn from the *Daily Telegraph* that considerable progress has been made with the memorial, which is to be even more impressive and symbolical than we had anticipated.

Sir George Frampton, R.A., who has been engaged on the memorial for the past year, is generously giving the whole of his work as a contribution to the fund, and the members of the Memorial Committee have inspected the finished figure and the model as finally approved. The figure, which is of heroic size, is now completed in clay, and in due course will be carried out in marble. From this, the most important part of the work, and the scale model, it is possible to give an idea of the appearance of the memorial when it is placed in position.

In many ways it will be unique among London monuments. The dominating note is extreme simplicity, as befits the subject. Nurse Cavell stands raised about 10 ft. above the ground, the figure very slightly turned, but looking full-face outward. The face is dignified, strong, and kindly; the entire figure, with the nurse's cap and the tied strings, and the cape falling in long folds to the feet, which the sculptor has treated with impressive effect, calls to mind at the first glance her noble devotion to the profession in which her life was spent. Nothing here in carved stone or lettering will suggest feelings of hatred or revenge towards those by whom that life was taken. There will be the simple words, "Nurse Cavell," and perhaps a quotation from her last utterance—that is all. But above the figure, on the monolith before which it stands, will be deep cut, "Midnight, October 12, 1915." That one word—"Midnight"—calls up the whole scene, and shall suffice.

The complete memorial, the main structure of which forms a background to the figure of the martyr nurse, will be nearly 40 ft. in height. It is large in design; the site calls for such treatment. There are few sites its equal in London. The observer who approaches from the foot of Trafalgar Square has on his right, on the sharply rising ground, Gibbs' famous portico and steeple of St. Martin-in-the-Fields, and on the left the massive buildings of the National Gallery. Between the two Nurse

Cavell's monument will stand out, built up of Aberdeen granite, all silvery grey, save only the white statue in marble. It may seem an obelisk before the true outline is caught—an obelisk surmounted by a seated figure, which at the great height will have a background of the sky. The figure, heavily draped, is that of Humanity, with a little child borne on the knee—the mother spirit. Memorial wreaths are at the corners of the raised plinth, joined with ribbons, the whole being cut out of granite.

These are the leading features of the design, but there is another. As the spectator looks up it is seen that the architectural arrangement in which the seated figure takes the central place forms the Geneva Cross—the symbol of the nursing profession. The side panels are plain, but at the back is a majestic British lion, trampling on a serpent, and carved in relief out of the hard granite. The scales of Justice appear in a corner of the relief. Three low steps make the approach to the memorial.

The Nurse Cavell memorial will look down upon one of the busiest scenes in London, where humanity in full tide passes ceaselessly to and from the Strand and Whitehall and the great arteries of the town leading West. Each day the memorial will be seen by thousands, by our own people and those who come from the ends of the earth. In Trafalgar Square we have elected to raise the statues of our heroic soldier dead. Not among them, certainly, but in close company, we shall place this monument of a woman, the memory of whose useful life and noble death has become part of our national inheritance. One inscription in addition to those already stated the monument will bear. The words are few but significant—"Lest we forget."

In a memorandum addressed to the House Committee of the London Hospital the following is the scale of salaries officially recommended, by which the nurses in every grade will benefit:—

Probationers.—Probationers in their first year of service are paid £12 per annum. We feel that as it is in her first year that the probationer has to meet a good many expenses incidental to hospital life, e.g., books, instruments, &c., we should increase this £12 to £17. And, further, that the £20 payment to a probationer in her second year should be increased to £24.

Staff Nurses.—These are paid at the rate of £24, £25, and £27 per annum. We suggest that all hospital staff nurses be paid £30 on appointment, and suggest no further increase for this post.

Private Staff Nurses.—These are at present paid £30 the first year, rising to £45 by £5 yearly. We suggest that they start at £35, and rise by £5 to £50.

Sisters.—Ward sisters start at £30, and rise £5 a year to £40. We suggest they start at £40, and rise to £50 by £5 a year.

When the rank of sister has been reached the new scale holds out further increase of salary. Under ordinary circumstances the pay can be £60, and for each further six years £5 is added. For special qualifications, too, there is further pay. Thus, the attainment of the certificate of the Central Midwives Board carries another £5 with it, and in such positions as the head sister of, say, electric or light treatment, the possibilities now run up to £100 a year.

It will be interesting to note what effect these increased salaries at the London Hospital will have on the pay of hospital nurses generally.

A CHRISTMAS GIFT.

We beg to acknowledge with thanks the sum of ten shillings sent anonymously as a Christmas gift for Nurse N., the invalid to whom the readers of this journal make an allowance of 6s. a week. We cannot send an official receipt for the money, as no name or address are enclosed, but the gift will be forwarded to Nurse N., and will be received with gratitude and pleasure, we feel sure.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL.

The demands on the assistance of Queen Charlotte's Lying-In Hospital, Marylebone Road, London, N.W., during the present year have been greater than ever before, owing to the fact that the hospital is admitting a great number of the wives of our soldiers and sailors, as well as Belgian and other refugees. Since the outbreak of war, over 3,000 wives of our soldiers and sailors have either been received into the hospital, or attended in their own homes. Any reduction in the number of beds for patients would be little short of a calamity, yet it is difficult to see how the hospital can continue its work on the present scale unless substantial additional support is forthcoming. There is at present a debt of about £5,000 on the General Maintenance Account.

The hospital has just opened a new (temporary) building adjoining the hospital for the Ante-Natal Department, where this most important work will be carried on under more favourable conditions than formerly. An Infant Consultation Centre is also being established.

When so many lives are being laid down in the service of the country, it is more than ever necessary to save the children, and Queen Charlotte's Hospital deserves the liberal support of the public to enable it to carry on its increasing and valuable work satisfactorily.

"WHATSOEVER WE ASK."

Jackie, aged two, was already something of a personage in the unfashionable locality where he resided. And Jackie was sick. He had spent all the season "fruitin' and 'oppin'" and had ailed nothing. True he had not altogether appreciated the beautiful surroundings and fresh air, but had cried to his Mother for his "ole black shawl and a walk in the Ole Kent Road."

Of course, a visit of condolence must be paid to his pretty red-haired mother with the surprisingly white neck, of whom it was difficult to believe that she was possessed of three other children of larger growth.

We were sorry to learn that Jackie was ill.

"Yes, would we come upstairs?"

It was Sunday and a table was laid for tea in the room that served during the winter for both bedroom and sitting-room.

In spite of its combined uses and the fact that it was inhabited by mother and four children, its air of comfort and cheerfulness made us feel inferior.

Doing duty for a tablecloth, were some sheets of rose-pink paper, the ultimate destination of which was to complete the coloured festooning of the ceiling, it being only a short period before Christmas. There were various little inexpensive treats on the table in honour of Sunday. A large double bed occupied one side of the room, on which little Jackie lay sleeping off the effects of convulsions.

"Yes, he was all right up to last night, when "'e 'ad a fit." Of course, mother sat up with him till about three o'clock, when "'e 'ad another."

The other three children were sleeping all around her and mother felt alone and afraid for little Jackie.

Florie aged four was the most accessible to her elbow. Ere, Florrie, wake up and pray for little Jackie."

"All yigit, Mummy. Please God make little Jackie better."

"Then," says little mother, "'e gives a little cough and is better directly. You're a good little gal, Florrie," I say.

"Does God love me, Mummy?"

"Yes, my dear, 'E do."

"Will 'E send me a noo frock and pinny for Christmas?"

"'Would you like one trimmed wiv gold?" says little mother with mild sarcasm.

"No, wiv ribbons."

Little mother had taken Jackie to the doctor's in the morning, and 'e says, "next time," 'e says, "put 'im in a 'ot bath," 'e says.

"That's all very well, but when you've only got the one saucepan and the rabbit stoo'in' in that for the Sunday's dinner, it makes things a bit awkward, don't it? You see, I feel a bit more responsible for Jackie than the other three, 'is father joined up long before 'e was born.

Before leaving we were invited to see the best parlour, a truly marvellous room, with its innumerable little ornaments and portraits.

"That's me and my young man when we was first married."

"That's my husband wiv the little gal what we lost."

"That's 'im took in khaki just before 'e went away."

"Brave little mother! Good little woman! God send him back to you safely, and perhaps kind St. Nicholas will remember at least a little pinny wiv ribbons for Florrie."

MIDNIGHT ON CHRISTMAS EVE.

A tiny baby, all forlorn, cold and hungry, lay in a corner of a bed—it such a desolate heap could be called a bed. One of the great unwanted, he lay and wailed, and wailed. Fatherless in the eyes of the Law, motherless in the eyes of Heaven. His mother was a rough, coarse girl, with an unclean tongue at present amusing herself at a cheap picture show. Midnight on Christmas Eve! So small a thing to be alone. He gnawed his tiny fists desperately, savagely; he rent the dirty room with his cries. Did God in Heaven not care, then? "H, Carrotty Sal don't look after that kid of hern better, I'll get the visitin' lidy to write to the Croolty Officer," said a beery but motherly woman downstairs. "It's a shime, that's what it is."

It struck the hour when the cattle are said to kneel in the fields to welcome the birth of the Christ Child.

"Unto you is born a Saviour."

The dirty little infant ceased to wail.

Carrotty Sal and the friend who shared her room arrived home an hour later, singing ribald songs as they clumbed the stairs.

"Ain't the kid quiet for a wonder? Gawd! What's 'appened to it? It's smilin' all over its face. Strike me if I don't believe it's dead."

H. H.

A CASKET OF THOUGHTS.

Would you know the art of contentment,

The joy of molestless calm

—Resignation without resentment,

To Life's attendant alarm?

Find in the present moment

The Value of past mistakes,

And in resignation, consoling

For the cherished joy which forsakes.

Seek antidotal ingredients

In pleasures approximate,

"The heart has many expedients

For reaching the ultimate."

From "A Casket of Thoughts,"

By Viviane Verne.

WORD FOR THE WEEK.

On bravely through the sunshine and the showers.

Time hath his work to do, and we have ours.

"LONDON PRIDE."

The trained nurse has been much before the public of late, and now once more she appears before the footlights in the very amusing play by Gladys Unger and A. Neil Lyons—"London Pride"—now running at Wyndham's Theatre, and we have to thank Miss Jean Cadell for her presentation of a hospital Matron in her becoming and neat professional uniform, worn with preciseness and distinction. Full of common sense, and with a sureness born of knowledge, she gives directions to her staff, reduces a revolting wardmaid to complete obedience, manages a ward full of convalescent soldiers, pays special attention to a newly-admitted patient, and manages to be courteous to the great lady of the house in a way that commands admiration.

The plot is unfolded in four Acts. In the first scene, which is laid in Bunter's Row, Silverside, in the East of London, we are introduced to the hero and heroine of the piece, Cuthbert Tunks (Mr. Gerald du Maurier), and Cherry Walters, as well as to Mr. Comencillor Garlic, the landlord of the houses in the Row, and other important *dramatis personae*.

It is a Sunday morning, and Cherry comes to make enquiries as to the whereabouts of Cuthbert. She is not encouraged by Mrs. Tunks, who considers that her son should look higher than pickles, and Cherry works in a pickle factory, but "where love's planted there it grows" and for better for worse, Cuthbert and his "kid" are true mates, and if Cherry does refuse to spend Sunday afternoon in Greenwich Park with him, they kiss and make it up.

Then comes the war. Cuthbert and his father enlist, and Cherry (Miss Mabel Russell) and Will Mooney carry on their coster business, part of the plant being a very tractable donkey and a cart.

A year later we see a little group of men in a trench in France, Menzies, *le bonnair* and kindly, writing letters home for his less-educated comrades, one to Cherry from Cuthbert (who is rejoicing in the prospect of seven days' leave) included. Into the trench comes the Sergeant, and asks for volunteers for a bombing party. He also tells Cuthbert that his leave is stopped, and Cuthbert, who has just heard news about Cherry which makes him anxious, resolves to take his leave somehow nevertheless.

Then comes his opportunity. Menzies, who was one of the bombing party is killed, and Cuthbert changes identification discs with the body, so officially Cuthbert Tunks is dead.

Then the trouble begins. On his way home Cuthbert receives a wound from an enemy aeroplane, which necessitates his admission to a V.A.D. hospital in Kent. It is here that we meet the Matron aforementioned, and Miss Topleigh-Trevor (Miss Rosa Lynd), the lady of the house—a study in mauve with a sheaf of mauve flowers for the "dear soldiers." When she hears of the new arrival, Menzies, who is supposed to be suffering from loss of memory, she deposits all her flowers on

his bed and proceeds to question him as to whether he cannot remember how he has lost his memory, until the Sister delivers a message from Matron that he has had a long enough visit for that day. But then comes Cherry Walters, who is the ward maid of the hospital, and when she greets him as Cuthbert Tunks and he repudiates both the name and all knowledge of her, there is trouble.

Then comes the Matron with the good news that Menzies has been awarded the D.C.M. for his work with the bombing party, and Cuthbert, who will not receive the decoration under false colours, gets Miss Topleigh-Trevor to take him in her motor-car to his Regimental Depot with the intention of giving himself up as a deserter.

The Sergeant-Major, however, who has already had a visit from Cherry Walters, and has an inkling of the truth, refuses to hear his story. Instead he marches him off under escort to Bunter's Row, where the Mayor of Silverside, with two aldermen, resplendent in their robes of office, have attended for the unveiling of a memorial tablet to Cuthbert Tunks, V.C., and the presentation of a purse of gold (or rather paper, value £200) to his nearest relatives. So Cuthbert hears, to his astonishment, that the King has conferred the Victoria Cross upon him for his valour in digging out three of his comrades buried by the falling in of the trench during the bombing episode which he has with true British reticence kept entirely to himself. Needless to say the delight in the Court at the return of the hero knows no bounds; he is lifted shoulder high and carried round.

Miss Topleigh-Trevor accepts his mother's invitation to tea in the tenement, the £200 goes into Cherry Walters' pocket for safe keeping, and the curtain falls on an arrangement between Cherry and Cuthbert for spending the afternoon in Greenwich Park, and with an immediate prospect of "nyming the dy."

It would be interesting to know who advised the talented writers of the play as to professional etiquette and deportment.

BOOK OF THE WEEK.

"THE WONDERFUL YEAR"

Mr. Locke needs no recommendation. Those readers who have been delighted with his "Beloved Vagabond" and "The Joyous Adventures of Aristide Pujol" will hasten to be possessed of his latest novel, and we can promise them that they will find it in every sense "up to standard."

He has chosen a subject on which he is at his best—the Bohemian life in the gay capital of France before the war. The young professor of languages at Marget's School, Hickey Heath, found himself turned out to grass in August, in Paris. He had been there three days and his head swam with the wonder of it. He had informed

* By William J. Locke. (John Lane, The Bodley Head.)

his old friend, Corinna Hastings, of his advent, and had received a note of invitation to dine with her at a cheap restaurant. "I can't ask you to my abode, because I've only one room, and you would be shocked to sit on the chair while I sat on the bed, or to sit on the bed while I sat on the chair."

Over their simple repast Corinna and Martin compare notes on the deadliness of their respective lives.

Corinna frowned and broke her bread impatiently. "But never mind about me. Tell me about yourself, Martin. Perhaps we may find something merry to do together. 'Pere Lachaise,' or the 'Tomb of Napoleon.' You can't go back to that dog's life," she said after a while.

It was at this stage of their reflections that Fortinbras joined their party. "You two ought to know one another," said Corinna. "Martin, let me introduce you to Mr. Daniel Fortinbras, *Marchand de Bonheur*."

"Which means," said Fortinbras, "Dealer in Happiness."

"I wish you would provide me with some," said Martin laughingly.

"And so do I," said Corinna.

Fortinbras drew a chair to the table and sat down.

"My fee," said he, "is five francs paid in advance."

From that moment the lives of Corinna and Martin assumed a new complexion.

Fortinbras decrees that the two young people shall cast care and the conventions behind them, and fare forth on bicycles to the little town of Brântome, and stay at the Hotel des Grottes, kept by a massive man by the name, Bigourin, poet, philosopher, and a mighty maker of *paté de foie gras*. "A line from me would put you on his lowest tariff, for he has a descending scale of charges—one for motorists, one for commercial travellers, and another for human beings."

At this inn also dwelt the little daughter of Fortinbras.

Contrary to the obvious, Martin and Corinna did not fall in love with one another on their unconventional expedition.

In a letter of introduction, Fortinbras describes them to his brother as "candidates for happiness, performing their novitiate. She is a painter without patrons, he a professor without classes."

How Martin, in search of happiness, became water at the inn, found himself, in this somewhat incongruous occupation for a university man, is a sample of Mr. Locke's delightful whimsicalities.

Corinna flouted the idea of hiding herself as the innkeeper's wife, and returned to London. But later she found that the *Marchand de Bonheur* had reason in his apparently impossible schemes.

In the meantime, she took up the Suffrage movement, and "dressed herself in sandwich boards."

Of the many and varied characters in this book there is not one that is not full of interest. The

whole volume teems with vivacity from cover to cover. Mr. Locke writes with all the charm of an Englishman who knows and loves his France very thoroughly. H. H.

THE PATRIOT'S BIRTHDAY BOOK.

A charming little book—"The Patriot's Birthday Book," compiled by C. E. Thomas—has been published by Messrs. Thomas Murby & Co., 6, Bouverie Street, E.C. It contains selections from recent speeches and writings, mainly by rulers, naval and military leaders, statesmen, sailors and soldiers of the Allies, including many from the overseas dominions. It is bound in a dainty blue and white cover and a white medallion, set in the blue, bears the British flag. The front page is decorated by six floral emblems in conventional designs based on the national forms of the floral attributes of the British Empire. The rose, thistle and shamrock of the United Kingdom, the maple leaf of Canada, the wattle of Australia, the fern of New Zealand, the protea of South Africa, and the lotus of India. The book would be much appreciated by soldiers as a Christmas gift, and at the price of 1s. is within reach of all.

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 WARNING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—May I support the sentiments of "Jean Macintyre," in her letter published on December 6th, and point out just one more important aspect of this "College" controversy. For daring to be consistent on the State Registration question and placing the truth before the profession, you are submitted week after week to vilification, misrepresentation and anonymous insults in Sir Henry Burdett's and other Prussianizing publications. These publications are run by hospital governors for profit, and are supporters of the College; let nurses pause and realize how they will be treated in the press if they do not come to heel, and dare to express an opinion at variance with that of their masters. Let them remember that by signing the agreement with the College they agree to the Council turning them out, and off the Register, without any power of appeal, and if they have an ounce of good British blood in their veins, let them resist intimidation, and may be professional ruin, before it is too late.

Thanking you for your splendid leadership in this crisis.

I am, Yours truly,

HENRIETTA J. HAWKINS.

AN APPLE OF DISCORD IN IRELAND.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—We "registrationists" in Dublin read your notes on the College of Nursing last week with gratitude and appreciation. The College of Nursing, Limited, has, by its policy of ignoring the corporate professional rights of the Nurses' Associations, whilst purporting to adopt their principles, aroused the sense of self-preservation amongst us. All the nonsense advanced by the promoters of the Nursing College that it is analogous to a Medical College is pure humbug. The College Company is entirely composed of laymen; the Colleges of Physicians and Surgeons are jealously and rightly entirely composed of medical practitioners, and it would be interesting to see what would be the action of these professional corporations if a company of laymen drafted a Bill to govern the medical faculty. Yet trained nurses are seriously told that such a Nursing College is for their good!

Here in Ireland we nurses are not opposed to a College of Nursing, let there be such a faculty of England, of Scotland and of Ireland, as there are Royal Colleges of Medicine and Surgery in the three component parts of the United Kingdom, but these faculties do not govern the medical profession, that is the prerogative of the General Medical Council. We want the same principle enforced in the government of the Nursing Profession as is provided in the Bill drafted by the Central Committee, and we hope the Medical Profession in Ireland will realise this principle and do nothing to force a system of professional legislation upon us to which they would not themselves conform.

Yours truly,

MEMBER IRISH NURSES' ASSOCIATION.

This plea is very clearly put, and is irrefutable.—ED.

OUR PRIZE COMPETITIONS.

December 30th.—What diseases may be conveyed by carriers, and how do they carry typhoid?

January 6th.—What is a parasite? What external parasites attack man? Describe in detail the treatment and management of a case of scabies with special reference to the prevention of the spread of the disease.

January 13th.—What are the different forms of meningitis in children? What do you know of them and of the nursing care needed?

NOTICE.

News items kindly sent by readers should reach the Editor at 20, Upper Wimpole Street, London, W., not later than Tuesday in each week, and earlier if possible. Owing to the very serious shortage of labour and the stress of work in the printing world, the prompt dispatch of news is now essential.

PAPER SUPPLY RESTRICTIONS.

To ensure obtaining THE BRITISH JOURNAL OF NURSING every week you must absolutely give a definite order to a newsagent, Price 1d weekly, or order it from 431, Oxford Street, London, W.

The Midwife.

CENTRAL MIDWIVES BOARD.

The monthly meeting of the Central Midwives Board was held at Caxton House on Thursday, December 11th, Sir Francis Champneys presiding.

REPORT OF STANDING COMMITTEE.

The Standing Committee reported a letter from Dr. Hugh Falkenberg Powell declining to accept the Board's approval as a lecturer until the return of Dr. Longridge from his military duties.

Letters were received from the Secretary of the Cheltenham District Nursing Association and the Secretary of the Queen Victoria's Jubilee Institute for Nurses pointing out that, owing to Dr. Powell's refusal to accept approval on the terms offered by the Board, it would be impossible to continue the training of pupils at the Victoria Home, Cheltenham, as hitherto.

A letter was read from Dr. Longridge supporting Dr. Powell's application, and from Dr. G. Arthur Cardew making a fresh application for the approval of Dr. Powell under the altered circumstances of the case.

The Board resolved that in view of the additional information now furnished they were willing to grant Dr. Cardew's fresh application "that they will favourably consider his Dr. Powell's appointment as a joint lecturer after the war."

Letters were received from an approved midwife informing the Board that a pupil, who had been resident in her house for eight days for final instructions previous to the Examination of October 24th, had, during the period, and in particular on the morning of the first day of the Examination, taken a variety of drugs and stimulants. The Board approved the action of the Secretary in returning the candidate's fee, and in excluding her from the Examination of December 13th.

It was decided to inform a candidate who had tendered a false certificate of birth and had been required by the Board to produce special certificates with regard to her truthfulness from persons satisfactory to the Board who were aware of the nature of her offence, that in the opinion of the Board the certificates now tendered were not satisfactory.

Correspondence with a candidate desirous of entering for Examination, who had tendered an Examination Schedule in which the certificates of attendance on labours and attendance during the lying-in period purported to bear the signature of a midwife formerly approved for the training of pupils, when they had, in fact, been signed by another person not qualified to sign them, without notice to the Board from the candidate who was present at the time of signature, was considered. It was agreed that the further consideration of the matter be adjourned until a full statement of the

circumstances and conditions under which the pupil's certificates were signed be received from the midwife and that meanwhile the pupil be not admitted to Examination.

In connection with a letter from a candidate for Examination who had tendered a false certificate of birth, it was resolved to defer further consideration of the matter until the candidate had furnished the Board with a fresh certificate of birth from the Registrar at Dundalk, and, meanwhile, that she be not admitted to examination.

Letters from the Medical Officer of Health of West Hartlepool asking advice of the Board on certain points were considered. Advice was sought as to—

1. The extent if any, of the liability of a midwife where she employs an uncertified woman to attend to her patients before the confinement, and in particular whether such employment constitutes an infringement of Section 14 of the Midwives Act, 1902, which prohibits the employment of an uncertified substitute.

2. Whether the practice which obtains in West Hartlepool, where a doctor having been engaged beforehand for a confinement, the patient calls in an uncertified woman when the child is about to be born—the doctor not being present at the birth nor until some hours afterwards—constitutes an offence against Section 12 of the Midwives Act.

It was agreed that the Medical Officer of Health for West Hartlepool be informed that the Board is of opinion that—

1. Where a midwife has been engaged to attend a confinement any employment by her of an uncertified woman to attend on the patient must be *a* as a monthly nurse only and not as a midwife, *b* in addition to, and not in substitution for all obligations to attend on the patient entailed on her by the Rules of the Board, and in particular by Rule E 1.

2. Whether an incident of this nature involves an illegal act or not depends upon the *bona fides* of the transaction. The habitual occurrence of the incident, in the case of any one woman, would affect the judgment of the Board in dealing with the particular case.

It may be noted that the General Medical Council has lately dealt with cases of alleged "covering" of handy women by doctors.

The Board resolved to thank the Incorporated Midwives Institute for its letter transmitting for its information a copy of a communication addressed by the Institute to the London County Council, with regard to the advice contained in the Board's Syphilis Leaflet, printed with the Rules, page 59, recommending a midwife on the occurrence of a still-birth to preserve the body, in case an examination should be desired by the medical practitioner who attends, or by the Local Supervising Authority.

A letter was received from the Inspector of Midwives for Norfolk asking whether, under the conditions named, a midwife is bound to attend a patient whom she has delivered during the ten days of the puerperium required by Rule E. 12. It was decided that the Inspector of Midwives for Norfolk be informed that there is no reason why a medical practitioner should not employ a midwife under the circumstances stated. A midwife displaced by the doctor who employs her becomes a monthly nurse, and ceases to act as a midwife.

APPLICATIONS.

The following applications were granted.—

For voluntary removal of Name from the Roll.—From five midwives on the grounds of old age, ill-health and inability to comply with the rules.

For recognition as lecturers from Dr. John Robert Logan, and from Mr. Vivian Mercer Métévier, M.R.C.S., L.R.C.P. (*pro tem*).

OTHER BUSINESS.

The Secretary was instructed to give notice to the Approved Training Schools, Lecturers and Training Midwives in Scotland that the Board does not propose to renew their approval after March 31st, 1917, as, after that date, all schedules presented by candidates from these institutions who desire to enter for examination in England must be approved by the Scottish Board.

As there is now a Scottish Midwives' Board, it is manifestly right that it should be the only authority to approve Training Schools, Lecturers and Training Midwives in Scotland.

EXAMINATION PAPER.

DECEMBER 13TH, 1916.

1. What are the measurements of the foetal skull, and what is the importance of each with regard to the size of the pelvis?
2. Describe in detail your method of making an abdominal examination. What conditions might you find on making such an examination in the first stage of Labour which would make it necessary for you to advise medical help?
3. What are the chief causes of too early rupture of the membranes? To what evil consequences may it give rise? What can be done to prevent it?
4. What is "Uterine Inertia," what are its varieties, and how would you recognise and treat each variety?
5. Describe carefully your treatment of the cord and of the umbilicus from the moment of birth until the tenth day. What complications may arise if proper care is not taken?
6. Explain the reasons why medical help is advisable in the following conditions:—

- (a) puffiness of the hands or face;
- (b) loss of blood during pregnancy;
- (c) purulent discharge during pregnancy;
- (d) dangerous feebleness of the child.

What dangers to the mother or child might be incurred by neglecting to advise medical help?

PENAL CASES.

A Special Meeting of the Central Midwives Board to consider charges against six midwives was held at Caxton Hall, Westminster, December 13th, with the following results:—

Struck off the Roll and Certificate Cancelled.—Mary Ann Hadfield (No. 14039), Susan Spreadborough (No. 5229), Emma Jane Toby (No. 13852).

Adjudged for Report in Three and Six Months.—Mary Biddick (No. 4933), Ann Glasspool (No. 3800), Elizabeth Wallington (No. 14982).

The cases of Midwives Biddick and Glasspool were somewhat similar, both having neglected to obtain medical assistance for infants suffering from inflammation of the eyes. Both midwives seemed to have failed to realise the seriousness of such a condition. In the case of Midwife Biddick it was stated that her practice was a large one, and that she attended between 500 and 600 cases a year.

The Chairman spoke seriously to them of the terrible consequences that might ensue from the neglect of this rule.

Mary Ann Hadfield was reported as so and dirty. One member of the Board remarked that she ought to have a gold medal for working till that age.

Midwife Toby, one of whose patients died from pulmonary embolism, stated in her defence that the doctor didn't know what a white leg was till she explained to him. She further said that the inspector had always had her knife into her, and that she might come to want a shilling before the midwife.

Cases Adjudged for Judgment on Report of Local Supervising Authority.—Reports were received in the following cases and the midwives struck off the Roll:—Bertha Flemming (No. 30137), Elizabeth Seed (No. 30835), Annie Lewis (No. 19616).

Further Consideration of the Charges alleged against Harriet Mary Gaines (No. 17127) resulted in the midwife being cautioned.

The charge against Midwife Gaines, which was partly heard on November 8th, and which was adjourned for more evidence as to the state of her health, was that on September 20th she was convicted at Chertsey Court of Summary Jurisdiction of having been found drunk.

The medical evidence went to show that the condition of the woman's health would favour the supposition that a very small quantity of alcohol would overcome her.

The medical man, in his letter, said that he remembered an occasion in his own experience when, under similar circumstances, the same misfortune had overtaken him.

The Chairman said that he considered the letter of this doctor to be a very admirable one, and that he had no doubt that the midwife had been overtaken on this one occasion. She should be advised to take the pledge.

The Application for restoration of name to the Roll of Alice Bamber (late No. 24601) removed in 1914, was granted.

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PRINCIPAL EVENTS IN THE NURSING WORLD IN 1916.

During the year which is now closing, the attention of the nursing profession has been mainly concentrated upon its great national duty in connection with the care of sick and wounded sailors and soldiers—the alleviation of their sufferings and their restoration to health—and upon the question of legislation providing for their registration by the State. That the latter question has not remained in abeyance, leaving the whole nursing profession free to devote their whole energies to the necessity of the hour, is due, as our readers are aware, to the proposal for the establishment of a College of Nursing, to include the control of a voluntary Register of Nurses, by the Hon. Arthur Stanley, M.P.

THE HEROISM OF NURSES.

In the midst of all the horrors of war it is a relief to turn for a moment to another side of the picture—the devotion and heroism of trained nurses. Whether their courage and discipline have been tested on torpedoed ships, under fire in bombarded towns, amidst the hardships of the Great Trek over the Serbian mountains in mid-winter, in fever hospitals, subjected to the risk of contracting from their patients the dread disease of cerebro-spinal meningitis, or—as in the case of one nurse working in a military hospital—in assisting a constable to control three violent prisoners, while a number of men refused to help, the behaviour of the trained nurses of the Empire, under conditions testing their endurance and self-sacrifice to the utmost, has been such as to win the highest admiration.

The words of the nursing staff on the sinking hospital ship *Anglia*, "We have the right to be last this time," are worthy of a place in history with those of the *Marquette* nurses, "Fighting men first"; and nearer home, when the streets of Dublin were swept with gunfire, the nurses went about their work reso-

lutely, so as to draw from General Sir John Maxwell the commendation:—

"I desire to express my sincere appreciation of the services rendered during the recent disturbances in Dublin by the medical, surgical, and nursing staff of many of the city hospitals, and, in particular, of the gallantry shown by those nurses who exposed themselves to a heavy fire in attending to, and removing, the wounded."

In the words of Colonel Springthorpe, of Melbourne:—"The work of the nurses has been magnificent. . . . The women's sacrifice has been as great as the men's, and in many cases the danger has been very little less. The work they have done deserves the everlasting thanks of the community." If this is the case where nurses, outside the regular naval and military nursing services, have had to work at such a disadvantage, had trained nurses been able to organize their own professional work before the war—a right for which we have pleaded for nearly thirty years—how magnificent might the result have been. Is it too much to hope that the lesson of the war to the Government will be that trained nurses have the capacity to organize their own work, and that, for the welfare of all concerned, such organization should be placed in their hands?

CAVELL MEMORIALS.

The execution of Miss Edith Cavell has profoundly stirred not only the British Empire, but nations beyond its confines, and a number of memorials have been erected to her memory. The sentiment which has been evoked was eloquently voiced by M. Léon Baylet in an address delivered in her honour at the *Atheneum Municipal*, Bordeaux, when he said:—

"With hearts constricted with an inexpressible emotion which causes our speech to falter, we come to glorify a woman—an Englishwoman—an English nurse, whose simple straightforward life, clear as a radiant spring day, was passed at the bedside of the sick, in the tenements of the poor, a woman

who only wished to have as her family the poor, the wounded, the old, the children, those who wept and those who suffered, a woman almost unknown outside her own intimate circle, and whose name suddenly on the day of her death, and by that death itself, has been carried by glory far and wide, before time and space, to the highest place in the remembrances of mankind."

The statue, by Sir George Frampton, to be raised aloft in the centre of London, of Edith Cavell in her simple nurse's uniform, which we owe to the initiative and sympathy of the *Daily Telegraph*, will, in generations to come, keep alive the memory of one who has "raised our hearts to the level of sacrifice, and entered immortality with the numberless legions of those who have died for their country."

HONOURS FOR NURSES.

The work of nurses received recognition both in the New Year's and in the Birthday Honours, and on many occasions members of the Nursing Profession have been decorated by the King with the Royal Red Cross, and also with the Military Medal.

A silver badge bearing the Royal monogram and crown, surrounded by the words, "For King and Country. Services rendered," has been approved by the King for issue to officers and men of the British, Indian, and Overseas Forces, retired or discharged on account of sickness or wounds arising from military service, and to members of the Military Nursing Services—Regular, Reserve, and Territorial—Queen Alexandra's Military Nursing Service for India, and members of Voluntary Aid Detachments who have quitted the Service under the above conditions. British nurses have also been mentioned in despatches, and decorations of various foreign countries—France, Russia, Belgium, Serbia, and others—have been conferred upon them.

PENSIONS FOR NURSES.

Owing to the good offices in the House of Commons of the present Minister of Labour, the Right Hon. J. Hodge, M.P., a system of pensions has been established for nurses belonging to Queen Alexandra's Imperial Military Nursing Service and its Reserve, and to the Territorial Force Nursing Service, who have been disabled during the present war.

OUR ALLIES.

The services of trained British nurses have been freely given, not only to our own sick and wounded, but also to those of our Allies. The

members of the French Flag Nursing Corps, working under the French War Office in Military Hospitals, have been able to do much to alleviate the sufferings of the men, whose gratitude is most touching. As a number of these hospitals are in the war zone, many of the cases have been very acute. Members of the Corps have also shown their steadiness, and care of the wounded, under enemy fire. One of their greatest works has been in the contagious hospitals and blocks, which do not attract the interest of the average Red Cross worker. At considerable personal risk they have rendered devoted service, and, in a number of instances, have been awarded the *Medaille d'Honneur des Epidemies* for their services.

In France Dr. Anna Hamilton, the staff whom she has trained at the *Maison de Santé Protestante*, Bordeaux, have also been giving invaluable service to military patients.

In Russia, Belgium (with Dr. Depage at La Pannet), in Serbia, Rumania, and elsewhere British nurses have rendered skilled help; and in Italy Miss Dorothy Snell, with pupils trained by her in English methods in the Queen of Italy's Nursing School in Rome, have rendered efficient help on the frontier.

HOSPITALITY FOR WAR NURSES.

Queen Mary's Hostel for War Nurses, which first opened its hospitable doors at 1, Tavistock Place, has now moved to larger premises at 40, Bedford Place, W.C. Many military nurses passing through London or returning for a short rest, testify to the most sympathetic kindness and hospitality they receive there from the Superintendent, Mrs. Kerr-Lawson.

Charming hospitality is also shown to nurses by Lady Desborough at Taplow Court; at the Princess Christian Home of Rest for Nurses, West Lodge, Hadley Wood, lent and financed by Mr. Mosely; and in many other houses throughout the country.

The Imperial Nurses' Club recently opened at 137, Ebury Street, S.W., is a new endeavour to meet the needs of nurses at this crisis.

Queen Alexandra's Relief Fund for War Nurses is giving useful and very liberal help to nurses who require treatment and care, and the house at Malvern for those needing rest and change has been full ever since it was opened in May.

THE SUPPLY OF NURSES COMMITTEE.

In September the Secretary of State for War appointed a "committee to consider the existing system of obtaining nurses for the hospitals

for sick and wounded soldiers at home and abroad, and to make such recommendations as they may consider necessary for augmenting the supply"—a step which we advocated in 1914; but, in common with others, we took the strongest exception to the constitution of the new committee, which consisted mainly of the Chairman, members of committees and staff and the Secretary of the London Hospital, and entirely excluded professional opinion, not one trained nurse having a seat upon it. The Commandant-in-Chief of the Women's Voluntary Aid Detachments was, nevertheless, included, though one of the chief reasons for the unpopularity, in many instances, of work in military auxiliary hospitals is that the skilled and experienced worker is under the direction of untrained Commandants.

The Society for the State Registration of Trained Nurses thereupon passed a strong resolution respectfully submitting to the Secretary of State for War that no Committee empowered to make recommendations on the economic conditions of the nursing profession, and the supply of nursing labour, will satisfy trained nurses, which does not include direct representatives of the interests of the workers themselves, in addition to the various organizations and persons which employ them. Other protests were also made, which resulted in the heads of the Military Nursing Services and six Hospital Matrons being added to the Committee, and later on, at the instance of the Irish Nurses' Association, Miss A. M. MacDonnell, R.R.C.—the only member representing a trained nurses' organization. The terms of reference were also altered as follows:—

"The Committee have been appointed for the purpose of ascertaining the resources of the country in trained nurses and women partially trained in nursing, so as to enable it to suggest the most economical method of utilizing their services for civil and military purposes."

The Committee's Report is awaited with considerable interest, and unless it makes suggestions which emancipate the skilled professional nurse from the direction of untrained lay women in Military Auxiliary Hospitals, its recommendations will fail to remove the fundamental cause of disorganization and dissatisfaction.

Outside the regular Military Nursing Services the War Office has, in our opinion, singularly failed to appreciate the professional status of the Trained Nurse, and thus to provide for the war crisis in the most harmonious manner. It is therefore to be hoped that in the forthcoming Report emphasis will be laid on this point.

THE NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

In accordance with its usual policy of taking action whenever the interests of the profession at large demand it, the National Council of Trained Nurses summoned a general meeting of members in London, on February 12th, to consider the Circular Letter sent by the Hon. Arthur Stanley, M.P., to the Chairmen of Hospitals, and others, in regard to the proposal to establish a College of Nursing for the Government of the Nursing Profession, and to apply to the Board of Trade for Incorporation without the word "limited." This most representative meeting unanimously adopted a Resolution declaring that only through an Act of Parliament providing for the State Registration of Trained Nurses by an elected Body, on which the Registered Nurses themselves have direct and sufficient representation, can the Profession of Nursing be effectively and justly organized. It further affirmed its adhesion to the Bill for the State Registration of Trained Nurses, in charge of Major Chapple, M.P., and urged upon the Government, and upon Parliament, the pressing necessity which exists for passing such a Bill.

It was also resolved that the Council should oppose the incorporation of the College of Nursing before the Board of Trade if the Memorandum and Articles of Association, when drafted, were found to be inimical to the best interests of the Nursing Profession. At a later date the Council of the College, failing the courage to face reasoned opposition, applied to the Board of Trade for incorporation as a Company limited by guarantee, and not having a share capital, it was therefore not open to anyone to oppose its incorporation.

During the year the National Council has been strengthened by the addition to its affiliated societies of the National Union of Trained Nurses, and the recently formed League of St. Bartholomew's Hospital Nurses, Rochester.

THE INTERNATIONAL COUNCIL OF NURSES.

The President of the International Council of Nurses, Mrs. Henny Tscherning, has received the signal honour of the Cross of the Legion of Honour, with which she has been decorated by the French Government in recognition of her splendid work for sick and wounded French soldiers in the Danish Hospital in Paris.

The question of the next meeting of the International Council of Nurses still remains uncertain. Mrs. Tscherning considers it impossible to hold the meeting in Copenhagen in

1918, as arranged in San Francisco last year, an opinion with which the British and American National Councils regretfully agree.

THE CENTRAL COMMITTEE FOR THE STATE REGISTRATION OF NURSES.

The Central Committee throughout the year has been actively engaged in consideration of the College of Nursing Scheme and—when it drafted a Nurses' Registration Bill—in endeavouring to arrive at a conjoint Bill. The reasons why agreement has so far not been reached have been fully stated in this JOURNAL, and in the Statement recently published by the direction of the Central Committee. The composition of the Local Board for Scotland, recently nominated, has made nurses in England and Ireland realize the danger of entrusting the control of the professional and economic, as well as the educational, interests of nurses to the Council of the College of Nursing, Ltd. Failing agreement between the two bodies, the Central Committee, with the co-operation of the British Medical Association, proposes to proceed with the introduction of its own Bill, a policy endorsed by the delegates of its affiliated societies at the last meeting of the Central Committee by twenty votes to two. The Bill has therefore been amended by the Executive Committee, and is ready for introduction at any opportune moment.

THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

The immediate result of the proposal for the registration of trained nurses on a voluntary basis was an increase of the membership of the Society for the State Registration of Trained Nurses, the applicants affirming their belief in the following principles:—

1. State Registration of Trained Nurses by Act of Parliament.
2. An elected Governing Body for the Nursing Profession, on which the registered nurses have direct and adequate representation.
3. A Central Examination for all nurses, at the expiration of the term of grace provided for in the Nurses Registration Bill, before admission to the Register.
4. The protected title of Registered Nurse for those placed on the General Register.

The Society endorses the policy of the Central Committee in amending its own Bill, and issuing a "Statement" on the negotiations between the Committee and the College of Nursing, Ltd., but this decision was only reached after every effort had been made both by the Society collectively, and by its President

individually, to arrive at agreement with the College of Nursing as to a conjoint Bill in co-operation with the Central Committee. The Society supports as fundamental principles:—

- (1) Direct representation for the medical and nursing professions on the Provisional as well as the Permanent Council.
- (2) That the Rules and Regulations for registration during the term of grace shall be agreed to by the nurses' direct representatives.
- (3) That no nurse shall be registered after the term of grace who has not passed through three years' training in a hospital, or in hospitals (to provide for reciprocal training) and passed a central examination.

These principles have not so far been incorporated in the Bill drafted by the College of Nursing, Ltd.

SOCIAL SERVICE.

In the branch of Social Service—a department of their work in which nurses are increasingly interested, it is interesting to note that a course of training for Health Visitors and Superintendents of Infant Welfare Centres, extending over three years, has been established at the Royal College of St. Katherine, Poplar, E.; that a scheme for the District Nursing of Measles and Whooping Cough has been outlined by the Central Committee for District Nursing in London; and that, following the Report of the Royal Commission on Venereal Diseases, and the dissemination of knowledge on this question, there seems at length a prospect of adequate opportunities for treatment and nursing care being organized for patients suffering from such diseases. The subject is one in which trained nurses have taken special interest since the Hon. Albinia Brodrick presented a paper on the question at the meeting of the International Council of Nurses in London in 1900.

OUR ROLL OF HONOUR.

During the past year the Roll of Honour of trained nurses who have died at the post of duty has been unusually large. The nursing profession salutes those of its members who have thus been "faithful unto death."

The name of Sir Victor Horsley, who so closely identified himself with the work of nurses for the organization of their profession, rises unbidden to our minds when we tell over the losses of the year. We miss him profoundly, and his eager, logical, chivalrous support. Let us hope that the principles for which he contended so earnestly may shortly be incorporated in an Act of Parliament.

OUR PRIZE COMPETITION.

WHAT DISEASES MAY BE CONVEYED BY CARRIERS, AND HOW DO THEY CARRY TYPHOID?

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, Gillespie Crescent, Edinburgh.

PRIZE PAPER.

The particular diseases known to be conveyed to either individual persons or the general public by means of carriers, using the term in its special sense, are typhoid fever, diphtheria, and cerebro-spinal meningitis.

Carriers in this sense are of two classes:—
(a) Those who have actually suffered from an attack of the particular disease, and though restored to health, making a good recovery, still harbour the active bacillus for an indefinite period of time in their bodily system, thus proving themselves a source of infection and danger to others, accentuated by coming in contact with a susceptible person, or by carelessness in habits in giving the germ a favourable opportunity to thrive and convey the disease to others at large. This class of carrier is especially connected with the infection of typhoid fever, where the stools and urine may continue to be infectious, the germ being frequently retained, even for years, in the gall bladder.

Diphtheria is another disease conveyed by this class of carrier, convalescents restored to normal health being known to harbour the bacillus in the throat for a long period, thus carrying the infection about with them, and they may communicate it to others, in a receptive state, at any time.

(b) Carriers may be intermediaries, *i.e.*, persons in good health, who may carry virulent bacilli in the throat, as in diphtheria convalescents, and though never suffering from the disease, may convey the infective bacilli by direct or indirect contact to persons whose mucous membranes are not in such a healthy and resistive condition as their own. The bacilli are believed to live for months on the mucous membrane of such healthy persons. Some authorities are of the opinion that a break in the mucous membrane must actually occur before the bacilli can do harm. Systematic bacteriological examination on an outbreak of diphtheria amongst school children has proved the existence of the carriers of both classes.

In cerebro-spinal meningitis this class of intermediary carrier is a distinct factor in the dissemination of the infection, though it is not so easy of absolute proof as in the two above-mentioned diseases. The infective germ is

carried in the secretions of the nose and throat by those who have been in contact with patients suffering from the disease, and though the carriers may maintain their health, others may fall victims to the diseases.

Carriers of both classes are thus equally dangerous, and their presence makes the dissemination of infection very difficult to trace. Domestic animals, such as the cat, are a source of danger as carriers in the case of diphtheria especially.

Carriers known as a class called fomites, *i.e.*, clothing, food, and such materials, which harbour germs, are generally known as factors in transmitting any infectious disease; insects also act as carriers in a general sense.

A typhoid carrier may convey disease by contaminating the ground with urine containing bacilli, also excreta, which may remain active in the soil, become dry, and spread infection by faecal dust or be conveyed by flies to articles of food, or the infection may be washed into the water supply, or conveyed to such by defective drainage. Infected water may be likewise used for washing milk cans in a dairy or for adulterating milk. A carrier working in a dairy or having the handling or preparation of food may be a constant source of danger.

It is believed that the danger of infection in typhoid carriers may be especially active at certain periods of the year, such as the autumn, and when there is any looseness of the bowels. At such a time there is danger to any person disposing of excreta, and having the care of bedclothes when sheets are soiled by urine or faeces. Mussels, shellfish of any kind, also celery and watercress which all flourish near mouths of rivers and sewage effluents, are a source of infection, should the soil or water be contaminated which surrounds them. A known typhoid carrier should be kept under medical supervision, having treatment when necessary.

HONOURABLE MENTION.

The following contributors receive honourable mention:—Miss B. Grey-Johnson, Miss Jean Macintyre, Miss A. Loftus, and Miss G. C. Tupper.

Miss B. Grey-Johnson writes very simply and clearly on the question.

QUESTION FOR NEXT WEEK.

What is a parasite? What external parasites attack man? Describe in detail the treatment and management of scabies, with special reference to the prevention of the spread of the disease.

Owing to a printer's error, scabies was misspelt in this question last week.

NURSING AND THE WAR.

In the military and civil hospitals, in spite of sad times, the patients had a real cheery Christmas Day. An indulgent staff, presents, excellent fare, flowers, visitors, and entertainment was very generally the order of the day, and well all deserved it. Hospital wards always are the brightest places at this festive season, and the nurses the happiest of women. It is give, give all the time, and nothing makes one feel so light and airy as when spent in the service of others, one goes thoroughly exhausted to bed.

A nurse member of the committee of the First London General Hospital (City of London T.F.) at Camberwell had a happy idea. Last Christmas she sent a card of greeting to every patient in the hospital, and this year she wrote to the Lord Mayor and asked him to send a message to be inscribed on the card, to which request Sir William Soulsby at once replied that the Lord Mayor would do so, and would defray the whole cost. So on Christmas morning each sick and wounded soldier received a pretty patriotic card in red, white and blue, "To greet you right heartily," from the Lord Mayor of London, sending his best wishes for a "Happy Christmas and a speedy convalescence," on which were inscribed the following words: "Your fighting qualities, courage and endurance have been subjected to the most trying and severe tests, and you have proved yourselves worthy descendants of the British soldiers of the past, who have built up the magnificent traditions of the regiments to which you belong."—*Lord French in an Army Order.*

A Sister writes from British East Africa:—"This is just a wee line to wish you a very happy Christmas and luck in 1917. How time flies! I did think things [the war] would be over, and I should be home by Christmas, but still the campaign goes on, and every Sister is wanted. I have just returned from a week's leave I spent at Kijabe. This used to be the health resort of B.E.A. (a kind of hydro) and kept by Germans!!!

It is now in our possession and this hotel is run as the Maharajah Scindia's Hospital—a convalescent home for officers, and about thirty Tommies. It is an ideal spot, and very hilly, as you will see by enclosed pictures. The house, beautifully situated is three miles from the station, and is a steady climb of almost 1,000 feet. One goes up in a "buck board" drawn by oxen, the road is indescribable and washed away in parts.

We climbed up to the Volcano Longonot one day—we went three-parts of the way on mules. I did not mind the going up so much, but the coming down! All the mules were in a hurry to get home. What with stones, in parts very steep, with no made path, and very long grass and thorns, you can imagine it was a somewhat exciting descent. The pictures sent show the main



ON THE ROAD TO KIJABE.

building, the officers' quarters, and the charming bungalows where the men live. They get shooting and tennis, mules for riding, and altogether thoroughly enjoy life."

This health resort of Kijabe Hill is some 40 miles north of Nairobi, and stands 7,300 feet above sea level in one of the most picturesque and healthy parts of the highlands of British East Africa. From the verandah of the hospital there is a lovely view over the Great Rift Valley, the Suswa in the distance, and on the right Lake Naivasha. It is significant that the Princes George and Konrad of Bavaria made Kijabe Hill their headquarters for their Safari. We wonder into which of our possessions the highly-placed enemy spy has not penetrated of recent years. Let us hope our Colonial Office will read, mark, and learn for the future. It would be interesting

to know what has happened to Schaner, Welter & Co., Ltd., the late German proprietors, describing themselves as "Safari outfitters, planters, farmers, etc.!" Trained nurses now go far afield—they are trained to observe—they can be just as useful as royal princes in advising as to "health resorts," and other unconsidered trifles, so that they may for the future be released from enemy tentacles.

A Sister from France writes: "I take this opportunity of sending you my very best wishes for Christmas and the New Year. Peace and goodwill seem to recede more and more into the background each successive Christmas since the war began, and yet I think there never was a time when hearts and nations were more united than now, and here we cannot fail but realise it, as our patients vary very much in colour and speak with many tongues. We are still receiving the wounded from Verdun, but keeping them longer, which is satisfactory to us nurses. Our hospital filled up when the French took the forts of Douaumont and Vaux. We have many Arabs, Senegalese, Martiniques, Indo-Chinois, and they all speak a different language. Now that the snow is on the ground and the icy wind sweeps down from the hills these poor coloured warriors feel the climate very severely.

"I have many Arabs in my division, and only one of them can speak French. He is from the desert, his home is at Biskra, and he asked me the other day if I had read Robert Fichens' books. He said he had often talked to him, as he was very well known at Biskra. My Arab said he lived quite near the 'Garden of Allah.' Sometimes here in the snows we feel very near the East. I went into a ward the other night, the electric light was out and two candles were burning. In the dim light I saw a circle of black faces, over the head of each was thrown something white, a towel or a handkerchief. Their bodies were swaying backwards and forwards in a rhythmic manner, and from their throats came a weird chant, the same words over and over again in a very sad minor key. They were worshipping the Koran.

"One poor Arab has, after frostbite and gangrene, had one foot and part of the other amputated (and who is going to tell him). He has been taught to say 'Merci, Sister,' and replies with these words and a smile to all I say to him. He has tried to teach me a few words of Arabic, but is in despair over my bad accent, but I do my best, as they do so love to hear a word in their own language.

"It is beautiful to see the great kindness and strong sympathy between the French soldiers and these coloured comrades. They lie side by side in the same wards and eat the same food. The French will do anything for these poor Arabs, and many times I have seen tears in the great, expressive eyes of these big, brown men of the East when they speak to others of this kindness. '*Camarades les Français!*' they explain. 'I am sure the war is going to unite the nations.'

CARE OF THE WOUNDED.

The King and Queen paid a visit to King George Hospital in Stamford Street on the afternoon of Christmas Day, where 10,000 heroes are now being well cared for. Their Majesties were received by the Hon. W. H. Goschen, chairman of the hospital committee, Colonel R. J. C. Cottell, the officer commanding, and Miss Davies, the matron. Every ward was visited by either the King, Queen, or the Royal children, and each patient received at their hands a copy of the Queen's Gift Book.

Among the beds in the hospital are four given by the King and two by the Queen. During their visit their Majesties presented portraits of themselves to hang over these beds. The King personally hung two of the pictures in their places, much to the gratification of the men in the wards.

Queen Mary was accompanied by the matron on her round.

Upon leaving the hospital, the Royal visitors had a great ovation from the crowds of soldiers and civilians. First came the cheers, and then cries of "Are we downhearted?" with the unanimous answer, "No," and finally the soldiers shouted "No premature peace."

On Christmas Day, Queen Alexandra paid a visit to the Queen Alexandra Hospital at Millbank, and took sacrament in the chapel in the officers' section, afterwards making a tour of the wards.

Miss May Whitty (Chairman) and the Lady Cowdray (Joint Hon. Treasurer with Miss Fellows Robinson), of the British Women's Hospital, 21, Old Bond Street, W., writes to say that now that the "Star and Garter" Building and Equipment Fund is completed they feel that some acknowledgment should be made to the Press, both in London and the Provinces, and indeed all over the Empire, for the very generous support it has given to their work, and for the widespread publicity which has been of such immense service in making their appeal such an immediate and complete success.

£100,381 was the sum raised by the late Lord Mayor's appeal on France's Day, and a most beneficial use is being made of the money to ameliorate the sufferings of the French sick and wounded through the Comité de Londres, Croix Rouge Française, of which the Vicomtesse de la Panouse is President and Mr. D. H. Hingworth Director-General.

The reports issued by the Canadian Red Cross Society for 1914 and 1915 contain a record of splendid work for the Empire, and amongst its activities, and through the generosity of the Hon. Mrs. Graham Murray, a rest home for Canadian nurses has been operated at 13, Cheyne Place, S.W., the running expenses having been paid by the Society.

Consequent upon action taken by the French military authorities, it became necessary, in May last, to have the position of the Canadian Red Cross Society in France clearly defined as a branch of the British Red Cross Society.

During the year, seventy-eight Red Cross nurses were sent by the Society, and placed at the disposition of St. John's Gate. . . . The disposition of the nurses has always been in the hands of Miss Swift. The report states that Miss Swift has done everything in her power to provide for their obtaining work, and has given the Canadian nurses a preference.

Subsequently, the War Office offered work to forty-five of these nurses, and, having signed on, they left for places in the Mediterranean. From what can be learned, it is gratifying to say that the nurses are doing well, and their services are much appreciated. The remainder of the nurses are stationed in hospitals in England and France.

Dr. de Sandfort (of Paris) has now treated some 700 cases of burns received at the Front from shells, liquid gases, etc., by paraffinotherapy and ambrine. Ambrine is rapidly winning recognition, and many French doctors are anxious to open additional hospitals in the fighting zone. Dr. de Sandfort states that in view of the cold weather, the treatment is even more important for frostbite than burns.

CONVOY NIGHT.

BY A WARD SISTER.

"Will you get up, Sister! It's half past two, and there's a convoy expected in half an hour."

Sister swathes her head in the bedclothes and tries to believe that it is only a horrid dream, but the switching on of the electric light in her room and the sound of loud knocks on the doors further down the corridors tell her that it is only too true; and a bad cold in the head notwithstanding, there is nothing for it but to rise and obey the summons. It must be a thankless job to be a knocker-up; surely no class of society is more unpopular.

A few minutes later she stumbles down the staircase, faintly lighted for fear of Zeppelins, and passes through the door into the hospital grounds. How different they look at such a time, when one turns out just awakened from heavy sleep! Familiar buildings one hardly notices during the day loom up in the darkness, wrapped in silence and shadows. Hardly a light shows, a fine rain is falling, and the air is cold and pure. There is a faint perfume of wholesome earth, and autumn flowers. Here and there she sees the dim forms of Sisters crossing the grounds from their quarters, their white aprons and caps just glimmering in the distance.

The hospital is very quiet; nearly every patient is sleeping. By this time most of the restless and pain-racked have succeeded in snatching a few

moments of peace. One shaded light hangs in each ward, and silence reigns, except for an occasional groan or stifled shout from some man who again in his dreams is at close quarters with the Hun. These nerve-strained men half tell many a strange and frightful story in their sleep, which they would shrink from putting into words if they were awake.

How cold it seems to the newly-roused nurses, as they crowd round the hot-water boiler in the corner of the ward corridor, their only fireplace, and drink hot tea the night staff have got ready for them.

Two of them sit on the floor on cushions, huddled as close as possible, and a third leans with her arms over the boiler top shivering with cold. They talk and laugh in suppressed tones; any silly little joke is good enough to keep up their spirits, and prove to each other that they don't in the least mind getting up to do their bit for King and Country, and are not tired and chilly.

Twenty-four hours earlier the hospital ship left the shore "somewhere in France." Some 200 weary men are still on their way, wearier than when they started, their wounds more painful, their nerves still more upset by the movement, of wave-beat ship and hospital train. No doubt by now their journey is nearly at an end and they are speeding through the deserted streets as quickly as motors can bring them.

Only the guests are wanting. Their beds are warmed, hot drinks and food await them, quiet, comfort and security and a warm welcome home. The free English air must be sweet to them. I have seen tears in many a man's eyes when he is lying in his first English bed, warmed and fed and clean and comfortable, with the inevitable "Woodbine" in his hand. One lad sobbed out, "I know you ain't real, Sister; you're [not really there. I'm going to wake up in a minute and find mys'lf back in that filthy trench again!"] I should like to have brought his mother to put her arms round him and make him realise that he was safe home once more. These hard fighting men are only children at heart.

There is a warning hoot from a motor, and as we look out of the windows we see the headlights of a line of cars and ambulances coming up to the hospital grounds. There is another wait of a few minutes, and then a little crowd of "walkers" make their appearance, escorted by an orderly or two. Such poor things, dingy and mud-coloured from head to foot, their boots heavy with the soil of Flanders and France, and often stained with something else much more precious. "Jocks" trying to give their kilts the usual jaunty swing, but too inexpressibly weary to keep it up; all footsore, dirty, battered, worn out heroes, who have given all they had to give, to save those who have stayed at home. After these come the men who are too helpless to help themselves, carried on stretchers and carefully lifted on to their beds, beds which perhaps they fill for a few hours only. If their time is come, surely it is worth the pain and stress of the journey

to be brought back and laid to rest in the soil of that dear England for which they have died.

And the rest? How soundly they sleep that first night. A hot drink, soap and water, clean sheets, a cigarette, those best of sedatives. They are dozing off with a jest on their lips, almost as soon as their heads touch the pillow.

The night is nearly gone and already dawn is stealing across the sky. The Sisters, now thoroughly wide awake and energetic, return to their rooms to try and steal another hour's rest before they are again summoned to their daily work:—

"The trivial round, the common task,
Will furnish all we need to ask,
Room to deny ourselves, a road
To lead us daily nearer God."

THE COLLEGE OF NURSING, LTD.

PLEDGING PARLIAMENT.

Through every channel available trained nurses are being frantically urged to join the College of Nursing, Limited, without a moment's delay. Money is no object, the guinea fee may be paid at any time, and perhaps this is just as well, as the Secretary, presumably with the consent of the Council, and the organs through which the College is advancing its propaganda, continue to pledge Parliament financially. "It has been decided," writes Miss Rundle, in a Nurses' League Journal (presumably by the College Council), "that a nurse whose name is on the College Register on the passing of the Act becomes at once a State Registered Nurse, and that no other fee shall be required of her than the fee of one guinea which she paid when accepted as a member of the College."

The hospital Governors' organs also both lay great emphasis on this financial bargain!

The nursing profession has a right to know upon what authority the Nursing College Company and its satellites, the lay edited nursing press, are pledging Parliament concerning what it may or may not think well to decide when a Nurses' Registration Bill is before it! Especially indecorous is a pledge on a financial provision of a Bill, concerning which the House of Commons is paramount, and it is extremely tenacious of this prerogative. We are of opinion that the College of Nursing is placing itself in a very dubious position indeed in persuading nurses to pay a fee for "State Registration" before Parliament has even considered a Bill on the subject.

THE COLLEGE OF NURSING, POOR LAW NURSES, AND POOR LAW CONTROL.

POOR LAW GUARDIANS DICTATE STANDARDS TO THE COLLEGE OF NURSING.

We quote the following editorial remarks from the *Poor Law Officers' Journal*, of December 22nd: "There is matter for congratulation in the letter on this subject from Mr. Tom Percival,

the President of the National Poor-Law Officers' Association, which we print this week. The announcement by the Council of the College of Nursing that "they will accept the certificates of all schools recognised by the Local Government Board" as guarantees for the admission of practising nurses to the College Register represents a very great departure from their original regulations, and, we are entitled to remark, affords justification for the position which has been taken up from the outset by this *Journal*. But even this alteration or amendment does not fully cover the ground as regards the nurses, and the Council of the College would be well-advised to adopt a more thorough practice and take a fully responsible view of the situation. What, further, it may be asked, is required in justice to the nurses and as befits the conditions of nursing? This. We want the College to start on a level basis as regards Poor Law nurses who are practising their profession or calling. And there are numbers among them who were not trained in "schools recognised by the Local Government Board," but who nevertheless are fully competent and who in many instances are practising in infirmaries of various size, large and small, with great success and credit to the nursing profession as well as to themselves. These nurses, recognised as fully competent by the terms of their appointment, must be fully recognised also in the certificates of the College. This new Institution, in short, must start on a fair basis as regards the nurses; it ought not to be permitted to establish new rules which would ignore, if they did not circumvent, the conditions under which skilled nursing by practising nurses has been undertaken and is still in active work at this very hour. The point is so clear that it cannot escape from the attention of the Council of the College. It represents or coincides with the practice which was adopted by the Local Government Board when the Board prepared its Nursing Order, and it fits in not only with elementary fair treatment for the nurses who will be affected but with the general rule that new arrangements ought not to be made retrospective in a harmful manner. This is particularly so where any such rule would affect the public prejudicially as well as the individual. The nurses to whom we allude are among the most competent in their profession. Are they to be denied registration solely on the ground that at a time when such an organisation as the College of Nursing had not even approached the process of evolution, they began their training in an "unrecognised" school? Their training, as a matter of fact, has been in process ever since, and, as practising nurses, the process is continued during every one of their working hours. The College of Nursing must do what is fair (and what is no more than fair) in this matter.

POOR LAW GUARDIANS CLAIM ACTUAL AND ACTIVE CONTROL ON GENERAL NURSING COUNCIL.

There are other details as regards questions

raised in the proposed regulations of the College besides those connected with the recognition of training schools for the purposes of registration. These do not connect themselves with the point raised in the letter from Mr. Percival, but with those treated in the decisions of the Poor-Law Unions' Association, which, as we report this week, have been backed in full by the Birmingham Guardians. The Unions' Association dealt with the subject under six heads, and the question as to the recognition of training schools covers one only of these, though this is, no doubt, a most important one. But the cognate subject of representation on the College Council of Poor Law authorities, and of representatives of Poor Law training schools, as raised in paragraphs 2, 3, and 4 of the resolution passed by the Unions' Association and as raised, also, by the National Poor Law Officers' Association, is highly important in regard to the future of the Poor Law as associated with the College of Nursing. So long as matters remain on the present proposed basis, the local Poor Law authorities, Guardians, and their officers would be bodies extraneous from the matter of control in connection with the College. They ought, as the resolution expresses, emphatically to partake largely in the actual and active control of an organisation which on its part will—under Parliamentary powers—exercise a strong element of control over Poor Law institutions which are increasing in importance, and will continue so to increase as time proceeds. There should be no undue haste in accepting or agreeing with such alterations as may be proposed by the present Council of the College of Nursing, neither the conduct of the hospitals nor that of nursing itself calls for hasty decision on new methods."

THE CRUX OF THE QUESTION.

The question is are professional nurses prepared to hand over the control of their Governing Body, the General Nursing Council (set up in both Registration Bills) to lay hospital governors and Poor Law Guardians, for that is practically the demand of the Poor Law Unions Association, and if not, can they trust the College Council not to give way under pressure on this principle, as they have recently done on the qualifications for registration of Poor Law Nurses?

LECTURES ON INFANT CARE.

☛ The National Association for the Prevention of Infant Mortality and the Welfare of Infancy announce an Advanced Course of Lectures on Infant Care, for Nurses, Midwives, Health Workers, and Mothers, on Mondays and Thursdays, from January 2th to February 15th next. For further information apply to Miss Halford, Secretary, 4, Tavistock Square, London, W.C.

The Local Government Board is doing its best to induce all local authorities to adopt schemes for safeguarding the health of expectant and nursing mothers and infants and young children. The im-

portance of the provision of duly qualified health visitors—who are usually also sanitary inspectors and certified midwives—is insisted upon.

APPOINTMENTS.

SISTER.

Anglo American Hospital, Cairo.—Miss L. Benny and Miss L. Sturt have been appointed Sisters, and leave for Egypt this week. Miss Benny was trained at St. Bartholomew's Hospital and holds the C.M.B. certificate and one for massage. Miss Sturt was trained at St. George's Hospital, S.W.

THE ROYAL RED CROSS.

The King has conferred the Decoration of the Royal Red Cross on the following Sisters in Queen Alexandra's Royal Naval Nursing Service.

FIRST CLASS.—*Head Sister*: Miss Mildred Lloyd Hughes; *Nursing Sister*: Miss Annie Muriel Frank.

SECOND CLASS.—*Nursing Sisters*: Miss Kathleen Minnie Atkinson, Miss Lilian Phillips; *Reserve Nursing Sisters*: Miss Hilda Florence Chubb, Miss Irene de Peyster Cave-Brown-Cave.

MEDALS FOR NURSES.

The Dewsbury Board of Guardians have adopted a recommendation by the Infirmary Committee on the question of presenting medals to the probationer nurses who stand highest in the examinations. It has been decided that the members of the board shall give a gold medal annually, on the understanding that a silver medal is given by the Medical Superintendent and a bronze medal by the Superintendent Nurse.

A HANDSOME LEGACY.

Colonel William George Collingwood, who has recently died, has left his nurse £5,000, and £500 to his male attendant.

HUNDRED POUNDERS.

"Vexatus," writing in the *Sunday Chronicle*, states:—

"Dr. E. S. Chesser says that each new-born baby is worth £100 to the State. It is a pity that these statisticians can find no higher standard of value for humanity than the money value. For, as old Holinshead proclaimed nearly four centuries ago, 'If a forren invasion should be made a walle of men is farre better than bags of monie.'

"But, accepting the estimate, if we made an inconclusive peace now that doomed the next generation to the horrors of another war the mothers of the Empire would be justified in refusing to dower the Empire with any more hundred pounders.

"The world seems to have got hopelessly muddled in its adjustment of values. But the war has taught us that it is man value and not money value that counts."

NURSING ECHOES.

We beg to thank many friends from near and far for their kind letters and good wishes for the coming year. Great pressure of work alone prevents our acknowledging each letter individually. We are specially grateful to the many readers who realise the professional

principles for which this JOURNAL stands and will stand, so long as it has the support of the thousands of nurses who read and approve its policy. This support has been loyally given in the past, and will be continued, we feel sure, in the future. To those who resent the bitter attacks made upon the Editor of this JOURNAL week after week in the commercial nursing press, because of her consistent State Registration policy, we would advise that energy is not wasted on a matter so contemptible. It does not amount to a row of pins! Energy, self-sacrifice, and courage are all needed in support of the fight with privilege and prejudice which lies before us. Let us store up every iota of these virtues for effective use for our profession in the near future, and leave bluster, self-interest, and cowardice to do their worst. They never have in the past crushed out British pluck and British tenacity of purpose—and they never will do so in the future. Quite frankly, we loathe the Hun characteristics and methods in warfare, and we shall resist them in this professional crisis to our last breath and our last penny.

The resignation of Miss K. V. Macintyre, the well-known Matron of the Royal Albert Edward Infirmary, Wigan, will leave a great gap in the nursing world, and its notification has caused widespread regret. It is sad that only very few women have the moral courage to stand for the rights of the rank and file of the nursing profession, and Miss Macintyre has

for years been amongst the minority. We only hope that rest will restore her former energy, and that she will soon be actively working for "real" registration with all her old friends.



MISS K. V. MACINTYRE.
A "Real" Registrationist.

A Matron writes: "As Lord Amphil's departure to the front has been noted in the *B.J.N.*, I feel you and my fellow nurses would like to hear something about his time on duty in the Eastern Command. I saw him every day: early and late with the 'Bedfords,' on marches, field days, Church parades, at early celebrations, and on sentry duty (guard on the sea front is no joke in this weather). During an epidemic of influenza, Lord Amphil went round one night, and finding men who were unable to challenge loud enough, took them off duty, and himself took them to the medical officer. He was always present when drafts left, often at 4 a.m., in summer and winter, heartening these brave men off with a patriotic and kindly speech—hands and the whole camp turned out to see the 'veterans' off. Oh! those drafts! Then to see this truly great man when off duty, with his beautiful wife, leading his little children

and surrounded by his dogs. An ideal pair are Lord and Lady Amptill, upholding the very finest traditions of the English nobility. How sincerely I hope he will safely return—but he is of those great patriots who find their greatest content in giving all for England, and—as England has bred such men—if he falls they cry quits.”

DISTINCTIVE UNIFORMS FOR FEVER NURSES.

The Metropolitan Asylums Board adopted at a recent meeting a report of the General Purposes Committee on the subject of "female staff uniforms" as follows:—

It being advisable to simplify the distinguishing uniforms which are now worn by various grades of the female staff at the Board's institutions, we recommend that, in view of the difficulties experienced in obtaining certain materials owing to war conditions, the following proposals for alteration in female staff uniforms, be approved, viz.:

(a) Nursing Staff.

(i.) Hospitals, Children's and Sanatorium Services—

Assistant Nurse (Cl. II.) Plain Oxford-shirting dress.

Probationer Do., with one chevron of blue striped jean.

Assistant Nurse (Cl. I.) Do., with two do.

Staff Nurse Do., with three do.

Sister Do., with badge representing the Board's arms.

Superintendent Nurse . . Do., do., with one straight stripe with scroll piped with red twill.

(ii.) Asylums Service—

Nurse Plain Oxford shirting dress.

Deputy Charge Nurse . . Do., with one chevron of red Turkey twill.

Charge Nurse Do., with two do.

Head Nurse Do., with three do.

Superintendent Nurse . . Do., with badge representing the Board's arms.

(b) Any fully-trained nurse (appointed as such) in the Asylums Service to wear the uniform marks of the corresponding rank in the Hospitals Service.

(c) Sisters and Head Nurses to have aprons with round bibs, instead of square, as at present.

(d) No alteration in other articles of uniform such as caps, but half-sleeves to be provided for nurses at the Asylums as necessary, and shower proof cloaks for the summer wear of nurses on ambulance duty.

(e) No alteration to be made at present in the uniforms of Assistant Matrons or Home Sisters.

(f) Other Staff.—House-keepers, house-mothers, cooks, needle-room staff and head laundresses in future to wear dresses of Oxford shirting.

MATERIA MEDICA FOR NURSES.

We have pleasure in calling attention to the new (and fourth) edition of the "Text Book of Materia Medica for Nurses," compiled by Miss Lavinia L. Dock, R.N. The book, which is revised in conformity to the British Pharmacopœia, is published by Messrs. G. R. Putnam's Sons, 24, Bedford Street, Strand, W.C., price 5s.

In her preface Miss Dock says that the study of materia medica is made to some extent a part of the course in all our training schools for nurses (we wish we could think so), but, so far, no text book has been prepared along the special lines followed in class recitations.

Those special lines are well defined, and are limited. They begin and end with medicines, and do not run into therapeutics. The application of medicine to disease is no part of a nurse's study, and there are therefore some inconveniences met with in using—as text books—works on materia medica which are written solely for the use of the medical profession.

Miss Dock's aim has been to collect from all available sources the scattered points which concern a nurse, and to give them simply and directly. Those who know Miss Dock will not need the assurance that the work has been carried out with thoroughness and success, and the book includes information as to the source and composition of drugs; their physiological actions; signs indicating their favourable and unfavourable results; the symptoms of poisons with their antidotes; and practical points on administration.

It is of the utmost importance that nurses whose duty it is to administer drugs should be acquainted with the symptoms which may follow their use, and they can consult no more illuminating authority than Miss Dock's *Materia Medica*.

Here is a bit of practical advice as to dealing with cases of poisoning. After classifying poisons in three groups—corrosives, irritants, and functional—and detailing both the antidotal and antagonistic treatment, Miss Dock says: "In any case, *keep cool*; take one minute to collect yourself, then go to work. *Command others*. The result may surprise you, even in the most hopeless cases."

In regard to the effects of drugs. Take such a usual drug as bromide of potassium. We read: "In giving a course of the bromides, it is very essential that the state of the digestion and of the bowels be carefully watched, and the latter strictly regulated, for the accumulation of an excess of bromine in the system causes a series of symptoms known as 'bromism.' The first is usually a salt taste in the mouth, with salivation and feid breath. Next come drowsiness, heaviness and sluggishness of intellect, loss of memory, partial aphasia, depressed spirits, a staggering gait, dull, listless expression, sluggish pupils, and sometimes an infrequency of winking." (1)(2)

"One of the marked features of bromism is the appearance of eruptions of the skin, in great variety and of varying severity."

"MY EXPERIENCES ON THREE FRONTS."*

Sister Martin-Nicholson, who went out to Belgium in August, 1914, with the party sent out by the Order of St. John of Jerusalem, has added yet another to the "War Books" in "My Experiences on Three Fronts," published by George Allen & Unwin, Ltd., Ruskin House, 40, Museum Street, W.C. After Belgium, Sister Martin-Nicholson went on to Russia with Miss Violetta Thurstan, returning shortly to England on urgent personal affairs, and later nursed in France with both the French and English troops.

One question asked by the author, who herself spoke French fluently, is, "Why is it that amongst the many things we nurses learn in hospital (some so totally unnecessary) the vital question of language is never gone into? Few have any idea of the confusion which time after time has arisen during this war through the inability of nurses, Sisters, Matrons and doctors to speak even the most elementary French.

"It is a terrible triangle, that of patient who does not understand nurse, and nurse who does not understand doctor; and of the contingent which went across with me that day to help a French-speaking people only I spoke French perfectly. Of the rest one spoke well, and two or three stuttered a few words."

Sister Martin-Nicholson was one of the party of English nurses who arrived in Brussels by the last train allowed in from Ostend. She writes:—"Hundreds of people had gathered to welcome us. In rows and rows they stood, until the square of the Gare du Nord was packed tight, and the thunder of their cheers rent the evening air.

"God bless you for coming! God keep you and help us, for the Germans are at the gates."

The Sister refrained from obtaining the British newspapers, which were secretly circulated, realising the danger to the runners, but news was communicated to her by word of mouth. She relates:—

"Then one day I sped as swiftly as I dared to my news corner, for German wounded were pouring in, and the guns had not ceased morning or night for many days. A sinister whisper was afoot, and so, knowing that Jean-Marie was due back, I hastened up the steep little street. The door was open, but the place was unswep, the air forlorn. In a corner, with tears streaming down from the poor old eyes staring straight ahead, sat the mother with a grimy bit of paper in her hand. Gently I took it and read—

"To advise Widow Brun that her son, Jean-Marie, was caught carrying letters from Antwerp, and was shot at dawn.—A FRIEND."

"And in this little house of mourning, while doing what I could to help the stricken mother, I

rejoiced that, in spite of terrible temptation, I had never sent one letter by runner to England or bought one newspaper smuggled into the city."

Another note is:—"At the end of each day sounds of revelry and ribald mirth would rise to the starlit skies, for women had been provided, like so much cattle, for the German soldiery, each regiment being allotted so many women on so many nights a week."

In one hospital where she was on duty Sister relates that she went across the gardens "to be caught in a vortex of German nurses. They had just arrived, weary and dusty, and had already heard of the English Sister, and, full of patriotism, they turned and scowled at me." Soon afterwards "A thundering knock brought me to the door. The Colonel Graf von B— begged me to pack at once, as the German nurses had gone on strike, refusing to work if the Englishwoman remained."

On another occasion, when looking after the wounded at the railway station, though there-by hangs another tale we read, "A strong hand pulled me roughly to the ground. 'Get out of here, and quickly—quickly!'"

"The soldier pushed me violently, but was not quick enough to prevent me seeing what I was not supposed to see. A train steamed slowly by. A guard was at each window, and packed together in each carriage a screaming, shrieking, blaspheming set of German soldiers, all of them mad, raving mad from the horror and strain of what they had undergone. They were being taken back, in straight jackets, or handcuffed, to the country which had brought them to such a state."

Of the journey from Belgium to Denmark by way of Germany, Sister Nicholson relates that the two soldiers in her carriage not only crushed themselves into a corner so as to give the nurses more room, but also helped them to arrange their light luggage.

She emphasises the difference between German soldiers and the German officers. The former were "perfectly tractable and grateful after they had once got over their sullen suspicion of the enemy woman, of whose treatment of her patients almost incredible tales were told, such as that she went round at night to gouge out their eyes with scissors and put poison in their medicine." The officers—those who were victors in Belgium—she found, with one or two exceptions, brutal, domineering and ready in every instance to browbeat and insult, and she maintains that, except for the dressing, feeding and general management of the seriously ill, the officers should be attended by orderlies.

Like other nurses, Sister Martin-Nicholson testifies to the kindness of their reception in Denmark, and to the joy of seeing smiling faces.

The route of the Sisters, of whom the author was one, who went on to Russia, lay through Sweden, and at Stockholm she relates, "Directly we stepped out of the train I felt that curious, hostile glances were turned to my uniform. And at the hotel recommended to us in Copenhagen

* By Sister Martin-Nicholson. (George Allen & Unwin, Ltd.) Price 3s. 6d.

the proprietor said tersely, "What nationality? British? Oh, we don't take British in here."

RUSSIA.

The first thing that struck Sister Martin-Nicholson, on her arrival in Russia, was, she tells us, the silence of the people, their gentleness and their courtesy.

She tells of the astonishment of the officer who met the little party of English nurses at the Petrograd Station (where the intense cold almost knocked them backward when they got outside) to find they had no furs. He explained the best place to get them.

"We all smiled as we thought of the few cherished roubles in our pathetic purses, for, he explained, we, like so many others of the nursing profession, got 'our chance' abroad because we had not insisted on a salary. Those who had to ask for one, perhaps in order to buy themselves necessaries before going to the Front, or perhaps that they might send a little money home to some one partially dependent on them, found that their names were not put on the coveted 'At the Front' list, whereas Miss A—, or B—, or C—, with, perhaps, six weeks' training, or even less, and an income of her own would be sent out, possibly to become useful, but more likely to earn 'Tommy's' terse sobriquet, 'A sobber.'

"You must learn to say 'Nichevo,'" laughed the officer, when, for the third time on starting, some refractory bit of luggage fell off. "'Nichevo' will take you through Russia," he explained as he said good-bye. "It means joy and sadness, therefore love and hate, regret and indifference, life and death. It means anything may happen or nothing, at all. It means, above all, a perfect resignation to all that has been, is, and will be."

Here is an item worth noting in regard to the Russian soldiers.

"Their boots looked shocking, and I marvelled at the absence of foot trouble until I was told that the Russian soldier never wears a sock. Instead, he will take long strips of fine linen, soak them in oil or fat, and bind them round and round his feet and ankles.

"Believe me, Cistra, it is a wise thing," said a Cossack officer, "and I have followed my men's example when marching, and have never had the slightest trouble. You should introduce it to your people." Sister Martin-Nicholson smiled at the idea of suggesting to the powers that be "the removal of Tommy's thick, clumsy, trayed sock from his tortured feet, and the substitution of soft, oil-soaked linen, which can be washed and dried and re-soaked in ten minutes, with never a sign of wear and tear."

The Russian sisters are, we are told, "the most charming in the world, courteous, gentle, sweet. But their methods are sometimes of the dim ages."

Much more might be written, both of Sister Martin-Nicholson's experiences in Russia and Poland, and, later, in France, but space fails.

We commend the book to the notice of our readers. M. B.

NATIONAL ASSOCIATION OF TRAINED MASSEUSES AND MASSEURS, LTD.

The members and friends of the above Association are arranging a protest meeting, to be held at the Onward Buildings, Deansgate, Manchester, on the afternoon of January 12th next. The War Office and the Almeric Paget Massage Corps have refused to recognise the members trained by the Association as qualified to attend on the troops when they need such treatment, which it contends is a great injustice.

MANCHESTER INSTITUTE OF MASSAGE AND REMEDIAL GYMNASTICS.

The recently-organised Manchester Institute of Massage and Remedial Gymnastics will hold its first examination for membership in London and Manchester during the last week in January. Candidates holding recognised certificates are eligible to sit for the examination. Further particulars can be obtained from the Hon. Secretary, 71, King Street, Manchester.

NATIONAL SERVICE FOR ALL.

The Government announces National Service for everybody. The voluntary system is to be tried first, and if it fails compulsion will follow.

Valuable time would have been saved by compulsion at the beginning. For that is what it will come to in the end. The women are ready to respond to any demand, and the sooner the better.

A committee has just been formed, under the presidency of Mme. Emile Bontroux, for the utilisation of the whole of the womanhood of France, under the title of the Committee for the Voluntary Enrolment of French Women in the Service of their Country. She calls upon all French women to enrol themselves for service in any specific employment where they are required by their country.

LAST WORDS FOR 1916.

The Healing of the World is in its nameless Saints.

Those Christmas bells are dying
Faint over worlds undone
Yet Chaos fiercely dying
Knows that the Child hath won.
In vain would Earthquake, rocking
Red Ruin, 'stablish Sin.
It is the Christ-Child knocking,
Go, haste to let Him in.

—Walter Sichel in the
"Morning Post."

"Draw near, my friends: and let your thoughts be high,

Great hearts are glad when it is time to give;
Life is no life to him that dare not die.

And death no death to him that dares to live.
Draw near together; none be last or first;

We are no longer names but one desire."

From "Sacramentum Sufyemum" by Henry Newbolt.

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.

NO MORE PEANUTS AND COMPRESSED PACKETS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—I am now in the third year of my war work. War, in the abstract, may be a curse, but it has its compensations. What of the growth of the class of worker to which I belong? I came on active service fresh from the narrow environment of a large London hospital, with a mind our late revered Matron, Isla Stewart, would have likened to a pea-nut! That is, wizened, dry, perniciously insular. Many of my colleagues were in the same sad case. We had never before been out of England. We were dumb in a foreign land. Everything must be just so. But after two years' experience in close touch with this great tragedy—in after travel, and coming into touch with human beings of widely different views of life to ourselves, we have grown with the rapidity of Alice in Wonderland, never again to become "compressed packets." When the war is over, and we return home glorious 'day' we shall be bigger, humanly speaking, and of greater value to our dear country, in whatever sphere our lot is cast. Then we must set to work in support of those great international ideals for which THE BRITISH JOURNAL OF NURSING has ever stood. No longer will it then be "a voice crying in the wilderness," as our American cousins so aptly name it, in criticising our insularity.

Yours truly,
AN ARMY SISTER.

WRONG IMPRESSIONS.

To the Editor of THE BRITISH JOURNAL OF NURSING

DEAR MADAM.—In the *Leicester Royal Infirmary Nurses' League Journal* a meeting is reported, which took place at the Royal Infirmary on November 4th, when Miss Cox-Davies was present to speak in support of the Nursing College Scheme and Bill. Miss Cox-Davies is reported as stating that she had been for many years on the Central Committee for State Registration, and had taken a prominent part in the National Union. I presume both of these statements are reporter's errors, as the lady in question has never been associated with either of these organisations, and it is very misleading to the members of the League that such mistakes should be made. I am bound to say that the replies given to questions at this meeting were most unsatisfactory, as far as I could gather nothing of any value is secured in the College Bill for trained nurses. It is reported that Miss Cox-Davies stated that each

League having enough registered nurses can send up a representative—presumably to take a seat on the General Nursing Council set up by the College Bill, and that the Central Committee can select seven to represent its business on the Council. This is nonsense, and may be mis-reporting, as Miss Cox-Davies is well aware that no Leagues can be directly represented; and it is because the nurses' organisations have been excluded from direct representation on the College Bill Council as they are from its present Council that the Central Committee has refused to further negotiate with the College. The fact is that direct representation of the nurses' organisations, a definite term of three years' training, and a central examination before registration are not provided for in the College Bill as they are in the Central Committee's Bill, and it is a pity trained nurses are being misled on these and other points. I write to THE BRITISH JOURNAL OF NURSING, as our League Journal only comes out so seldom.

Yours truly,

LOYAL TO THE CENTRAL COMMITTEE.

We regret this letter has been held over for want of space. ED.]

OUR PRIZE COMPETITIONS.

January 6th.—What is a parasite? What external parasites attack man? Describe in detail the treatment and management of a case of scabies with special reference to the prevention of the spread of the disease.

January 13th.—What are the different forms of meningitis in children? What do you know of them and of the nursing care needed?

January 20th.—A patient becomes unconscious from cerebral hemorrhage; what would you do in such a case? In the event of the patient becoming helpless from hemiplegia afterwards, indicate how you would nurse the case?

NOTICE.

News items kindly sent by readers should reach the Editor at 20, Upper Wimpole Street, London, W., not later than Tuesday in each week, and earlier if possible. Owing to the very serious shortage of labour and the stress of work in the printing world, the prompt dispatch of news is now essential.

THE CENTRAL COMMITTEE FOR THE STATE REGISTRATION OF NURSES.

Copies of the Statement issued under the authority of the Central Committee for the State Registration of Nurses, in its negotiations with the College of Nursing, Limited, can be procured from 431, Oxford Street, London, W., price one penny.

Copies of the amended Bill approved by the Central Committee from the same address, price 2d.

The Midwife.

MIDWIFERY IN 1916.

REVISION OF RULES OF C.M.B.

In the midwifery world during 1916 important events have been the revision of the Rules by the Central Midwives Board, and the lengthening of the term of training to six months, exceptions being made in the case of a woman who produces a certificate of (a) three years' training as a nurse in a general hospital of not less than one hundred beds; or (b) three years' training as a nurse in a Poor Law Institution recognised by the Local Government Board as being a training school for nurses; (c) enrolment as a Queen's Nurse by the Queen Victoria's Jubilee Institute for Nurses, in which case four months is substituted for not less than six. The four months may further be reduced to three if the candidate produces evidence of not less than three months' training in a children's ward, or a gynaecological ward during her general training. The revised rules came into force on July 1st.

THE MIDWIVES (SCOTLAND) ACT.

The Midwives (Scotland) Act received the Royal Assent on December 23rd, 1915, and the Rules framed by the Board were approved by the Privy Council on August 26th, 1916, for a period of five years. The Chairman of the Board is Sir John Halliday Croom, and two of the nominees of the Lord President of the Council are certified midwives—Miss Alice Helen Turnbull, Matron of the Deaconess Hospital, Edinburgh, and Miss Isabella L. Scrimgeour, Matron of the Cottage Nurses Training Home at Govan. The term of training is the same as that prescribed under the English Act in the amended rules, but it is noteworthy that the qualification for a nurse entitled to train for the shorter period of four months is not "three years' training in a hospital of not less than 100 beds," but "three years' training as a nurse in a general hospital approved by the Board"—a sounder qualification, both because it implies investigation and knowledge on the part of the Board before approving a school, and also because there is no magic in 100 beds, especially when they are unoccupied. Incidentally it is rather anomalous that a nursing school should be approved as a training school for nurses under the Midwives Act while no such approval is possible under a Nursing Act.

The qualifications of a Midwives Board for approving nurse training schools may also be criticised.

The first examination of midwives in Scotland has now been held with credit to those concerned.

Midwives in other parts of the United Kingdom who desire to be registered in Scotland, should

notice that within two years of the passing of the Act (one of which has elapsed) certain certificates are recognised as qualifying for registration in Scotland. Amongst them are the certificates of the Central Midwives Board for England, and that of the London Obstetrical Society. The present is therefore the opportunity of those holding such certificates who wish to register in Scotland, because at the expiration of that time, until the English Act is amended, permitting it to grant its certificate to a woman trained and certified as a midwife in any other part of His Majesty's Dominions which admits to its register midwives certified under the English Act, such midwives will only be able to obtain admission to the Scottish Roll by passing the examination of the Scottish Board as that Board is only entitled to grant its certificate to Midwives from countries which give reciprocity of treatment to Scottish midwives.

IS IRELAND TO FOLLOW?

The President and Fellows of the Royal College of Physicians of Ireland, in June last, passed a resolution urging on the Government the necessity of passing a Midwives Act for Ireland. In that case let us hope we shall have a Consolidated Midwives Act for the three kingdoms, for to have to register under three different Boards would be very vexatious.

COVERING UNCERTIFIED PRACTICE.

The passing of the Midwives Act in England has given the Central Midwives Board the power to protect the public from uncertified midwives, and the certified midwives from illegal competition, but, so long as "covering" of the uncertified by medical practitioners continues, the intention of the Act is frustrated. This is recognised by the General Medical Council, which has taken a serious view of cases of covering midwives which have been brought, and proved, before it. It has, moreover, issued a warning notice on the subject.

SCOTTISH MIDWIVES ASSOCIATION.

The formation of a Scottish Midwives Association is a matter for congratulation, and we wish it a prosperous future.

A HAPPY NEW YEAR.

At the close of this volume we wish all our readers "A Happy New Year." It will be so if, in the words of Abraham Lincoln, we "strive on to finish the work we are in; to bind up this nation's wounds; to care for him who shall have borne the battle and for his widow and orphan; to do all which may achieve and cherish a just and lasting peace."

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